

# Park Surgery

## Quality Report

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Date of inspection visit: 28/10/2016  
Date of publication: 17/01/2017

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Surgery on 28 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
- Risks to patients were assessed and well managed. Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- GPs worked collaboratively with neighbouring practices in their locality area in planning services to suit their population in order to achieve better health outcomes for patients across the locality.

- The practice demonstrated a caring approach by hosting a monthly carer's clinic offered by a local carer's organisation. There were three members of staff who were trained as carer's champions including a dementia champion.
- The practice provided anticoagulation clinics which were run flexibly to accommodate all patients and home visits were offered to housebound patients. Patient feedback was sought on the service which indicated positive outcomes for the patients.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients told us they were able to get an appointment with a GP when they needed one, with urgent appointments available on the same day.

# Summary of findings

- 99% of patients stated they had confidence in the last GP they saw or spoke to.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and learning from complaints was shared with staff and stakeholders.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The partners held an annual business review meetings where all staff were involved, with a half yearly review.
- There was evidence of close partnership working with the patient participation group (PPG) who undertook annual patient surveys to gather feedback from at least 500 patients each year to obtain a wide range of views on the quality of services provided.

We saw an outstanding feature:

- The practice was proactive in identifying and supporting patients with long term conditions such as chronic kidney disease and atrial fibrillation. For

example, they purchased their own device which was used to screen patients opportunistically at flu clinics. As a result, 129 patients were screened and 14 of these were found to have symptoms which instigated further investigation. One patient received a confirmed diagnosis whilst the others were waiting for their reviews to be completed. The practice produced an in-house information leaflet on the management of chronic kidney disease. On the back of the leaflet was a log of checks which was personalised to help both the patient and the GP to monitor kidney function

The areas where the provider should make improvements are:

- Take steps to identify more carers in order to support them where appropriate.
- Take more proactive steps to ensure patients with a learning disability have an annual health check.
- Explore the reasons for higher exception reporting in some areas and consider actions which could be taken to improve this to ensure patients health and wellbeing
- Continue to take steps to improve access to the service.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place to ensure significant events were reported and recorded.
- Lessons were shared internally and externally when appropriate to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were well assessed and managed within the practice.
- Appropriate recruitment checks had been carried out on recently recruited staff.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The most recently published results showed the practice had achieved 99% of the total number of points available, 2% above the clinical commissioning group (CCG) average and 4% above the national average. The overall exception reporting rate was 16.5%, compared to the CCG average of 12% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) GPs were aware of the high exception reporting rate and steps were taken to carry out more opportunistic checks for patients to ensure they were not removed for failing to attend review appointments.
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.

# Summary of findings

- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice was proactive in early identification and management of patients with atrial fibrillation to prevent strokes and associated problems. They purchased their own device which was used to screen patients opportunistically at flu clinics. As a result, 129 patients were screened and 14 of these were found to have symptoms which instigated further investigation.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Results from the national GP patient survey showed there were a number of areas where patients rated the practice higher than others locally and nationally. For example, 99% had confidence and trust in the last GP they saw or spoke to, compared to the CCG average of 96% and the national average of 95%.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were positive about the practice and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients told us urgent appointments were generally available the same day with the GP of their choice and that reception staff were accommodating to patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of services within its premises. Patients were encouraged to self-refer to services such as counselling and physiotherapy services.

# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was underpinned by clear business development plans and regular monitoring of areas for improvement and development.
- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity and held regular partnership/business meetings to ensure oversight and governance was effective within the practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. There was engagement with the patient participation group which looked at ways to improve patient experience.
- There was evidence of continuous improvement through shared learning from the collaboration with neighbouring practices.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their population. Regular multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- The practice was responsive to the needs of older people, and offered GP and nurse home visits and urgent appointments for those with enhanced needs. Weekly ward rounds were offered to two care homes aligned to the practice resulting in improved communication, care planning and continuity of care for the patients. Feedback from these care homes was entirely positive.
- Data from 2015/16 showed 71% of eligible patients aged over 65 years were given flu vaccinations, in line with the CCG average of 73%. Pneumonia and shingles vaccinations were offered to eligible patients.
- All patients aged over 75 years old had a named GP for continuity of care.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.
- A hearing loop system was available for patients with a hearing impairment, including a hand-held portable hearing loop.

