Church Walk Surgery

Quality Report

The Surgery
Church Walk, Eastwood
Nottingham
Nottinghamshire
NG16 3BH
Tel: 01773 712951
Website: www.churchwalksurgery.nhs.uk

Date of inspection visit: 25 August 2015
Date of publication: 19/11/2015

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church Walk Surgery on 25 August 2015. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was reviewed and addressed; although it was not always accurately recorded.
- Risks to patients were assessed and mostly well managed, with significant improvements made to areas such as infection control.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the design and implementation of care pathways specific to long term conditions prevalent within the community.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and the Patient Participation Group (PPG).

Summary of findings

- The PPG was proactive in arranging and coordinating health promotion and screening events to promote better health for patients, as well as local support groups for people with long term conditions and carers.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place and this was monitored and reviewed.

We saw several areas of outstanding practice including:

- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example, the partners had taken a lead role in the design of care pathways for a range of long term conditions and the development of the local GP provider company (primary integrated community services limited). As result, community services were developed to treat and manage conditions such as respiratory conditions, heart failure and cardiology, pain and non-malignant palliative care. Outcomes achieved for patients included services being delivered closer to home, reduction in secondary care referrals and hospital admissions.
- The patient participation group (PPG) had strong links with the local community through facilitating health promotion events and local support groups for lung related health needs and carers. Additionally, the PPG worked in collaboration with two other PPGs to ensure the wider community benefited from the activities they held. Patient feedback showed patients had enjoyed the informative events and received useful information on healthy lifestyle advice.

However there were areas of practice where the provider needs to make improvements.

Importantly, the provider should:

- Improve the availability of non-urgent appointments with a named GP and waiting times.
- Ensure completed cycles of clinical audits related to minor surgery in line with best practice guidance.
- Strengthen the systems for assessing and monitoring risks and the quality of the service provision. This includes maintaining accurate and detailed records in relation to the management of regulated activities, practice and clinical meeting minutes and infection control practices.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. We initially found that information about safety was not always accurately recorded, monitored, appropriately reviewed and addressed. However, records received after our inspection confirmed improvements had been made. Risks to patients were assessed and well managed following significant improvements made to areas such as infection control.

Suitable systems were in place to safeguard patients from abuse, ensure appropriate staff were recruited and that enough staff with a good skill mix were delivered safe care. The arrangements for managing medicines, including emergency drugs and vaccinations, also kept patients safe.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it to improve outcomes for patients. Nationally reported data showed most patient outcomes including health screening activities were above the clinical commissioning group (CCG) and national averages.

The staff team were committed to working collaboratively with other providers to ensure patients' received coordinated care and services. For example, the practice was involved in various projects to improve the outcomes for patients and to enable more people to be treated locally by GPs. Data reviewed showed most clinical outcomes for patients were higher when compared with other similar services within the local area. This included: lower rates for hospital admissions for some long term conditions such as pain and chronic obstructive pulmonary disease (COPD is the name for a collection of lung diseases), reduction in secondary care referrals and less use of ambulance resources. The practice and the patient participation group (PPG) were also proactive in supporting patients to live healthier lives through education on self-management of their health needs.

Summary of findings

Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits were used to monitor and improve outcomes for patients. Staff worked with multi-disciplinary teams to ensure the delivery of integrated care. The practice linked with other local providers to share best practice.

Most staff had received training appropriate to their roles and any further learning needs had been identified and appropriate training planned to meet these needs. This included further training on assessing patient's mental capacity and deprivation of liberty. There was evidence of appraisals and personal development plans for most staff.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice in line with local and national averages for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Appropriate systems were in place to review care planning arrangements with patients and those involved in their care.

Information for patients about services available was accessible and easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Views of external stakeholders were very positive and confirmed that staff offered kind and compassionate care and worked to overcome obstacles to achieving this.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. This included initiating positive service improvements for patients that were over and above its contractual obligations.

For example, the practice established a community respiratory service for the Eastwood area in 2007. This was rolled out across the CCG area and enabled patients to access local services and reduced emergency admissions and referrals to hospitals. The patient participation group (PPG) had strong links with the local community through facilitating health promotion events and local support groups for carers, people with lung conditions and those living with Parkinson's. These were some of the outstanding features of the practice.

Summary of findings

Most patients said they found it easy to make an appointment with urgent appointments available the same day. Data reviewed showed the practice had comparable rates to local and national averages for patient satisfaction with how they could access care and treatment. Some patients felt the practice needed to improve: the availability of non-routine appointments with a named GP and waiting times for appointments.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

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

It had a clear vision with quality and delivery of integrated services as its top priority. The strategy to deliver this vision had been produced with stakeholders and was reviewed and discussed with staff. There was a clear leadership structure and staff felt supported by management. The leadership empowered staff to carry out lead roles and drive improvement.

