Beeston Village Surgery

Inspection reportJames Reed HouseTown StreetBeestonLeeds LS11 8PN

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

Ratings

Overall rating for this location	Good
Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This practice is rated as Good overall. (A previous inspection undertaken on 6 October 2014 had rated the practice as Good overall.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Beeston Village Surgery on 17 April 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. They ensured that care and treatment was delivered according to evidence- based guidelines and best practice.
- There was evidence of safe prescribing with regular reviews undertaken with those patients who were prescribed high risk medicines.
- The practice had reviewed access to appointments and had adapted clinics to support maximum provision of appointments for patients. They also participated in a local scheme which supported patients with mobility problems in getting to the practice.
- Patients' comments were positive regarding access to appointments and the service they received from practice staff.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was evidence of a cohesive practice team. Support and respect was shown by all members of staff towards one another.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was a range of all-inclusive meetings to ensure all staff were engaged and kept up to date. This included a daily 'team brief' lead by the GP.

There is one area where the provider **should** make an improvement:

- Clearly record all actions undertaken in relation to patient safety alerts.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist adviser and a second CQC inspector.

Background to Beeston Village Surgery

Beeston Village Surgery is the provider of the practice located at James Reed House, Town Street, Beeston, Leeds LS11 8PN; which is approximately three miles South East of Leeds city centre. The premises are leased and are situated near to a local pharmacy and supermarket.. There are other community services co-located within the premises. There is ample car parking with disabled parking spaces available.

The provider is registered with Care Quality Commission to provide the following Regulated Activities: diagnostic and screening procedures; surgical procedures; family planning; maternity and midwifery services; treatment of disease, disorder or injury.

Beeston Village Surgery sits within the NHS Leeds Clinical Commissioning Group (CCG). The practice has a contract with NHS England and the CCG to provide Primary Medical Services to a registered population of approximately 6,500 patients. There is an approximate equal split of male and female patients. There are some variables to the practice patient profile compared to national figures. For example, the percentage of patients aged 0 to 18 years is 49% (38% nationally); 14% of patients are aged 65 years and over (27% nationally); 75% of patients are in paid work or full-time employment (62% nationally) and 40% have a long-standing health condition (54% nationally).

The ethnicity of the population is approximately 82% white British, with the remaining 18% from other ethnic groups. The National General Practice Profile shows the level of deprivation within the practice demographics being rated as two. (This is based on a scale of one to ten, with one representing the highest level of deprivation and ten the lowest.)

The practice clinical team is made up of two full-time male GP partners, one salaried female GP, two practice nurses and two healthcare assistants (all female). The administration team consist of a practice manager, a practice secretary, five patient care advisors (PCAs) and a PCA team leader.

The practice is open 8am to 6pm Monday to Friday. There are extended hours from 7.30am on Tuesday and Thursday and from 7am on Monday and Wednesday. Appointments are available with a range of clinical staff. When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed by calling the NHS 111 service. Patients also have access to weekend appointments through a local GP 'hub'.

During our inspection we saw that the previously awarded inspection ratings were displayed both in the practice and on their website.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and these were discussed at staff meetings.
- Staff who acted as chaperones were trained for their role and had received a 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, harassment, 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. There was an up to date audit and evidence of completed actions.
- The practice had arrangements to ensure that facilities and equipment were safe, regularly maintained and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were 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 the needs of patients, including planning for holidays, sickness, busy periods and epidemics. We saw there was forward planning which allowed the GPs to cover for one another without the need for locums.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff, any impact on safety was assessed and monitored.
- There was a system in place to manage patient safety alerts. These were cascaded to staff as appropriate and discussed in staff meetings. We saw where action had been taken in response to alerts. However, there was not always a clear documented record of all the actions which had been taken. We were assured by the practice that they would document all actions in future.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Regular meetings were held with other community staff, such as the district nurse, midwife and health visitor.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, emergency medicines and equipment, minimised risks.
- Medicines were prescribed, administered or supplied to patients in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial management in line with local and national guidance. We saw data which showed there was a significant positive variation compared to the CCG and national averages.
- Patients' were reviewed and their health was monitored in relation to the use of medicines and followed up on appropriately.

Good

Are services safe?

- Any changes, initiated by secondary care or other services, to a patient's prescribed medicines were reviewed by the GP and discussed with the patient. Repeat prescriptions would not be authorised unless the patient had been reviewed by one of the GPs.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff were encouraged and supported to raise any areas of concern. They understood their duty to raise concerns and report incidents and near misses.
- There were 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.

Please refer to the Evidence Table for further information.

