Elmwood Family Doctors

Inspection report

Elmwood Health Centre
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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆

Overall summary

This practice is rated as Outstanding overall. (Previous rating 12 August 2015 – Good overall, with the key question of safe rated as requires improvement.)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? - Outstanding

We carried out an announced comprehensive inspection at Elmwood Family Doctors on 10 July 2018 as part of our inspection programme.

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 a significant number of patients residing in homes for older people. They provided a weekly 'walk around' with a supporting detailed policy to monitor the health and well-being of this group of patients. The practice was able to demonstrate that only one of their registered patients who resided in care homes had died in hospital in the last three and a half years.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients spoke positively about the care they received from the practice, which was in line with the friends and family test and above the national average for the results in the national GP patient survey data 2017.
- There were high levels of staff and patient satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- Staff told us the leadership team was supportive and approachable.
- The practice was organised, efficient, had effective governance processes and a culture which was embedded effectively and used to drive and improve the delivery of high-quality person-centred care.
- The involvement of other organisations, voluntary services and the local community were integral to how services were planned and ensured that services met patient's needs.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care and were clear, supportive and encouraged creativity.
- The practice was an active National Institute Healthcare Research (NIHR) centre. This benefitted patients by accessing potential screening, treatment and resources.
- The practice is also a Royal College of General Practitioners surveillance site for monitoring of disease trends and feeding this information into public health, helping predict and manage flu outbreaks and pandemics.

We saw areas of outstanding practice:

- The practice had developed the 'Elmwood Template Menu' and embedded it within the service to ensure all clinicians were using up to date agreed templates. We were told that this reduced variability in using read codes as well as improving the safety of work carried out by new members of staff, clinical trainees and locums. The templates also promoted patient safety, with prompts for clinicians during and after the consultations to ensure referrals and investigations were completed.
- Services were tailored to meet the needs of individual people are were delivered in a way to ensure flexibility, choice and continuity of care. The practice had identified areas where there were gaps in service provision locally and had taken steps to address these. Feedback received from patients and other stakeholders on the changes made was positive.
- The practice had designed, developed and improved processes for ensuring it maintained its ability to deliver both urgent and routine GP appointments in order to meet its patient's needs. The system identified patient demand for appointments after a long-term audit of appointment availability and use, analysing capacity and patient demand. The results were used to ensure sufficient urgent appointments were provided each day,

Overall summary

linked to demand. The impact had been a significant reduction in the volume and unpredictability of unscheduled work. We were told this led to less pressure and stress for patients and staff.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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

Population group ratings

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

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 CQC inspector.

Background to Elmwood Family Doctors

Elmwood Family Doctors is located in one of the less deprived areas of Huddersfield. At the time of our inspection there were 14,762 patients on the practice list. The practice provides Personal Medical Services (PMS) and also offers enhanced services for various immunisation checks, has extended hour's access, remote care monitoring, minor surgery, learning disability, alcohol and people living with dementia health check schemes.

The practice has five male GPs, three female GPs, three female practice nurses, two female healthcare assistants, a practice manager, an assistant practice manager and an extensive administrative team.

The practice opening times are Monday to Friday 8am till 6.30pm. Surgery opening times are Thursday and Friday 8am to 6pm. Extended hours are Monday, Tuesday and Wednesday 8am till 8pm (pre-booked appointments only). When the practice is closed, out of hours cover for emergencies is provided by Local Care Direct.

The practice has two sites (we visited both as part of the inspection):

Main: Huddersfield Road, Holmfirth, HD9 3TR.

Branch: Parkin Lane, Meltham, HD9 4EN.

Practice website: www.elmwoodhealthcentre.co.uk

The practice catchment area is classed as being within one of the least deprived areas in England. The practice scored nine on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. National General Practice Profile describes the practice ethnicity as being 97.7% white British, 0.7% Asian, 0.3% black, and 1.1% mixed and 0.1% other non-white ethnicities.

The practice demographics show a slightly higher than average percentage of people in the 75+ year age group. Average life expectancy is 80 years for men and 85 years for women compared to the national average of 79 and 83 years respectively. The general practice profile shows that 61% of patients registered at the practice have a long-standing health condition, compared to 52% locally and 54% nationally.