An outstanding feature of the practice was the lead role undertaken by the partners in innovation / pilot projects with the clinical commissioning group (CCG). This included the design of care pathways for specific long term conditions such as heart failure and cancer; as well as the delivery of integrated care within the community. This was delivered by the local GP provider company, Primary Integrated Community Services Limited. The practice gathered feedback from patients and it had a very active patient participation group (PPG) which influenced development within the practice and community.

Governance and performance management arrangements had been reviewed and strengthened to take into account current models of best practice. Improvements had been made to the systems in place to identify risk, monitor and improve quality. The practice carried out proactive succession planning and effective systems were in place to promote the continuous learning development for staff.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

Patients aged 75 years and over had a named GP for continuity of care. Nationally reported data showed the practice performed well against indicators relating to conditions commonly found in older people. Monthly multi-disciplinary care meetings were held to ensure integrated care for older people with complex health care needs.

The practice had the second highest number of older people within the clinical commissioning group (CCG) area. It offered proactive and personalised care to meet the needs of the older people in its population. This included a range of enhanced services, for example, preventing unplanned admissions into hospital, in dementia and end of life care. The practice had worked with one of the patients to establish a local exercise class for patients with Parkinson's disease. This is undertaken on a weekly basis at the church hall adjacent to the surgery.

The practice was responsive to the needs of older people. It offered rapid access appointments for older people with enhanced needs and home visits including in care homes. A range of health promotion and screening that reflects the needs for this age group were offered. This included breast screening for female patients aged 70 and over, influenza and shingles vaccinations.

People with long term conditions

Outstanding ☆

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

All clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Longer appointments and home visits were available when needed.

For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice's involvement in service design for care pathways related to specific conditions such as chronic obstructive pulmonary disease, palliative care needs and heart failure was an outstanding feature.

The practice was very responsive in ensuring appropriate care and support packages were offered to patients. This included support

Summary of findings

groups' patients could attend and patient education to promote self-management of one's health. Data showed the majority of clinical and public health outcomes achieved by the practice were above the local CCG and national averages.

Families, children and young people

Outstanding ☆

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

Immunisation rates were relatively high for all standard childhood immunisations. Children under the age of five had same day access to a GP. Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw good examples of joint working with midwives, health visitors and school nurses. There were systems in place to identify and follow up children living in disadvantaged circumstances and those at risk of abuse. For example, children and young people subject to protection plans and those who had a high number of accident and emergency (A&E) attendances.

The practice provided a family planning service and a range of options for contraception including a coil fitting service. Other provisions included phlebotomy services for children over the age of two, teenage vaccinations, a travel clinic and the practice was also a registered yellow fever centre.

Working age people (including those recently retired and students)

Outstanding ☆

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included providing extended hours on a Monday morning between 7am to 8am and Monday evening between 6.30pm to 7.30pm.

The practice was proactive in offering a range of online services including access to medical / summary care records, requesting repeat medicines and booking and cancelling of appointments. Telephone consultations and text reminders for appointments and health promotion campaigns were also offered.

A full range of health promotion and screening that reflects the needs for this age group were offered. This included travel vaccinations, NHS health checks for patients aged 40 to 74, cytology

Summary of findings

screening for women aged 25 to 64, and blood checks. Data showed high uptake rates were consistently achieved. For example, the 2014/15 uptake rate for aortic aneurysm screening was 85.6% compared to a CCG average of 83.3% and national average of 79.5%.

People whose circumstances may make them vulnerable

Outstanding ☆

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

The practice held a register of patients living in vulnerable circumstances including carers, people living in residential and nursing care homes, and those with a learning disability. It had carried out annual health checks for people with a learning disability offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people to ensure their needs were reviewed. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Patients and carers had access to various information leaflets, support groups and voluntary organisations. In conjunction with another neighbouring practice, staff offered support through information events and talks to carers at the local church.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

The practice had robust systems in place to ensure patients were offered an annual review of their health needs and medicines. Nationally reported data showed outcomes for patients experiencing poor mental health and dementia were good.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health and those with dementia. Patients were supported to access emergency care and treatment when experiencing a mental health crisis; and staff followed up patients who had attended accident and emergency (A&E). Patients were: prescribed self-help books; referred to counselling and talking therapy services; and told of various support groups and voluntary organisations.