### People with long term conditions

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

Good



- 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 were offered a structured annual review to check their health and medicines needs were being met.
- Nurses held regular meetings with the lead GP to discuss the provision and monitoring of patients who take anticoagulation medicines, to improve safety of these patients. Clinics were run flexibly to accommodate all patients and home visits were

# Summary of findings

offered to housebound patients. There were 27 questionnaires completed by patients to review the service, all of which contained positive feedback including efficiency of the service and choice of appointments.

- Opportunistic screening for atrial fibrillation (an irregular or often very fast heart rate) was carried out during flu vaccination clinics. There 129 patients screened and 14 of them were suspected to have the condition and referred for further assessment, with one patient receiving a confirmed diagnosis.
- Performance on heart failure and stroke indicators were above local and national averages. For example, the practice achieved 100% for stroke and transient ischaemic attack, compared to the CCG average of 98% and national average of 97%. The exception reporting for patients with a history of a stroke who had their blood pressure monitored in the preceding 12 months was 9%, compared to the CCG national average of 4%.
- The practice produced an in-house information leaflet on the management of chronic kidney disease. On the back of the leaflet was a log of checks which was personalised to help both the patient and the GP to monitor kidney function. Performance on chronic kidney disease for QOF was 100%, the same as the CCG and national average of 100%.
- Longer appointments and home visits were available when needed.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Regular multidisciplinary meetings were held at the practice. The practice worked closely with the community trust employed care coordinator.
- Patients identified as having pre-diabetes were offered dietary and symptom management advice to improve outcomes for the patients. Staff worked closely with diabetes specialist nurses to manage more complex patients.
- Telehealth services were offered, allowing patients to monitor their blood pressure readings at home and feedback their results to a clinician at their review appointments.

## Families, children and young people

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

- Systems were in place to identify children at risk. The practice had a child safeguarding lead and staff were aware of who they were.

Good





# Summary of findings

- There were systems in place 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 A&E attendances. The GP lead for safeguarding liaised with other health and care professionals to discuss children at risk.
- Immunisation rates were relatively high for all standard childhood immunisations and the practice worked with health visitors to follow up children who did not attend for immunisations.
- Postnatal baby checks and maternal assessments were provided to new mothers.
- The practice offered a range of contraception services including implants and coil fittings.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Late night appointments were available on alternate Monday and Thursday evenings with appointments available up to 8.45pm on a pre-bookable and same day access basis. Telephone appointments were available throughout the day. Two patients who completed the CQC comment cards told us the evening appointments were convenient for them because of work commitments during normal surgery opening hours.
- Appointments could be made and cancelled online as well as management of repeat prescriptions. Patients were able to access their medical records and make administration enquiries online.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, NHS health checks were offered to patients aged 40 to 74 years old to help identify early indicators of disease.

**Good**



# Summary of findings

- Uptake rates for health screening were similar or better than the national average. For example, the uptake rate for cervical cancer screening in 2015/16 was 80%, which was broadly in line with the CCG average of 83% and the national average of 82%.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances and used alerts on the computer system to highlight the patients' specific needs. There were 156 patients identified as vulnerable with complex or mental health needs at risk of hospital admission.
- In addition, staff had identified 54 patients who may require longer appointments or additional help. These included patients who were deaf, had learning disabilities and those whose first language was not English.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Regular multidisciplinary meetings were hosted by the practice. In addition the practice held regular meetings to discuss patients on their palliative care register.
- There were 33 patients identified on the learning disabilities register in 2015/16; 14 of them had attended a face to face review appointment. GPs worked closely with a local learning disabilities specialist to ensure their patient lists were up to date.
- 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. In addition, all staff had undertaken training in domestic violence.
- The practice had identified 85 patients as carers which was equivalent to 1% of the practice list. There were plans to hold an event to identify more carers registered with the practice. A carer's clinic was hosted monthly by a local carer's organisation, offering one hour appointments for assessment and support to carers.
- Additionally, there were links with Citizens Advice who attended the practice weekly to collect referral information for patients in need of their services.