When we returned to the practice for this inspection, we checked, and saw that the previously awarded ratings were displayed, as required, in the practice premises. The overall rating was displayed on the practice website with a link to the inspection report.

Elmwood Family Doctors is registered with the Care Quality Commission to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Family planning
- Maternity and midwifery services
- Surgical procedures

Good

Are services safe?

We rated the practice as good for providing safe services.

At the last inspection in August 2015 we rated the practice as Requires Improvement for providing safe services because:

- A health and safety risk assessment for the premises had not been completed to identify any risks or areas for improvement.
- Where the decision had been made not to carry out a Disclosure and Barring Service (DBS) check on non-clinical staff who acted as chaperones, there was no written risk assessment in place.
- Staff were knowledgeable of actions to take in the event of a major incident, such as power failure or building damage. However, they were unaware of the practice's business continuity plans.

At this inspection we found the provider had taken action to improve in these areas.

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. We saw the safeguarding folder which contained all the local information required to report a concern. All staff received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. Learning from safeguarding incidents was available to staff.
- Staff who acted as chaperones (both male and female chaperones were available) 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. Infection control was promoted through annual staff training, necessary information posters and protocols in place which were reviewed every two years, with monthly audits performed on key areas. The annual infection control statement was produced and shared with all staff.
- 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 effective 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.
- 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.
- Following an annual 'Death's Audit' which focused on expected and unexpected deaths a review of the management of Sepsis within primary care was implemented. The practice has a clinical Sepsis lead.
- The practice was feeding data back into the CCG for E.coli induced sepsis.
- All clinicians had access to a validated Sepsis Tool (available through the IT system) which automatically activated when certain pieces of information were inputted into the records (e.g. age, pyrexia (raised body temperature), tachycardia (fast heart rate)) which prompted the clinician to consider sepsis.
- The practice had also invested in more portable equipment. Clinical rooms had an oxygen saturations probe (both child and adult), BP machine and thermometer. All of these were available for the doctor's visiting bags.
- 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.

Good

Are services safe?

- We were told that care records detailed 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 we saw for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. There was a risk assessment to determine what type of emergency medicines the practice required and reasons, if necessary, for not stocking recommended medicines. For example, we found that there were emergency medicines to treat patients experiencing severe asthma attacks.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- Patients' health was monitored in relation to the use of medicines and followed up appropriately. Patients were involved in regular reviews of their medicines.
- 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 recruited three GPs recently and one of these had been recruited to look at prescribing goals.

The practice told us one of their clinicians had identified some concerns linked to controlled drug usage in a care home setting. The practice had liaised with the provider involved and were planning to disseminate the learning from this with the wider staff team in the practice.

Track record on safety

The practice had an effective track record on safety.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, 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. We saw evidence of paper copies of safety alerts being circulated practice wide.

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 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 website provided patients with access to a range of information aiming at assessing lifestyle and health practices, such as alcohol consumption. This enabled the practice to provide additional support or advice if indicated.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice ensured patients had time and support in managing their conditions by referring to the council's health trainer. This was a service the practice had procured to be delivered in the surgery to improve availability for vulnerable groups. We were told that this work had helped many patients in a variety of ways from increased awareness of possible benefits and form-filling to motivation and medication compliance.
- The extended travel service was developed by the nurse manager. It offered support, advice and immunisations above the NHS requirements for a GP surgery. This service was heavily used and we were told that patient feedback consistently stated gratitude that, at a time when other surgeries were cutting back on non-contracted treatments, they remained available.

Older people:

- Weekly visits were carried out at local care homes by a named GP, in addition to visits in response to specific health care needs, which helped develop relationships with care home staff and family members as well as identifying safeguarding concerns. An audit of visit requests from a care home showed that 60% of all requests had been acute requests, and these had reduced in number to 20% of all requests over a four month period to January 2018.
- 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.
- The practice involved 'Dementia friends' and 'Carers count' movements within the practice which were led by a dedicated team member.
- Emphasis was also placed on communication with carers and relatives; particularly when patients became resident in care homes.