The practice held a register of 145 patients diagnosed with dementia. The practice's dementia diagnosis rate was 83.3% compared to a local average of 76.8% and national average of

Summary of findings

58.14%. Effective systems were in place to proactively identify and assess signs of dementia in patients. The practice carried out advance care planning in line with the patient's wishes to ensure their individual needs were met. Some staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards of which 28 were wholly positive about the standard of care received. Most patients said the staff were professional, compassionate and caring and that they felt listened to and involved in making decisions about their treatment options. Although most patients told us they could access suitable appointments, some patients said they were not always seen within 20minutes of their appointment time or offered an explanation in the event of a delay as stated in the practice's patient charter.

The most recent friends and family test results showed 99.6% of patients would recommend the practice to friends and family.

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 255 surveys sent out and 109 were received which represented a 43% completion rate.

- 96% say the last appointment they got was convenient compared with a CCG and a national average of 92%.
- 86% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 81% describe their experience of making an appointment as good compared with a CCG average of 82% and a national average of 73%.
- 67% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 60% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.
- 62% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 66% and a national average of 90%.

90% found the receptionists at this surgery helpful compared with a CCG average of 91% and a national average of 87%.

Areas for improvement

Action the service SHOULD take to improve

- Improve the availability of non-urgent appointments with a named GP and waiting times.
- Ensure completed cycles of clinical audits related to minor surgery in line with best practice guidance.
- Strengthen the systems for assessing and monitoring risks and the quality of the service provision. This includes maintaining accurate and detailed records in relation to the management of regulated activities, practice and clinical meeting minutes and infection control practices.

Outstanding practice

- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example, the partners had taken a lead role in the design of care pathways for a range of long term conditions and the development of the local GP provider company (primary integrated community services limited). As result, community services were developed to treat and manage conditions such as respiratory conditions, heart failure and cardiology, pain and non-malignant palliative care. Outcomes achieved for patients included services being delivered closer to home, reduction in secondary care referrals and hospital admissions.

Summary of findings

- The patient participation group (PPG) had strong links with the local community through facilitating health promotion events and local support groups for lung related health needs and carers. Additionally, the PPG worked in collaboration with two other PPGs to ensure the wider community benefited from the activities they held. Patient feedback showed patients had enjoyed the informative events and received useful information on healthy lifestyle advice.

Church Walk Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second Inspector and an Expert by Experience.

Background to Church Walk Surgery

Church Walk Surgery provides primary medical services to 11 600 patients living in Eastwood, Giltbrook, Kimberley, Nuthall, Langley Mill and Brinsley. It also provides care to eight care homes (residential and nursing) for older people and those with learning disabilities. The practice holds a Primary Medical Services contract and provides GP services commissioned by NHS Nottingham West Clinical Commissioning Group.

The practice is based in an ex-mining community with a high prevalence of respiratory and long term conditions. Data showed that the practice serves a population with higher levels of deprivation than the England average and that a higher than average number of children and adults are affected by income deprivation.

The clinical team comprises six GP partners, two salaried GPs and two GP registrars. This includes an equal mix of female and male GPs to provide patients with choice. The practice is a teaching and training practice; offering placements for medical undergraduate students and trainee GPs. Two of the GPs are GP trainers.

The nursing team includes one advance nurse practitioner, six practice nurses, one health care assistant and two phlebotomists.

The management team includes a managing partner, practice manager, an administration manager and a reception manager. They are supported by three medical secretaries, 12 receptionists, two data summarisers and two apprentices.

The practice is open between: 7am and 7.30pm on Monday; 7am and 6.30pm on Tuesday and 8am to 6.30pm Wednesday to Friday. Extended hours surgeries were offered between 7am and 8am on Monday and Tuesday; and 6pm to 7.30pm on a Monday.

GP surgeries are held throughout the day between: 7am to 7.20pm on Mondays and 9am to 6pm Tuesday to Fridays. Appointments with nurses, health care assistants and phlebotomist are available from: 7am to 7pm on Monday; 7am to 6pm on Tuesdays and 8am to 6pm from Wednesday to Friday.

Church Walk Surgery has opted out of providing out-of-hours services to its own patients at night and during weekends. The out-of-hours service is currently provided by Nottingham Emergency Medical Services (NEMS).

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

Detailed findings

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. This included NHS England, Healthwatch and Nottingham West Clinical Commissioning Group (CCG).

We carried out an announced visit on 25 August 2015. During our visit we spoke with a range of staff (GPs, practice nurses, managers and the administrative staff). We spoke with nine patients who used the service including three members of the patient participation group.

We observed how people were being cared for and talked with carers and/or family members. We reviewed the practice's records and the personal care and treatment records of patients following concerns identified during the inspection. We also reviewed comment cards where patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to learning and a system was in place for reporting and recording significant events. Staff told us they would inform the partners and or practice manager of any incidents to ensure appropriate action was taken.