# Summary of findings

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

Good



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

- Data from 2015/16 showed the number of people with a complex mental health condition that had received a comprehensive care plan in the preceding 12 months was 93%, compared to the CCG average of 93% and the national average of 89%. This was with an exception rate of 31%, which was 10% above the local average and 18% above the national average. Staff told us reminders had been added to patients' records so that clinical staff were prompted to carry out opportunistic checks when patients attended the practice in order to increase the number of reviews undertaken and reduce exceptions.
- The proportion of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 96% which was 10% above the local average and 12% above the national average. This was achieved with an exception reporting rate of 8% in line with local average of 8% and national average of 7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. There were close links with emergency mental health services for patients in crisis. GPs had recently changed their procedure for repeat prescriptions of anti-depressant medicines to include recording of suicide ideation, ensuring patients are provided with immediate support where appropriate. The practice prevalence for mental health was 1.16%, compared to CCG average of 0.79% and national average of 0.9%
- Two GP partners provided substance misuse services as part of a local shared care service with drug and alcohol services, alongside a substance misuse nurse.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Leaflets were available on how to access local counselling, psychological therapy and dementia services.

# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was generally performing in line with local and national averages. A total of 234 survey forms were distributed and 110 were returned. This represented a response rate of 47% (1.3% of the practice list size).

Results showed:

- 60% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to CCG average of 87% and the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

The practice patient participation group (PPG) carried out an annual patient survey in January 2016. There were 481 responses collected which represented 5.5% of the practice list size. Results showed:

- 32% of patients tried to telephone the practice more than seven times before they got through when they last tried.
- 52% of patients knew the practice opened one day a week until 8.30pm.
- 45% of patients did not know they could book appointments online. However, 50% of patients said they would prefer to book appointments online.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 completed comment cards, most of which were positive about the standard of care received. Patients highlighted the caring and helpful staff and said they were listened to during consultations. There were seven comment cards which were less positive about difficulties in getting appointments, waiting times and lack of toys in the waiting room.

We spoke with 10 patients on the day of the inspection and two members of the patient participation group prior to the inspection. Patients we spoke with were satisfied with the care they received and thought staff were friendly, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Take steps to identify more carers in order to support them where appropriate.
- Take more proactive steps to ensure patients with a learning disability have an annual health check.
- Explore the reasons for higher exception reporting in some areas and consider actions which could be taken to improve this to ensure patients health and wellbeing
- Continue to take steps to improve access to the service.

# Summary of findings

## Outstanding practice

The practice was proactive in identifying and supporting patients with long term conditions such as chronic kidney disease and atrial fibrillation. For example, they purchased their own device which was used to screen patients opportunistically at flu clinics. As a result, 129 patients were screened and 14 of these were found to have symptoms which instigated further investigation.

One patient received a confirmed diagnosis whilst the others were waiting for their reviews to be completed. The practice produced an in-house information leaflet on the management of chronic kidney disease. On the back of the leaflet was a log of checks which was personalised to help both the patient and the GP to monitor kidney function.

# Park Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

### Background to Park Surgery

Park Surgery provides primary medical services to approximately 8,700 patients through a general medical services contract (GMS). This is a locally agreed contract with NHS England.

The practice is located in purpose built premises in the Heanor area of Southern Derbyshire. It was founded before the second world war, and it has been in the current premises since 1989. Consulting and treatment rooms are all on the ground floor with some offices based on the first floor.