People with long-term conditions:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was higher than local and national averages.
- The practice provided chronic disease management for all patients on a disease register. There was a good working relationship with the GPs, district nurses and community matrons.
- 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 a blood pressure monitor 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.

Good

Are services effective?

- The practice provided In-house anticoagulation monitoring for neighbouring practices.
- The practice offered self-care advice and condition-specific national resources on the reception call-screens and the website.
- The practice supported the CCG in developing a tender for the whole population of Greater Huddersfield CCG. In conjunction with the local NHS Trust a hub and spoke model was devised with three tiers of services: Tier three being ongoing monitoring of patients. The CCG awarded the contract to Elmwood Family Doctors. The contract was for the provision of an anti coagulation service. Blood tests and monitoring of these patients showed 83.5% of patients were in the recommended range.

Families, children and young people:

- Childhood immunisation uptake rates were significantly above the target percentage of 90% or above. The practice values were around 98% for the four indicators (primary vaccine course, booster immunisation for Pneumococcal infection, influenza and Meningitis and measles, mumps and rubella).
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Monthly MDT (Multidisciplinary Team Meeting) meetings were conducted as part of the '0-19 agenda' (this service is for local authorities commissioning health visitors and school nurses for public health services for children aged 0 to 19) with the safeguarding lead feeding results back to the wider team members. The practice demonstrated they were working with other local providers on IT system templates.
- All staff undertook safeguarding training including PREVENT (Prevent is about safeguarding people and communities from the threat of terrorism) and were aware of how to identify safeguarding concerns and referrals.
- Weekly baby clinics were held for 6-8 week checks and combined vaccinations.
- Staff were aware of competency assessment (Fraser competency) guidance which was supported by a template ensuring information was recorded. Fraser guidelines are used specifically to decide if a child has capacity to consent to contraceptive or sexual health advice and treatment.
- The practice could demonstrate high online access rates (55% of patient list), which were supported by effective access protocols to ensure younger patients were not at risk of confidentiality breaches.
- The practice had maintained a contraceptive LARC (Long-acting reversible contraception) service despite a change in funding arrangements. The practice identified this as an essential core service and skill to maintain.

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

- Patients could book or cancel appointments online and order repeat medication without the need to come to surgery. The practice had recently added a service to streamline the repeat prescription process for patients. Patients requested their medication from the surgery and could collect it directly from their nominated pharmacy.
- The practice's uptake for cervical screening was 81.9%, which was comparable with the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- 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 health checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- There was a nurse-led travel service offered. This included travel vaccines, yellow fever and travel advice.
- The practice had a fit note policy in place to support patients both whilst away from work and getting back to work.

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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

Good

Are services effective?

- The practice offered an alcohol liaison service as one of the GPs had received additional RCGP (Royal College of General Practitioners) training and this was supported by a clinician from the local substance misuse service.
- The practice demonstrated close links to local groups (e.g. food banks, visiting charities and art groups) and signposted patients to these when it was appropriate to do so.
- All clinical staff had undertaken training in mental capacity and DoLS (Deprivation of Liberty Safeguards).
  - A recent audit included identifying if staff had completed level three safeguarding training, and their understanding of the training was reviewed at a team meeting.
  - A register of patients with a learning disability was monitored by a lead GP.
  - The practice reviewed young patients at local residential homes.
  - The practice held meetings with new care home managers.
  - The practice invited eligible patients and carers for health checks.
  - QOF data and a recent CCG audit demonstrated that patients with learning difficulties were being effectively cared for.
- A designated 'quiet zone' was available for patients with sensory processing disorders.
- The practice offered annual health checks to patients with a learning disability.

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

The practice manager told us they had caring and supportive staff, who were aware of the signs to look out for this group of patients and took the appropriate actions if concerns were noted. Patients were put at ease so that they felt they could confide in staff.