Good

Are services effective?

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

Any Quality Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice.

- Patients' needs, along with their mental and physical wellbeing, were assessed by clinicians. Care and treatment was delivered in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Clinical templates were used, where appropriate, to support decision making and ensure best practice guidance was followed.
- Clinical staff were aware of social prescribing and signposted patients to other support as appropriate.
- Patients were advised where to seek further help and support should their condition deteriorate.
- There was no evidence of discrimination when clinicians made care and treatment decisions.

Older people:

- Patients aged 65 years and over were offered vaccinations for the prevention of influenza, pneumococcal and shingles.
- Older patients were assessed to identify those who were living with moderate or severe frailty. Those identified patients received a holistic review of their care and treatment needs, supported with falls prevention advice.
- 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.
- A domiciliary phlebotomy and blood pressure service was available for patients over the age of 65 years.
- The practice had access to a community based Consultant Geriatrician.

People with long-term conditions:

- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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.
- Patients were signposted to One You Leeds/Connect for Health to access structured education programmes relating to their condition.
- GPs followed up patients who had received treatment in hospital or through out of hours services for acute exacerbation of their condition.
- Joint injections, administered by GPs, were available for relevant patients.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. It was noted that at between 86% and 88% the percentage uptake for childhood immunisations of those children aged two years, was slightly below the national target of 90%. The practice was aware of this and informed us that due to the migratory nature of some of their patients this had impacted on the immunisation uptake. However, they were actively looking at ways uptake could be improved.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Ante-natal and post-natal care was provided by the practice in conjunction with a community midwife.
- There was regular liaison with the health visitor to support appropriate care and support was available for children and families.

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

Good

Are services effective?

- The practice offered catch-up programmes of the measles, mumps and rubella (MMR) and meningitis vaccinations for students before attending university or college.
- New patient health checks and lifestyle advice were offered for patients aged 16 years and over.
- The practice's uptake for cancer screening programmes was comparable to the national coverage targets. Information about the screening programme, in a language befitting the patients, was sent to those who had not attended for screening.
- The practice had a nominated bowel screening champion who provided additional support and information to patients.
- Patients had access to appropriate health assessments and checks including NHS 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.
- Sexual health services were available there was access to a practice employed sexual health specialist nurse and GP.

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 audited how
- The practice held a register of patients living in vulnerable circumstances, including those who had a learning disability.
- Annual health checks were offered to patients who had a learning disability. These patients were also signposted to other appropriate services for additional support.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Staff had received training to identify signs of abuse in patients and those who may be at risk of radicalisation.

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

- Patients who had complex mental health needs or dementia had their care reviewed in a face to face consultation with a GP. The percentage of those patients who had received a review was higher than the national averages.
- All patients with poor mental health had access to health checks and supportive interventions relating to improving their physical and mental wellbeing. These included access to crisis intervention, substance misuse services and local support groups.
- Patients on long-term or high risk medication were reviewed on a three monthly basis (or sooner if necessary). There was a system for following up patients who failed to attend for their review.
- 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.

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, such as the falls prevention programme and QOF.
- The QOF results for 2016/17 showed the practice was performing in line with CCG and national averages. The practice benchmarked their performance against other practices to identify any areas of underachievement.
- The practice used information about care and treatment to make improvements.
- A programme of audit was used to drive quality improvements in clinical care and service delivery. We reviewed several audits, which included a bowel cancer screening audit and a minor surgery audit. These could both identify and evidence where improvements had been made.

Effective staffing

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

- 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.

Good

Are services effective?

- There was a training matrix which could evidence that staff were up to date with mandatory training, such as fire safety, safeguarding and infection prevention and control.
- 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 provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- One of the GPs had recently undertaken a self-assessment and asked for anonymous staff feedback regarding their performance. This had been seen as a positive exercise. We saw the results, which showed the clinicians to be well respected, seen as having good leadership and communication skills and described as being compassionate and empathetic.

Coordinating care and treatment

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

- We saw records which showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- Care was coordinated between services and those patients who received 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. Bi-monthly meetings were held with nurses from the local palliative care team.

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 self-referral to One You Leeds and social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported local and national priorities and initiatives to improve the population's health, For example, the falls prevention scheme.
- Healthy lifestyle information and interventions, such as smoking cessation and weight management, were available for patients. In addition, there was a weekly healthy lifestyle clinic held at the practice by One You Leeds.