The level of deprivation within the practice population is above the national average with the practice falling into the fifth most deprived decile. The level of deprivation affecting children and older people is slightly above the national average. Numbers of young people and patients over 65 years old are in line with local and national averages. The practice population is mostly white British, with 1.8% belonging to non-white ethnic groups.

The clinical team includes six GP partners, a salaried GP (four female and three male GPs), three practice nurses, and two healthcare assistants. The clinical team is supported by a practice manager, a deputy manager, reception and administrative staff. The practice is a teaching and training practice for foundation year doctors and doctors training to become GPs.

The surgery is open from 8am to 6.30pm on Monday to Friday. They are closed between from 1pm to 2pm each day but available on the telephone for urgent queries. Late night appointments are offered between 6.30pm and 8.45pm on Monday and Thursday (alternating) as part of the extended hours service. There are morning and afternoon consulting clinics, with appointments starting at 8.30am up to 6.20pm each day. The practice is closed between 1pm and 2pm; during this time a doctor is available for urgent requests.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 October 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (including GPs, trainees, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed the practice manager of any incidents and completed a form detailing the events. Copies of the forms were available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to prevent the same thing happening again.
- Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) and patients were recalled to review their medicines when appropriate.
- There was evidence of how they had responded to MHRA alerts by checking patients' medicines and taking actions to ensure they were safe. For example, a mental health review form was amended following an alert about the misuse of a medicine used to treat psychosis to ensure it was prescribed appropriately. A log was kept of medicines alerts they had received and acted on.

### Overview of safety systems and processes

Robust and well embedded systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Effective arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There was a lead member of staff for child and adult safeguarding and staff were aware of

who this was. There was evidence of regular liaison through meetings every three months with health visitors and quarterly with school nurses to discuss children at risk.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- Patients were advised through notices in the practice and information in the patient book that they could request a chaperone if required. All staff who acted as chaperones had been provided with training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During our inspection we observed the practice to be clean and tidy and this aligned with the views of patients. A practice nurse was the lead for infection control within the practice and a member of the local infection control forum. There were mechanisms in place to maintain high standards of cleanliness and hygiene. Effective cleaning schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas of the practice. There were infection control protocols and policies in place and staff had received up to date training. Infection control audits were undertaken on a regular basis and improvements were made where required.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Reminders were set up on the clinical system to ensure monitoring tests had been done before GPs issued repeat prescriptions for high risk medicines. There were no controlled drugs kept in the practice. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The nurses were trained to administer vaccines and medicines against patient specific prescriptions or directions from a prescriber.
- We reviewed five personnel files for clinical and non-clinical staff and found appropriate recruitment



## Are services safe?

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.

### Monitoring risks to patients

Most risks to patients were assessed and managed.

- There were procedures in place to manage and monitor risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella. We saw that appropriate action was to act upon any identified risks to ensure these were mitigated.
- Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There were effective arrangements in place to ensure there was adequate GP and nursing cover. The

practice regularly reviewed historic appointment demand and took account of summer and winter pressures when planning minimum staffing requirements.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. Emergency medicines held in the practice checked on the day of the inspection were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off the practice site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed at weekly clinical meetings.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 99% of the total number of points available. This was in line with the clinical commissioning group (CCG) average of 97% and the national average of 95%. The overall exception reporting rate was 16.5%, compared to the CCG average of 12% and the national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. During the inspection we looked at the rate of exception reporting and found it was in line with agreed guidance.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 96%, compared to the CCG average of 93% and the national average of 90%.

The proportion of patients with diabetes who had a foot examination in the preceding 12 months was 84%,

compared to the CCG average of 89% and the national average of 89%. The exception reporting rate was 11%, below the CCG average of 10% and national average of 8%.