- 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 and cancer.
- The practice continued to provide a smoking cessation service for their patients. The practice felt that despite changes in funding arrangements it was in the best interests of patients and their long term health outcomes. The practice had achieved a success rate of over 50% of those who participated in the scheme in the January to March 2018 period.
- 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. All staff had dementia training in the last 12 months.
- The practice's performance on quality indicators for mental health were in line with local and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- External speakers including secondary care services were invited to practice team meetings to keep staff informed of current guidance and options for referrals.
- The practice work closely with the local mental health services and have facilitated the local psychotherapy service to offer clinics on the practice premises. This has improved the follow up rates of patients seeing counsellors.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The CCG reported that A&E attendances had reduced at this practice, the percentage of OPD (Out Patient Department) discharges at first appointment was amongst the lowest in the CCG.
- The practice had very low exception reporting rates for most QOF indicators. The practice showed us exception reporting protocols and recall procedures for 'Long Term Conditions'. The practice manager told us they offered three appointments in all cases before exception reporting patients. Exception reporting is the removal of patients from QOF calculations where, for example, the

patients decline or do not respond to an invitation to attend a review of their condition; or when a medicine is not appropriate due to side effects, drug interaction or allergy.
- The practice used information about care and treatment to make improvements.

Following the merger with another practice, the clinical team had identified the need to review and improve upon the opiate prescribing practises for these patients.

This has been achieved by:

- Requesting patients with opiates on repeat prescription to attend surgery for a medication review.
- Formulating a dose reduction schedule with a view to stopping.
- Utilising other pain management support options such as social prescribing schemes.

The practice had received positive feedback from patients following this piece of pain management work.

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.
- All staff attended monthly whole-practice teaching sessions, which included clinical and administrative training.
- There was an effective induction system for temporary staff tailored to their role.

Coordinating care and treatment

The practice provided in-house anticoagulation and the CCG recognised the need to improve these services in the locality. Anticoagulants are one of the classes of medicines which frequently cause harm and admission to hospital. The CCG reported the practice results were exceptional as doctors were working closely with nursing and HCA (health care assistant) teams to review the INR results (international normalised ratio) and making small adjustments based on the knowledge of patient, current acute and repeat medications and assessing the recommendation of dosing.

- The practice had supported the CCG in developing a tender for anticoagulation services for the whole population of Greater Huddersfield CCG. In conjunction with the local NHS Trust a hub and spoke model was devised with three tiers of services: Tier three being ongoing monitoring of patients. The CCG awarded the contract to Elmwood Family Doctors.
- Prior to the service, information dissemination would rely on keeping an INR booklet updated. The system used by the new service allowed direct recording of INR results into clinical systems, thereby enabling up to date results to be available within the health record for all stakeholders.
- The practice was set up as one of the five hubs and also supported the setting up of two further hubs. The practice have continued to develop processes of INR control, having each session followed by a 'debrief' by a GP and nurse and regular training of GPs and nurses and HCAs.
- Latest anticoagulation figures for this year show patients with an INR in range 83.17% of time which equates to 5692 days on treatment with 4733.96 days in range. We were told that this was a significant positive variation as most other practices achieve near to 60% TTR (therapeutic range).

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.

Good

Are services effective?

- 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.

Elmwood Family Doctors had developed a care home service where a named GP visited each home weekly to support and train care home staff and deliver the following general medical services;

- A weekly visit.
- Assessment of new patients.
- DNAR (do not attempt resuscitation) discussions with new residents (or their family/carers in the presence of dementia).
- Medication reviews.
- Liaising with other health professionals.
- End of life care.

Emphasis was also placed on communication with carers and relatives particularly with new residents and the transition from home to a residential setting.

The weekly visit provided a single point of contact for the care home staff.

- In an audit of acute visit requests from the largest care home in Meltham immediately prior to the practice merger had shown the service to have significantly reduced urgent home visit requests to this care home (60% of all home visit requests had been urgent and this was reduced to 20% after the practice merger). The merger started in April 2017.
- Data over a 4 month period (January to April 2018) showed the practice had 168 housebound patients in care homes and 175 housebound patients in their own home. Practice staff had completed 184 visits to housebound patients in care homes and 526 visits to housebound patients in their own homes during this time. The practice was able to demonstrate that only one of their registered patients who resided in care homes had died in hospital in the last three and a half years.