Records reviewed showed that significant events had been analysed and addressed appropriately by clinicians. These included supporting meeting minutes to evidence that safety records and incident reports had been discussed; lessons were shared to make sure action was taken to improve safety in the practice and that relevant protocols were updated to reflect best practice.

Fifteen significant events had been received between 2013 and 2015 and where appropriate these had been shared with external stakeholders. An example of positive changes made included the urine analysis policy and procedures being discussed with staff and updated following an event where urine samples were incorrectly labelled. People affected by significant events received an apology and were told about actions taken to improve care.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Reported incidents and national patient safety alerts were used as well as comments and complaints received from patients to collate risk information.

Reliable safety systems and processes including safeguarding

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead for safeguarding. They were also leading a project focused on spotting the signs of domestic violence in collaboration with 13 GP practices in the clinical commissioning group (CCG) area.

Most staff we spoke with demonstrated they understood their responsibilities and had received training relevant to their role.

The GPs attended safeguarding meetings with the health visitor, midwife and school nurse when possible and also provided reports where necessary for other agencies. Safeguarding concerns were also discussed in daily referral meetings and review of child protection cases was undertaken quarterly. Clinicians we spoke with told us this was an effective way of ensuring patients were kept safe.

Our review of records showed appropriate follow-up action was taken where alleged abuse occurred to ensure vulnerable children and adults were safeguarded. However, records of confidential and safeguarding information were not always kept secure; and this was addressed following our inspection.

A notice was displayed in the waiting room, advising patients they could access a chaperone, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). 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.

Medicines management

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use.

Cleanliness and infection control

Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We observed the premises to be visibly clean and tidy.

Significant improvements had been made to ensure standards of cleanliness and hygiene were of appropriate standards; and the practice acknowledged this as an ongoing area of improvement. Improvements made included:

- Infection control policies and supporting procedures were updated and made available for staff to refer to, which enabled them to plan and implement measures to control infection.

Good

Are services safe?

- The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training.
- Three infection control audits had been undertaken between October 2014 and August 2015. We saw that action was taken to address any identified concerns and appropriate action plans put in place. For example, non-clinical staff were scheduled to receive hand washing training and information relating to staff full vaccination history was in the process of being collated.
- Most of the staff had up to date infection control training.
- We saw records that confirmed the practice had contracted an external company to undertake Legionella testing and review its water systems to reduce the risk of infection to staff and patients. The most recent inspection had identified that the boiler required repairing to ensure that correct water temperatures were recorded when being tested. Arrangements for repair had been scheduled for September 2015.

Equipment

Staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. Electrical equipment was checked to ensure it was safe to use and clinical equipment was calibrated to ensure it was working properly. We however noted that two pulse oximeters were due for recalibration in January 2014.

Staffing and recruitment

Recruitment checks were carried out and the six files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We however noted that sufficient clinical staff had not always been in place before additional practice nurses were recruited.

Monitoring safety and responding to risk

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

- Health and safety information was available to staff and some staff had completed training in health and safety awareness and manual handling.
- Although the practice had fire risk assessments in place, fire drills were not regularly carried out. For example, the last two fire drills were recorded as taking place on 22 August 2013 and 07 August 2015. Additionally, most staff were overdue for their annual fire awareness refresher training in line with the frequency determined by the provider.
- The practice had a variety of other risk assessments in place to monitor the safety of the premises and risks to staff and patients. This included control of substances hazardous to health (COSHH), display screen equipment and carrying hot drinks, burns and scalds.

Arrangements to deal with emergencies and major incidents

There was a system in place to alert staff to any emergency. Most of the staff had received cardio pulmonary resuscitation training.

Robust systems were in place to ensure emergency equipment and medicines were regularly checked; with the exception GP bags of which were their individual responsibility. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a resuscitation trolley, first aid kit and accident book available.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to assessing, planning and delivering care to ensure patients' needs were met. This was supported by most of the records we reviewed which showed assessments and treatment were carried out in line with relevant and current evidence based guidance and standards.

We saw that best practice guidelines from the National Institute for Health and Care Excellence (NICE) and local commissioners was readily accessible to staff on the shared drive and the practice library. The practice monitored that these guidelines were followed through clinical audits, regular discussions at clinical meetings and sample checks of patient records. For example, the practice had undertaken a review of their heart failure register to ensure patients were receiving the optimal treatment and utilising the correct medication in line with best practice guidelines. This resulted in an increase in diagnosis of patients by 18%.