- Performance for indicators related to hypertension was 100%, compared to the CCG average of 99% and the national average of 97%. The exception reporting rate for hypertension related indicators was 6%, slightly higher than the CCG and national averages of 4%.
- Performance for mental health related indicators was 100%, compared to the CCG average of 97% and the national average of 93%.
- The proportion of patients with complex mental health problems who had a record of blood pressure in the preceding 12 months was 93%, compared to the CCG average of 91% and national average of 89%. The exception reporting rate was 20%, above the CCG average of 14% and national average of 9%. Staff told us reminders had been added to patients' records so that clinical staff were prompted to carry out opportunistic checks when patients attended the practice in order to increase the number of reviews undertaken and reduce exceptions.

Effective arrangements were in place to ensure patients were recalled for reviews of their long term conditions and medication. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls, messages on prescriptions and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder.

There was evidence of quality improvement which was monitored through clinical audit.

- There had been 13 audits undertaken in 2015/16 as part of a programme of audits routinely undertaken in the practice, and three of them had been completed with two or more cycles. These covered areas relevant to the practice's needs and areas for development such as bowel screening, antibiotic prescribing and hypertension.
- We reviewed several clinical audits where the improvements made had been implemented and monitored. For example the practice had undertaken an audit of patients with atrial fibrillation (a condition which causes irregular and sometimes fast heartbeat)

# Are services effective?

## (for example, treatment is effective)

following new NICE guidelines to ensure they were managed appropriately. The first audit identified 25 patients affected by the new guidelines, eight required immediate contact to review their treatment in line with the new guidelines. A repeat of the audit after 12 months showed improvements with 11 patients found. The practice attributed the reduction to monthly surveillance of patients on the register for optimal care.

- The practice looked at their prevalence of atrial fibrillation and noted this was likely to increase significantly over the next 20 years because of increased risk of stroke and other associated causes. In response to this, they purchased a device which they used to screen patients at risk who were attending flu clinics. Of the 129 screened patients, 14 were identified as having suspected atrial fibrillation and referred for further review. One patient received a confirmed diagnosis whilst the others were waiting for their reviews to be completed. Performance on heart failure and stroke indicators were above local and national averages. For example, the practice achieved 100% for stroke and transient ischaemic attack, compared to the CCG average of 98% and national average of 97%.
- Regular medicines audits were undertaken when updates were received through alerts or changes in guidance. The practice liaised with CCG medicines management colleagues regularly to review their prescribing.

### Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such as health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction through regular reviews with their line manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to

undertake training to broaden the scope of their roles. For example, one of the practice nurses was considering undertaking a prescribing course with support from the practice.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

Information needed to plan and deliver care was available to 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 investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The GP out of hours service used the same clinical system as the practice therefore sharing patient information occurred seamlessly.

GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt, and patients were informed in a timely manner if the initiating GP was away from the practice.

There was a strong emphasis on multidisciplinary working within the practice. Multidisciplinary meetings with other

# Are services effective?

## (for example, treatment is effective)

health and social care professionals held on a monthly basis. The practice was signed up to the hospital admission avoidance scheme which involved working with other health care professionals to provide services in a primary care setting for vulnerable patients who are at risk of hospital admissions. In addition, there were quarterly palliative care meetings held to discuss patients coming to the end of their life, with an emphasis on identifying patients without a cancer diagnosis.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). When providing care and treatment for children and young people, staff carried out assessments of their capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear clinical staff undertook assessments of mental capacity.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice worked in partnership with a local leisure centre to promote exercise and weight management for patients.
- Patients and staff were encouraged to join a 'Tuesday Trotters' group where they could jog or walk.
- The practice produced an in-house information leaflet on the management of chronic kidney disease to help

patients monitor their condition by recording important checks on the back of the leaflet. Performance on chronic kidney disease for QOF was 100%, the same as the CCG and national average of 100%.

The practice's uptake for the cervical screening programme was 80%, which was broadly in line with the CCG average of 83% and the national average of 82%. Reminders letters were sent on coloured paper for patients who did not attend for their cervical screening test. Staff told us there was evidence of improved screening uptake as a result of the coloured letters. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were above comparable to local and national averages. For example, in 2015/16:

- The practice uptake rate for breast cancer screening within six months of invitation was 80% compared with the CCG average of 77% and the national average of 74%.
- The proportion of eligible patients screened for bowel cancer in the preceding 30 months was 63%, compared to the CCG average of 61% and national average of 58%.