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 and 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.
- All staff had received training in confidentiality and consent. All members of staff were aware of the scenarios where it was essential to gain a patient's consent, from accessing records to surgical procedures. Staff were aware of the need to request consent to share records with referrals in line with GDPR principles (General Data Protection Regulation), as well as new guidance regarding consent with SARs (Subject Access Requests).

Good

Are services effective?

- Clinical staff always asked for consent ahead of examinations and procedures, with this written consent forming part of the health record.
- Consent for clinical procedures including vasectomy and minor operations was viewed as a process to ensure patient understanding and satisfaction. The practice had developed an individualised consent system. We saw evidence that this was completed with the patient as part of a gold standard pathway that incorporated;
  - Patients being counselled prior to booking to ensure their full understanding of every stage.
  - Discussions about the proposed procedure, it's possible benefits and any possible risks or associated complications.
  - Patient specific discussions based on their personal health, medication and type of procedure.
  - A physical personalised consent form signed by both the clinician and patient that was then scanned into their electronic record.
- We were told that the consent policy has contributed significantly in effecting positive patient outcomes and feedback regarding surgical procedures.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for providing a caring service.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017), was 96%, which was higher than the CCG average of 89% and national average 86%.
- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

The practice offered a bereavement visit to the relatives and carers of every patient who had died. This courtesy was extended regardless of whether the carer was a registered patient at the practice. Often as part of advanced planning, patients and relatives were aware of the support services offered and were signposted to these after death. A recent audit showed that there had been 28 bereavement visits in the last four months.

The practice recognised a policy from the small surgery that they merged with as being very caring and had since developed it to implement across the whole organisation. The 'new child' protocol involved the practice sending out a congratulatory card which detailed how to register the child once they had received a notification from the neonatal ward, families or adoption agencies. We were told that this service had been warmly received by patients.

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). The practice had a dedicated member of staff who oversaw patient information for surgery noticeboards and multimedia call screens. This helped to ensure relevant topical and consistent messages were conveyed along with signposting patients to further information about their health and support.

The practice used a number of methods for supporting patients and empowering them to manage their own health, which was a priority for the PPG. The new look website contained information on using the surgery and coping with multiple conditions. This was created and developed by two of the GPs having identified information within the website was not being accessed and having listened to patient feedback about its appearance and usability. The changes had significantly improved the 'hit' rate and traffic to other areas on the site. The practice had been approached to help the CCG develop other practice's sites. The website linked directly to the practices social media accounts. These forums were where the practice signposted to charities and UK based websites for information.

- The percentage of respondents to the GP patient survey who answered positively to question "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) was 100% which was higher than the CCG (97%) and England (96%) averages.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- 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.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above to local and national averages for questions relating to involvement in decisions about care and treatment. However lower than local and national average nursing staff scores were noted.

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 private room to discuss their needs.

Good

Are services caring?

- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- A designated 'quiet zone' was available for patients with sensory processing disorders.

Please refer to the evidence tables for further information.

Outstanding ☆

Are services responsive to people's needs?

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

The practice was rated as outstanding for responsive services because:

- Services were tailored to meet the needs of individual people are were delivered in a way to ensure flexibility, choice and continuity of care.
- The practice had designed, developed and improved processes for ensuring it maintained its ability to deliver both urgent and routine GP appointments in order to meet it's patients needs.
- The practice had pro-actively identified areas where there were gaps in service provision locally and had taken steps to address these. Feedback received from patients and other stakeholders on the changes made had been positive and welcoming.

The areas that contributed to the outstanding rating for responsive services impacted on all of the population groups.

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.
- 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.
- 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.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice recognised gaps in service for specific groups.
- Full records access – The practice was an accelerator site for NHSE with regards providing patients full record access online.

Older people:

- The practice had the support of a clinical pharmacist provided by 'My Health Huddersfield' that would flag up issues with polypharmacy for patients.
- All older 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.
- There was a medicines delivery service for housebound patients provided by the practice.