Management, monitoring and improving outcomes for people

The practice has a high prevalence of respiratory disease which is higher than the national average. To ensure this need was met effectively, the senior GP partner established a community respiratory service for the Eastwood area in 2007. This service was rolled out across the CCG area with the following patient outcomes being achieved: reduced emergency admissions over the last three years and reduction in secondary care referrals.

Additionally, records reviewed showed the practice was part of a project to deliver anxiety management to patients with chronic obstructive pulmonary disease (COPD) and heart failure in liaison with mental health practitioners. The outcome of this project was a 70% reduction in hospital admissions, less use of ambulance resources and a decrease in GP appointments.

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Practice supplied data indicated they had achieved 99.5% of the total number of QOF points available for 2014/15; although this data was yet to be verified and published.

Comparable QOF data for 2013/14 showed the practice had achieved a total of 98.8% which was above the clinical commissioning group (CCG) average of 95.1% and national average of 93.5%. The 2013/14 comparative data showed;

- Performance for mental health related indicators was above the CCG and national average. For example, the practice's dementia diagnosis rate was 83.3% compared to a CCG average of 76.8% and national average of 58.14%. Depression assessment was 98.3% compared to a CCG average of 87.6% and national average of 88.79%.
- Performance for diabetes related indicators were mostly above the CCG and national average. For example, 95.6% of patients with diabetes, on the register, had a record of a foot examination and risk classification compared to a CCG average of 91.5% and national average of 88.3%. We however noted that the recording of blood pressure was below the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national averages. For example, 88.3% of patients with hypertension had their last blood pressure reading measured in the preceding nine months compared to a CCG average of 84.5% and national average of 83.1%

Clinical audits were carried out to demonstrate quality improvement and staff were involved to improve care and treatment, and people's outcomes. We were shown seven clinical audits completed in the last 18 months. Two of these were completed audits where the improvements made were implemented and monitored.

For example; an initial audit undertaken in November 2013 showed 54% of a sample of 974 splenectomised patients received adequate vaccinations and prophylactic antibiotics. These results were analysed and discussed in clinical meetings. An action plan was agreed to invite all eligible patients for review. The same patient group was then re-audited in October 2015 and 90% of patients were receiving the recommended treatment in line with the recommended guidelines.

Another audit showed improved pain management for over 75% of patients that had received acupuncture treatment

Outstanding ☆

Are services effective?

(for example, treatment is effective)

from the GP between November 2014 and August 2015. In addition, the practice had the third lowest rates for outpatient attendances for pain management within the CCG area between June 2014 and May 2015.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice participated in the CCG initiative to switch oral contraceptives to a preferred list and 95.25% of all patients receiving repeat oral contraception are now prescribed the preferred list.

Robust systems were in place to recall patients for their annual health check. This included patients with long term conditions, learning disabilities and experiencing poor mental health.

Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. The practice were high prescribers of anti-biotics due to a high prevalence of chronic obstructive pulmonary disease (COPD is the name for a collection of lung diseases) and respiratory illness; and this was monitored annually by the CCG. The practice also participated in the CCG 2014/15 prescribing scheme, and records showed improvements were made as a result. GPs undertook annual reviews of medicines for patients living in nursing homes with the CCG pharmacy advisor.

Effective staffing

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

- This included an induction programme for newly appointed staff; ongoing support through one-to-one meetings, appraisals and clinical supervision. Feedback from staff and records reviewed showed they were proactively supported to acquire new skills and share best practice to ensure the delivery of effective care and treatment.
- Staff had access to and made use of e-learning training modules and in-house training as part of their protected learning time. We reviewed staff training records and saw that most staff were up to date with attending courses such as equality and diversity, information governance awareness and customer care. However refresher training was not always undertaken in line with the provider's stipulated frequency.
- All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

Coordinating patient care and information sharing

The practice was committed to working collaboratively with other health and social care services to assess and plan the on-going care and treatment for patients with complex health needs. For example, records reviewed showed integrated care pathways were in place to support the coordinated care of people: at risk of hospital admission; those receiving palliative care; people experiencing a mental health crisis and specific long term conditions such as atrial fibrillation and heart failure.

The practice engaged with the local care team model which is a project focusing on the integration of health and social care services for vulnerable patients aged 75 and over with complex physical or mental health needs or in the top 2% risk register for hospital admission or re-admission. The practice had effective systems and protocols in place to facilitate the coordination of care and multi-disciplinary discussions.

Minutes of meetings showed a range of multi-disciplinary meetings were held each month to deliver more joined up care for patients' with complex and long term conditions. Professionals in attendance included the community matron, clinical care coordinator, community case worker, district nurses, health visitors Macmillan and the palliative care team for example;. Feedback received from health and social professionals we spoke with confirmed that relevant information was shared with them in a timely way, for example when people were referred to their services.