Childhood immunisation rates for the vaccinations given were slightly higher than CCG averages. For example, childhood immunisation rates (2015/16) for the vaccinations given to under two year olds averaged at 88% against a local average of 86%. For five years olds the practice rates averaged 91% against a local average of 89%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 and over 75 years old. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed during the inspection that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk, in addition to which, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- GPs told us they had visited patients coming to the end of their life out of hours including at weekends to ensure continuity of care for them.

We received 51 completed comments cards as part of our inspection. All of the comment cards were positive about the service provided by the practice. Patients said that staff were caring, compassionate and helpful. Patients also said they felt listened to by staff and they were treated with dignity and respect.

We spoke with 10 patients and two members of the patient participation group (PPG). They told us they were generally happy with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 91% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

The practice was above local and national averages for its satisfaction scores on consultations with nurses. For example:

- 86% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.

Satisfaction scores for interactions with reception staff were above local and national averages:

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, made to feel at ease and well supported by staff. They also told us they were given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

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

## Are services caring?

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care. Although patients within the practice population mostly spoke English, the practice used translation services to ensure effective communication with other patients when required.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This included information for young carers, parent carers and carers of people with dementia. The practice promoted a

local signposting scheme providing a single contact for adults in need of a wide range of local services. Information about support groups was also available on the practice website.

A carer's clinic was held monthly by a local carer's organisation who offered one hour appointments for assessment and support to carers. There were three members of staff who were trained as carer's champions including a dementia champion. The practice's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 85 patients as carers which was equivalent to 1% of the practice list. There were plans by the PPG to hold a carers event with the local carers organisations to encourage patients who are carers to make themselves known to the practice.

Staff told us that if families had experienced bereavement, they were contacted by the practice by a telephone call or a visit if appropriate, and also sent a letter with information about support services available to them. There was positive feedback from patients who had been supported with their bereavement.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, a television screen was due to be installed shortly after the inspection which would be used to call patients waiting to be seen by a clinician.

The practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered a range of appointments which included telephone appointments, and pre-bookable appointments. The practice changed their appointment system by releasing all same day appointments in the morning to allow patients to access all appointments available on the day.
  - There were longer appointments available for patients with a learning disability and those who needed them.
  - Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
  - Same day appointments were available for children and those patients with medical problems that require same day consultation.
  - Nurses and healthcare assistants offered treatment room services such as wound care and ear syringing. Referrals were made to phlebotomy services provided off the practice premises.
  - Appointments could be booked online and prescriptions reordered. Patients were encouraged to use the online appointments system for their convenience.
- Flu and pneumococcal vaccinations were offered on Saturdays to accommodate patients who would not be able to attend the practice during weekdays.
- The practice website had a form which patients could complete with comments, suggestions as well as general enquiries regarding administration.
  - Patient satisfaction questionnaires were given to patients attending the NHS health checks and

anticoagulation clinics to obtain feedback on whether they were beneficial to patients. All 27 returned questionnaires were positive about the service provision, with some patients saying they no longer needed to go to hospital for the service.

- There were themed display boards in the waiting room providing information to patients in easy to read formats.
- A hearing loop system was available for patients with a hearing impairment, including a hand-held portable hearing loop.
- There were links with the Citizens Advice Bureau who attended the practice weekly to collect referral information for patients in need of their services.
- The PPG undertook annual patient surveys in which they attempted to gather feedback from 500 patients in order to obtain a wide range of views on the quality of services provided.

### Access to the service

The surgery was open from 8am to 6.30pm Monday to Friday. Consulting times started from 8.30am with the latest appointment offered at 6.20pm. Late night appointments were offered on a pre-bookable and same day access basis between 6.30pm and 8.45pm on Monday and Thursday (alternating) as part of the extended hours service. There was a GP telephone triage system in place from Monday to Friday and a variety of appointments which included pre-bookable, same day and telephone appointments. The practice was closed between 1pm and 2pm; during this time a doctor was available for urgent requests.