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:

- The practice worked closely with the local high school and had identified that some young girls were disclosing unprotected sexual activity to their teacher / school nurse but felt too embarrassed to go to a pharmacy for emergency contraception. As a result, the practice created a bespoke service to enable access for this vulnerable group. If a young person was assessed as able to decide if they could consent to contraceptive or sexual health advice and treatment, the school nurse booked in and escorted the young person to a GP appointment, where suitable emergency contraception was provided directly within the consultation (where appropriate), to avoid delays and any embarrassment. We were told that this service had received excellent feedback from the school, the school nurses and the young people who had accessed it.
- The health visitor attended a monthly meeting to discuss families and individuals with safeguarding concerns. They were given a list of children under five

Are services responsive to people's needs?

who were newly registered and a list of those who had recently left the practice. Children subject to child protection plans were highlighted within their clinical records.
- 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. Records we looked at confirmed this.
- 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. For example, extended opening hours on Monday, Tuesday and Wednesday appointments.

People whose circumstances make them vulnerable:

- The practice had identified an inequality in the local area regarding alcohol support services due to changes in funding arrangements. They told us this was in part due to decisions taken locally to withdraw alcohol support provision. The practice felt that there was a large 'hidden' number of patients who were currently seen by the service and would be affected by this. As a result, the practice arranged for two GPs to complete Royal College of General Practioners training and worked with local stakeholders to create an alcohol support service led by extended scope nurses that now runs weekly due to the large uptake. This has enabled access for a group of patients who were not utilising this support and could now do so closer to home.
- 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.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their 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.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- All clinical staff had undertaken training in mental capacity and DoLS (Deprivation of Liberty Safeguards)

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 practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment.

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. The practice had designed, developed and improved processes for ensuring it maintained its ability to deliver both urgent and routine GP appointments in order to meet it's patient's needs.

- The system identified patient demand for appointments after a long-term audit of appointment availability and use, analysing capacity and patient demand. Patient demand was measured by compiling data on the daily number of extra appointments and the 'on-call' workload. The results confirmed that patient demand peaked on Monday's and Friday's.
- The results were used to ensure sufficient urgent appointments were provided each day, linked to historical demand.
- The impact had been a significant reduction in the volume and unpredictability of unscheduled work. We were told this led to less pressure and stress for patients and staff.

Outstanding ☆

Are services responsive to people's needs?

- The new system had helped to maintain the practice's ability to continue to offer unlimited same day urgent access.
- Alongside the 'duty-doctor' and 'usual GP' work allocation schemes this access system had also reduced locum GP usage, created extra appointments for patients, improved continuity of care, reduced A&E attendances and had enabled the whole practice to work in a more predictable working environment. Data illustrating this was shown to the inspection team.
  - There had been no asthma admissions in the last 12 months.
  - There had been a 13% reduction in A+E attendances in the last 12 months.

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.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- Elmwood is registered with the NRLS (The National Reporting and Learning System) agency for reporting events. The National Reporting and Learning System is a central database of patient safety incident reports.

Please refer to the evidence tables for further information.

Outstanding ☆

Are services well-led?

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

The practice was rated as outstanding for well led because:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- Bespoke developments were embedded within the culture of the practice and seen as a way to evidence, improve and change their own patient care and to also influence change elsewhere through proven systems and processes. For example, the new look website contained information on using the surgery and coping with multiple conditions.
- The 'Elmwood Template Menu' had been developed and embedded within the service to ensure all clinicians were using up to date agreed templates. We were told that this reduced variability in using read codes as well as improving the safety of work carried out by new members of staff, clinical trainees and locums.
- The practice were one of the two GP surgeries within the CCG who were part of the NIHR network (National Institute for Health Research) of practices involved in research. This benefitted patients by enabling them to access screening, treatments and resources that may otherwise not have been available.
- The practice was a RCGP surveillance site for monitoring of disease trends and feeding this information into public health, helping predict and manage flu outbreaks and pandemics.
- There were high levels of staff and patient satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture and morale.
- There were consistently high levels of constructive staff and patient engagement.

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. The practice manager and GPs told us that informal daily meetings took place.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- There was strong collaboration and support across all staff teams and a common focus on improving quality of care and people's experiences.
- The GP partners had made a conscious decision to ensure patients had a named GP and appointment times were kept at suitable lengths to ensure 'quality' patient care could be provided.
- Staff said they felt well led and part of a team.
- Leaders at all levels were visible and approachable. Staff said the practice manager was visible and approachable and provided encouragement and support. Leaders worked closely with staff and others to make sure the team prioritised compassionate and inclusive leadership.
- Staff met regularly to discuss any issues or complex cases and to offer and receive peer support. All clinicians attend the weekly 'Monday Meeting' which was the forum by which significant events analysis, complaints, compliments, new policies and procedures were discussed as well as feedback from courses and clinical cases were reviewed.