Additionally, GPs within the practice attended a daily debrief meeting where patients discharged from hospital, referred to other services or moved between services were discussed and follow-up action was assigned to the appropriate GP. This ensured all clinicians were aware of each patient's current care needs and the support in place.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

Consent to care and treatment

Records reviewed showed patients' consent to care and treatment had been sought in line with legislation and guidance. For example, written consent for minor surgery was obtained after the GP explained the risks and benefits of the procedure.

Most staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Gillick competency test. These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions. The practice had identified the need for additional training for some clinicians in respect of Deprivation of Liberty (DOLS) to ensure they were fully aware of their responsibilities.

Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We saw examples of where the GPs had facilitated meetings with the patient, professionals involved in their care and relatives to ensure care was delivered in line with their best interest. However, we noted that the process for seeking consent was not always monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme in place for different population groups and 2014/15 data showed uptake rates were higher than the CCG and national averages for most health checks. For example:

- The practice offered NHS Health Checks to patients aged 40 to 75 years. It had achieved the second highest rates within the CCG for inviting and delivering these checks. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.
- Immunisation rates for childhood vaccinations were mostly comparable to the CCG and national averages. Data reviewed showed the practice had the highest uptake rate for the vaccinations given to under two year olds in the CCG.
- The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 81.2% and the national average of 77.08%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed uptake rates were consistently high.
- The practice had achieved 85.65% for its 2014/15 abdominal aortic aneurysm screening rates compared to the CCG average of 83.35% and national average of 79.5%

The practice had a high uptake of vaccinations for long-term conditions including flu and pneumococcal vaccinations. For example, flu vaccination rates for the over 65s were 78.4%%, and at risk groups 64.8%. These were also above CCG and national averages.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

We received 31 completed CQC comment cards and most of these were positive about the service experienced. Twenty eight comments reflected the practice offered a good service and that staff were friendly, attentive to their needs and provided care and treatment in a timely manner. Some patients commented that staff addressed them by their preferred names and specific clinicians were very gentle when taking blood samples. Three of the less positive comments related to not being able to see a preferred GP when needed and availability of non-urgent appointments.

On the day of our inspection, we spoke with nine patients, three of whom were members of the patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. Most of the patients told us they were satisfied with the care provided and said their dignity and privacy was respected. Feedback received from five external health and social care professionals also confirmed that staff were professional, welcoming and caring.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice had comparable rates for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) and national averages of 95%.
- 87% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 86% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%.

We saw evidence of care plans and patient involvement in agreeing these. For example, patients with a learning disability were given longer appointments or visited within their own home so that they could be given time to discuss their individual care plans. Patients diagnosed with complex and long term conditions also had individualised care plans and these were regularly reviewed to ensure they had appropriate support in place. This included 2% of care plans for patients at risk of hospital admission and 1% of patients receiving end of life care.

In addition, 2013/14 data showed 90.6% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, agreed between individuals, their family and/or carers as appropriate. This was better compared to a CCG average of 87.4% and a national average of 85.9%.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

Comment cards received also highlighted that staff responded compassionately when they needed help and provided support when required. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice's computer system alerted GPs if a patient was also a carer. Carers were actively identified and offered health checks and referrals for support. The practice hosted a monthly drop in clinic for carers to access support. This was facilitated by an adult carer support worker from the Carers Federation. Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included exercise classes for patients with Parkinson's – this had been initiated by a patient registered with the practice.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged regularly with the NHS England Area Team and Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients living in the community. Some of the partners held strategic roles within the CCG and were members of the clinical innovation group. The benefit of their strategic roles was reflected in the practice's proactive approach in developing and hosting integrated services to ensure patients received care closer to home. For example,

- The practice offered a weekly acupuncture clinic for patients experiencing chronic pain. This was led by the senior GP partner and the nurse practitioner. On average, the GP saw between eight and 10 patients each week and the nurse practitioner saw eight patients. The service has been running for 10 years and patients referred from neighbouring practices could access it.
- Services were planned and delivered to ensure integrated care pathways were in place for assessing and treating long term conditions. For example, Church Walk Surgery is located within an ex-mining town and the prevalence of respiratory diseases such as chronic obstructive pulmonary disease (COPD is the name for a collection of lung diseases) is higher than the national average.
- In liaison with patients and external stakeholders, the GP partner was instrumental in setting up the Nottingham West "Breathe Easy Group" for patients with respiratory diseases. This group provides support and information for people living with a lung condition and their carers. About 50 patients meet at a local church hall each month and participate in educational events facilitated by GPs and respiratory nurses for example.
- Feedback received from the respiratory nurses employed by the primary integrated community service was wholly positive. They confirmed the joint working arrangements ensured patients care was holistic, supported their recovery and enabled them to maximise their health and well-being.