Staff told us there were some arrangements in place to monitor patient access to appointments, and that appointments and staffing were flexed to meet demand, allowing the practice to plan for and cope with demands caused by winter pressures.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed with the practice performing in line with some indicators and significantly below local and national averages in relation to waiting times.

- 79% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 77% and the national average of 76%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 36% of patients said they usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 69% and the national average of 65%.
- 43% of patients said they felt they did not normally have to wait too long to be seen, compared to the CCG average of 62% and the national average of 58%.

The telephone system was changed in October 2015 to increase the number of telephone lines from two to four, and a queueing system was introduced. The PPG carried out an annual patient survey shortly afterwards in January 2016 which included responses about access to appointments.

- 68% of patients said they waited under five minutes in the telephone queue once they got through.
- 41% of patients said they were sufficiently informed when a doctor was running late.
- 45% of patients did not know they could book appointments online. However, 50% of patients said they would prefer to book appointments online.

The practice acknowledged the results from the both surveys and the following actions were put in place:

- The appointment system was changed in April 2016 to enable patients to access all same day appointments from 8am so that patients did not have to call back at 2pm to access afternoon urgent appointments. An additional member of staff worked in the reception area in the morning to deal with extra telephone demand.
- The practice introduced a full day telephone triage for the on call doctor so that the GP called back patients who may require appointments rather than patients having to ring back on consecutive days to obtain an appointment. There were two doctors carrying out telephone triage on Monday mornings to deal with the high telephone demand on the day.
- Consultation times were extended from 10 minutes to 13 minutes, whilst maintaining the same number of appointments available in case patients presented with multiple problems. Additionally, an information slip was

created explaining the appointments system and encouraging patients to request double appointments where appropriate to reduce waiting times. Copies were available in the waiting room.

- The number of online appointments available was doubled and online services were announced on the telephone system.
- The electronic patient self-check-in screen informed patients how many people were waiting to be seen ahead of them, so that they were aware of how long they were likely to be waiting

Most patients who completed the comment cards told us they were satisfied with their care and treatment. Four patients told us appointments booking had improved and they were positive about the telephone triage system. Two patients told us they were able to get appointments with a doctor if they needed one. There were only seven out of 51 comments which were negative, and only three of these were about appointments. Patients we spoke to told us they usually called at 8am to get appointments and they did not wait for a long time in the telephone queue. They told us they were able to get urgent appointments by telephone or they were asked to visit the practice. Patients were encouraged to book or cancel their appointments online.

### Listening and learning from concerns and complaints

The practice systems in place to handle complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters and leaflets.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged nine complaints including verbal comments made in the last 12 months. We reviewed a range of complaints, and found they were dealt with in a timely manner in accordance with the practice's policy on



## Are services responsive to people's needs? (for example, to feedback?)

handling complaints. A number of complaints were dealt with and completed on the day. The practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint. The practice met with complainants where this was required to resolve complaints and welcomed the support of independent advocates at these meetings.

Meetings were held regularly during which complaints were reviewed and an annual review of all complaints received was undertaken. Feedback from the NHS Choices website was included in the annual review. This enabled the practice to identify any themes or trends and all relevant staff were encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care. All staff were informed of outcomes.

# Are services well-led?

Good 

(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 mission statement to provide patients with high quality patient care in a responsive, supportive, courteous and cost-effective manner. It was aligned to a list of priorities such as working as a team, and how these priorities would be achieved. The mission statement and priorities were displayed in the waiting room and on the practice website.
- The partners held monthly meetings with the practice manager and salaried GP to discuss business related issues for the current year as well as priorities for the year ahead. There were regular educational sessions on chronic diseases to ensure services delivered were in line with the business plan. However, succession planning had not been approached to consider planning for possible staff changes such as retirements and changes to work patterns.
- Staff were engaged with the aims and values of the practice to deliver high quality, accessible patient care. Administration and nursing staff were kept informed of the plans for the practice at their staffing group monthly meetings and meetings for the team as a whole.