The practice manager told us they carried out strategic development continuously, guided by the annual away weekends where resulting outcomes were actioned. For example, the last away day in September 2017 looked at a new management structure. The practice reviewed the development needs of the practice and external factors.

The practice had recognised that a large multi-site practice required a strong management structure. A new structure was devised to ensure the future sustainability and progress of the organisation. This had been supported during a transitional stage by the current practice manager overseeing the implementation of the larger management team and their expanding roles.

The management structure now includes the following roles:

- Business manager
- Finance manager
- HR/Patient services manager
- Site manager
- Two practice assistants

Outstanding ☆

Are services well-led?

The system was designed to ensure all members of staff felt supported and that patient care was maximised with well-trained, highly skilled staff. This demonstrated showing awareness of local and national pressures and taking responsibility for the long term sustainability 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 culture developed at the practice was used to drive and improve the delivery of high-quality person-centred, sustainable care.

- There were high levels of staff satisfaction. There were consistently high levels of constructive staff engagement and they were actively encouraged to raise concerns. Staff said they were happy and the organisation was a great place to work with a positive reputation.
- Staff said the leadership inspired them to deliver the best care and motivated them to succeed.
- The practice focused on the needs of patients. Staff feedback and suggestions focussed on quality projects of how to make the processes more streamlined and efficient and improved care for patients. For example, patient demand analysis had led to changes in working patterns.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff said there was support given when things went wrong and they were involved in the investigations.
- 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. Staff told us they received informal support when required and could request learning and development at any time. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. Staff said their colleagues and leaders supported them both professionally and personally.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- Communication was effective at the practice and organised through structured, minuted meetings. These included partner meetings, clinical meetings, staff meetings, multidisciplinary team meetings, patient participation group meetings, nurses meetings, administration team meetings, notifications on the computer system and an open-door policy used by the GPs and practice manager.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There were positive relationships between staff and external stakeholders.

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.
- Within the programme of weekly clinical team meetings, safeguarding was a regular topic. We saw evidence of a cohesive whole team approach, the priority discussion of concerns and up to date records. We saw that relevant information was recorded in the records of members of a family via the safeguarding function.

Are services well-led?

- Staff told us they were aware of where safeguarding information was stored and the practice had ensured clarity and uniformity in documentation.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

All clinicians met daily to discuss work prioritisation and vulnerable patients as well as difficult cases and current events. Key community team members also met daily on site including the community matron and district nurses.

All clinicians attend the weekly 'Monday Meeting' which was the forum by which SEA, complaints, compliments, new policies and procedures were discussed as well as feedback from courses and clinical cases were reviewed. Alongside this all clinicians attended a monthly 'Protected Practice Time' (PPT) afternoon. When appropriate, administration team members also attended. Wider learning was shared, reflected on and reviewed.

Managing risks, issues and performance

There was clear and effective 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.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- 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.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The 'Elmwood Template Menu' had been developed and embedded within the service.
  - It included templates owned and maintained by a GP lead. This was a single point of entry that ensured all clinicians were using up to date agreed templates. This helped to reduce variability in using read codes as well as improving the safety of work carried out by new members of staff, clinical trainees and locums.
  - It promoted clear, uniformity of record keeping with all clinicians knowing where to find the correct information.
  - The templates also allowed for effective data manipulation for audit and QOF.
  - The templates were reviewed at least annually to ensure they adhered to EBM (Evidence Based Medicine) and current guidance (they were reviewed most recently at the latest practice protected time (PPT) meeting in June 2018).
  - The templates also promoted patient safety with prompts for clinicians during and after the consultations to ensure referrals and investigations were completed.
  - The templates promoted efficiency with in-built formularies which were designed with key partners such as district nurses (palliative care formulary). The formularies helped to reduce the risk of prescribing errors and also indicated the availability of current medication (also drawn up following discussion with locality pharmacists).
  - The use of the templates aimed to improve safety, efficiency, and allow the practice to be more responsive.
- 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.