Consent to care and treatment

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

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

Please refer to the Evidence Table for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The NHS Friends and Family Test is a survey which asks patients if they would recommend the practice to their friends and family, based on the quality of care they have received. The results from the period January to March 2018 showed that 12 out of the 13 patients who responded said they would recommend the practice.
- Comments we received on CQC comment cards on the day of inspection showed that 27 out of 28 patients were positive about the practice; saying they thought the staff were caring and helpful.

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.)

- We observed staff to be respectful and communicate with patients in a way that they could understand. They had access to communication aids, such as easy read materials and a hearing loop.
- There was information available in other languages which befitted the practice population. In addition, there was also access to written information in braille.
- The practice identified patients who were also a carer for another person and support was provided at an individual level.
- Patients and carers were signposted to advocacy services that could support them in making decisions about their care and treatment if needed.
- The most recently published national GP patient survey results (January to March 2017), showed the practice was higher than the national averages for the percentage of patients who said they thought the GP and nurse was good at involving them in decisions about their care.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients' comments we received on the day of inspection said they felt their dignity and privacy was respected.

Please refer to the Evidence Table for further information.

Good

Are services responsive to people's needs?

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

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 health and social needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered. Reasonable adjustments were made when patients found it hard to access services.
- The practice participated in a local CCG funded patient transport scheme. Patients who needed assistance to get out of their house to attend the practice could access a 'patient transport service'. This involved the patient being picked up from their home address, taken to practice for their appointment and being taken home again. This prevented an avoidable home visit being made by a GP. The scheme was currently in its infancy stage and had yet to be evaluated.
- The practice provided effective care coordination for patients who were more vulnerable or had 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 who were approaching their end of life was coordinated with other services.

Older people:

- All patients aged 75 years and over had a named GP and were supported in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice had close working links with the local Intermediate Care Team to support provision of care for older patients.

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 and community matron, to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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.
- The practice offered extended hours appointments and patients could also access weekend appointments at the local GP 'hub'.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances, including those of no fixed abode, were easily able to register with the practice.
- Longer appointments were available for those patients who had complex needs or needed translation services.
- The practice issued food bank vouchers to those patients in need.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Clinicians had access to a local mental health service where they could refer patients.

Timely access to care and treatment

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

Good

Are services responsive to people's needs?

- The practice had undertaken an audit on demand and capacity of appointments. As a result they had reviewed the appointment system. There were extended hours, flexible access for vulnerable patients and a triage system. A traffic light system had been developed, ensuring that any urgent cases would always be seen or directed to hospital as appropriate. In addition the practice had developed 'rolling clinics'. This meant that there was access to appointments throughout the day and patient flow could be controlled to prevent extended patient waiting times. The practice had reported this process appeared to be achieving the aim and patients' comments did not suggest otherwise.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice also had one daily NHS111 allocated appointment. If this was not utilised it was then freed up for normal use.
- On the day of inspection we did not receive any negative feedback from patients with regard to appointments. All the comments we received were positive, with several informing us they easily got an appointment or could speak with a GP.
- Patients were encouraged and supported to use the electronic prescription service. This supported patients to order their prescriptions online to be delivered to a local pharmacy, ready for patient collection without the need to attend the practice

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. For example, after a patient complained about how they felt they had been treated, there had been a training session for staff regarding maintaining a professional approach with patients.

Please refer to the Evidence Table for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services.
- 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 had effective processes to develop and maintain leadership capacity and skills.

Vision and strategy

The practice had a clear vision, a realistic strategy and supporting business plans to deliver high quality, sustainable care.

- The strategy was in line with health and social 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The practice had a culture of being open and delivering high quality sustainable care.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included annual appraisals and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Any behaviour and performance inconsistent with the vision and values was acted upon.
- There was a strong emphasis on the safety and well-being of all staff. The practice actively promoted equality and diversity.
- There was evidence of a cohesive team and positive relationships between all the staff.
- Staff stated they felt respected, supported and valued and were happy to work in the practice.
- There was an evident commitment to providing high quality care for their patient population.

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.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were a range of all-inclusive staff meetings where good governance was high on the agenda, which ensured that all staff were engaged and kept up to date. This included a daily “team brief” lead by the GP.

Managing risks, issues and performance

There were clear and effective 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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. There was a practice oversight of national and local safety alerts, incidents, and complaints.
- There was a programme of clinical audit and quality improvement activity that could evidence positive impacts on the quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.

Good

Are services well-led?

- The practice implemented service developments and where efficiency changes were made this was with input from staff to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to monitor and improve practice performance.
- The practice used information technology systems to monitor and improve the quality of care.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service was transparent, collaborative and open with stakeholders about performance.
- 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.

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.

Please refer to the Evidence Table for further information.