The needs of different patient groups were considered to ensure flexibility, choice and continuity of care. For example:

- Reasonable adjustments were made to ensure patients had access to the practice when needed. This included: same day appointments for children under the age of five requiring urgent care; home visits for older people and longer appointments for people with learning disabilities and / or experiencing poor mental health.
- There were disabled facilities, a wheelchair lift, hearing loop and translation services available.
- A lead GP was allocated to each of the eight care homes the practice provided services to ensure continuity of care was maintained. Feedback received from four care homes we contacted was also positive.
- The practice offered a range of clinics including: child immunisations, ante-natal care, travel vaccinations, family planning including coil and implant insertions.
- Minor surgical procedures and joint injections were performed at the practice. The most recent survey showed all patients felt the service was good. Thirteen out of 15 patients were happy with the outcome of their procedure and an average satisfaction score of 9.87 out of 10 was achieved.

The patient participation group (PPG) had strong links with the local community through facilitating health promotion events and local support groups. The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. For example:

- The PPG organised periodic health lifestyle events in the Eastwood area; in partnership with two other PPGs. This was informed by the government initiative "Change4life", which aims to improve diet and fitness levels amongst the UK population. The PPG had been awarded £2 500 by the CCG to undertake this activity. Records reviewed showed the most recent change4life day was attended by more than 100 patients who took part in activities including blood pressure checks, dietary advice, exercise and fitness programmes, arts and crafts sessions and food tasting. Thirty four written comments were received and these highlighted that patients had enjoyed an informative event and received useful information on healthy lifestyle advice.
- The PPG had also secured funding to support carers within the community together with a PPG from a neighbouring practice. The support group was held

every second month with patients being provided with relevant information and talks on health conditions such as dementia, replacement knees and hips for example.

Access to the service

The practice was open between: 7am and 7.30pm on Monday; 7am and 6.30pm on Tuesday and 8am to 6.30pm Wednesday to Friday. Extended hours surgeries were offered between 7am and 8am on Monday and Tuesday; and 6pm to 7.30pm on a Monday.

GP surgeries were held throughout the day between: 7am to 7.20pm on Mondays and 9am to 6pm Tuesday to Fridays. Appointments with nurses, health care assistants and phlebotomist were available from: 7am to 7pm on Monday; 7am to 6pm on Tuesdays and 8am to 6pm from Wednesday to Friday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Most of the patients we spoke with were satisfied with the appointments system and said it was easy to use and get appointments when they needed them. They confirmed they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another doctor if there was a wait to see the GP of their choice. These views were aligned with the written feedback received from 31 patients who completed CQC comment cards. Some patients felt the availability of non-routine appointments and waiting times needed to be improved to ensure they had timely access to the clinicians.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and national average of 87%.
- 67% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

The practice had worked with the CCG as part of the engaged practice scheme to improve access for urgent and routine appointments. This included the CCG staff and PPG members undertaking a mystery shopper exercise in December 2014. This exercise measured the following areas: appointment availability, time taken to answer the telephone and friendliness and helpfulness of reception staff. Performance data showed the practice performed well in all the areas. The doctors also participated in an on call rota that allowed telephone triage and urgent access appointments the same day if needed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This included online information and a complaints and comments summary leaflet. The practice also provided a comments box in the waiting room. Most of the patients we spoke with had never needed to make a complaint, although some of the patients were not aware of the process to follow if they wished to make a complaint.

We looked at 12 complaints received in the last 12 months and most of the records showed these were satisfactorily handled, with patients being provided a response in line with practice policy of being open and transparent with dealing with the compliant. Where appropriate, outcomes of complaints were shared with external stakeholders such as NHS England, the Medical Defence Union and Ombudsman. At the time of our inspection there were two complaints pending a decision from the Ombudsman.

Lessons were learnt from concerns and complaints, and action was taken as a result to improve the quality of care.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

For example, processes were put in place to ensure that all patients who had not attended their hospital appointments were followed up as a result of a patient complaint.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This included a mission statement "to provide an appropriate and rewarding experience for our patients whenever they need our support". The practice values were driven by the management team and embraced by practice staff we spoke with. These included openness, fairness, respect and accountability. Feedback from staff, patients and some meeting minutes reviewed showed regular engagement took place to ensure all parties knew and understood the vision and values.

A business plan was in place and this included a supporting action plan demonstrating a commitment to continuous learning and development. For example, succession and professional development plans for the nursing team and an on-going drive to deliver integrated care and enhance services for patients. For example, a need for a gynaecology care pathway and community clinic had been identified to ensure patients could access services closer to home. One of the female GPs was undertaking a gynaecology diploma at the time of our inspection and plans were in place for the clinic to start in September 2015 with input from a gynaecologist.