Are services well-led?

- There were effective 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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The practice valued all sources of feedback, incorporating it into their strategy to develop the services provided and show progress. The practice ensured that reflection on feedback involved the whole team. 98% of patients in the national GP Survey described their overall experience of the surgery as "good" (CCG average 88%). This was within the top 2% of the locality (the sites were 1st and 4th of 40). Feedback from all sources showed that patients felt they receive a personalised, high level of care. This effective engagement demonstrated a willingness to listen to, respond and learn from patients.
- Patient feedback as part of staff revalidation included all members of the clinical team. It too showed high patient satisfaction with, for example, 99% of patients from all those questioned (over 300) being willing to see the clinician again. 96% said the last GP they saw or spoke to was good at treating them with care and concern. Patient comments about individual clinicians captured through PSQs (Preliminary System Qualification Statement) were positive.
- Staff feedback highlighted a strong team with a positive supporting ethos. Comments about individuals across the team clearly demonstrated good leadership. Training needs were identified and reviewed at appraisal. At appraisal both internal and external PDP (Personal Development Plan) aims were reviewed as well as achievements and challenges discussed.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had demonstrated their commitment to the local health economy and care of patients outside of their own catchment by openly sharing its work with other practices.
- Staff were also actively encouraged to contribute their ideas for improving their own working environment and conditions during the refurbishment at the Holmfirth site. The partners invested in the majority of these including staff lockers, a shower, a changing cubicle, air-conditioning and improved kitchen facilities.

There were consistently high levels of constructive staff engagement. For example, staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered. Feedback from staff had resulted in quality projects being completed. For example:

- A team planning project was developed as a result of staff challenges about there being insufficient GP sessions and staff workloads being high. The outcome included a new rota system, use of appointment templates and more GP sessions.

The practice had a well-established patient participation group (PPG) group. There were five committee members. The leadership team valued the input from the PPG. The PPG learned from other local PPGs to combine effective learning. As a result, patients could access projects and health education events.

The PPG said they had had been involved in many aspects of the practice. These included providing feedback about the refurbishment of the practice, telephone system, photographs on the notice board of all staff and providing health talks for patients.

Continuous improvement and innovation

There was evidence of 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 and complaints. 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.

Outstanding ☆

Are services well-led?

- We saw that access to the practice was developed using an in house system that has been shared with other practices to improve patient outcomes.
- Other innovations included full records access for patients and a new anticoagulation service.
- The practice had been at the forefront of online access offering access since October 2009. Only 9% of patients with repeat medications did not have online registration and currently 52% of the practice population has access with 40% of those being regular users and 87% having full record access.
- Of the 9% who do not have access many have been set up with repeat dispensing or do not wish to have access.
- We were told the practice was in the top 5% of performing practices for online access in the CCG.

The 'Elmwood Handbook' was a repository of information for administrative and clinical staff to ensure uniformity and consistency for patients and colleagues.

- The handbook was searchable, always kept up to date and linked to policies and procedures found within the shared drive and available in all the practices locations.
- It contained a wide range of information from appointment type, doctor skills mix to disaster planning and the grievance policy.
- The handbook was secured, updated and reviewed monthly by the practice assistants to ensure the information was current and the links were functional.
- Staff continuously fed-back regarding content and usability to further improve it.
- The handbook:
  - Ensured key systems and procedures were disseminated and followed and that all policies in place were clearly signposted.
  - This allowed the practice to monitor outcomes more effectively.
  - Staff told us they followed the steps laid out in the handbook clearly to allow them to be more responsive.
  - This handbook effectively enabled the delivery of safe care and treatment.
- The practice were one of the two GP surgeries within the CCG who were part of the NIHR network (National Institute for Health Research) of practices involved in research.
- The practice was an RCGP surveillance site for monitoring of disease trends and feeding this information into public health, with the aim of helping to predict and manage flu outbreaks and pandemics.

Please refer to the evidence tables for further information.