There was a clear understanding of the challenges facing the practice and the locality, and staff were keen to improve outcomes for patients. This included establishing strong links with the community and external stakeholders to focus on disease prevention by promoting healthy living and empowering patients to participate in their health management.

Governance arrangements

Systems to drive improvement and monitor the quality of care and services had been strengthened. For example, an overarching governance framework which supported the delivery of the practice vision and good quality care was in place.

- There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. This included designated lead roles for all staff to ensure accountability for areas assigned.
- Staff had access to comprehensive policies to support the effective running of the practice. A schedule was in place to review policies to ensure they were up to date and implemented.
- The practice had a comprehensive understanding of its performance. This included the use of performance data, peer review feedback and information on patients experience to inform the delivery of care.
- A programme of continuous clinical and internal audit was used to monitor quality and to ensure patients received safe care and effective treatment.
- Improvements had been made to identify, record and manage risks and implement mitigating actions. Action plans were in place to address improvement areas identified by the practice. This included infection control practices and detailed recording of information related to the carrying out of the regulated activities.

Leadership, openness and transparency

The leadership had the experience, capacity and capability to run the practice following. They prioritised safe, high quality and compassionate care. The partners and management team were visible in the practice. Staff told us they were approachable and always took the time to listen to them. Staff also felt respected, valued and supported.

Meeting minutes reviewed showed regular team meetings were held; although some of the discussions were not recorded in detail. They showed staff were encouraged to raise any issues and identify areas to improve the service delivered by the practice. Staff told us a culture of openness and honesty was promoted within the practice. This was also evidenced by the practice's response to incidents, significant events and complaints.

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

The practice proactively encouraged and valued patient feedback in the delivery of the service. For example, feedback was gathered through the patient participation group (PPG), patient surveys and complaints received. The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

There was an active PPG which met bi-monthly and their activities were displayed within the surgery, newsletter and on the practice website. The three PPG members we spoke

Are services well-led?

Outstanding ☆

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

with felt the practice was well-led and involved them in decisions about improving the practice. They also said they enjoyed their work and felt their role was valued and well supported.

The PPG members gave examples of where improvements had been made as a result of their input. This included redesign of the practice website and visiting a primary school to promote healthy eating. The PPG also had joint working arrangements with a neighbouring practice's PPG. They had jointly secured funds from the CCG to undertake lifestyle outreach events in the community.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example:

- The CCG described the main GP partner as being an instigator of pilot schemes and regularly liaised with research teams at the local NHS Trust. The partner had established a community service for patients diagnosed with chronic obstructive pulmonary disease (COPD is the name for a collection of lung diseases) in the Eastwood Area in 2007. This had been rolled out across the CCG and data reviewed showed reduced emergency admissions for this condition as a result.
- The partners had taken a lead role in the design of care pathways specific to some long term conditions and the development of the local GP provider company (primary integrated community services limited). As result, the following community services were delivered to treat and manage: respiratory conditions, heart failure and cardiology, pain and non-malignant palliative care. Outcomes achieved for patients included a reduction in secondary care referrals and services were delivered closer to home.
- One of the salaried GP is the GP for domestic violence for the CG and developed a training programme for clinicians, administration and reception staff which has been initiated across the CCG.
- The non-clinical partner is the workforce development lead for the primary care development centre and has worked closely with the local medical committee (LMC) around practice staff development. They also sit on the CCG education forum championing the training and developmental needs for practice managers.
- The practice recognised that the continuing development of staff skills, competence and knowledge was integral to ensuring high quality care. For example, the nursing team had undergone changes within the last 18 months and staff we spoke with had a strong commitment to accredited training and development. This included new nurses being supported in undertaking a practice nursing degree and validation to become a mentor for undergraduate nursing students. Practice nurses told us this had a positive impact in improving their knowledge and providing evidence based care. One of the nurse's positive experiences was also showcased in the Health Education East Midlands journal.
- The practice participated in the CCG led programme for the development of a structured apprentice programme for those aspiring to work in primary care. At the time of our inspection there were two apprentices undertaking administrative and reception roles.
- The surgery is a teaching and training practice offering placements for undergraduate medical students and GP registrars. The practice also participated in the community follow-up project where medical students see a patient in the practice and then follow-up their care in the community. Records reviewed showed medical students and GP registrars had a positive experience and felt supported by staff. Compliments included reference to a good induction programme, opportunities to practice consultation skills and discuss patient care, and a well-run practice.