### Governance arrangements

The practice arrangements in place for governance. Some of these arrangements worked well and enabled the practice to identify, assess and mitigate risk and to deliver good quality care. Other areas needed strengthening to ensure the partners could have effective oversight of all areas of performance, including those which needed strengthening with effective action planning to achieve improvements.

- There were arrangements in place to identify, record and manage risks within the practice and to ensure that mitigating actions were implemented. There was a health and safety lead within the practice responsible for health and safety issues.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had taken some proactive action as a result of audit which demonstrated positive improvements.

- There were areas where the practice performance was lower and action was needed to drive improvements. For example in relation to some higher exception reporting on mental health indicators and in relation to areas of lower patient satisfaction.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Clinical and non-clinical staff had lead roles in a range of areas such as QOF, prescribing, and information governance.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.
- Business and clinical review meetings were held within the practice. This ensured that partners achieved a balance between the clinical and business aspects involved with running the practice.

### Leadership and culture

The partners and management within the practice demonstrated they had the experience, capacity and capability to run the practice. Clinical and non-clinical staff had a wide range of skills and experience. Staff told us the partners and management were approachable and always took the time to listen to all members of staff. There was a low turnover of staff, with most members of the team having been with the practice since the 1990s.

- Regular meetings were held within the practice for all staffing groups. In addition to the partnership/management meetings, there was a rolling programme of meetings including clinical meetings and wider staff meetings which involved all staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so. We saw examples of staff who had been supported to develop and progress to other roles.
- Staff said they felt respected, valued and supported, particularly by the partners and management within the practice. Staff felt involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered.

# Are services well-led?

Good 

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

- The practice manager was the chair of a local practice management group which met regularly to share best practice ideas in general practice and anticipating changes affecting management.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through a suggestion box, surveys and compliments, concerns and complaints received.
- The practice had a longstanding PPG which met quarterly or more as needed. It had a core membership of 17 people and a virtual group of 40 members. Meetings were attended by a GP and practice manager with minutes recorded for each meeting and shared with the virtual group. Speakers such as the local Member of Parliament and representatives from Healthwatch were invited to the meetings to discuss local health priorities. Information about meeting and feedback from surveys was available in the waiting room and the practice website.
- The PPG undertook annual patient surveys in which they attempted to gather feedback from 500 patients in order to obtain a wide range of views. They analysed their results and submitted proposals for improvements to the practice management team. Feedback from the PPG indicated the group was led by the patients, and practice management listened to the views of the group.

For example, when some patients expressed concern that they could not hear the waiting room call system, changes were made to make the system more audible and a television screen was due to be installed shortly after the inspection for this purpose.

- The PPG and practice were positive about their working relationship and felt able to challenge the practice constructively on improving performance. There were joint meetings with PPGs from other local practices including supporting other PPGs within the CCG.
- There were some areas of lower patient satisfaction, particularly in relation to access to the service and waiting times. The practice had taken steps to explain delays to patients and to put some steps in place to address this.
- The practice had gathered feedback from staff through meetings, appraisals, staff surveys, and general discussions. Results from a staff survey undertaken in July 2016 indicated all staff felt supported by the management. Some changes had been made following the results from the previous staff survey. For example, staffing levels were improved to enable better workload management and the appointment system had been changed in response to staff suggestions

## Continuous Improvement

- The practice was forward thinking in anticipating future models of care. They were in the early stages of undertaking place based working which involved working collaboratively with the two other general practices in Heanor on achieving better health outcomes for patients across the locality. The practices compared their performance on patient access, long term conditions management and hospital attendances in order to share best practice and tailor their services to the population. In addition, the practice engaged in locality meetings, practice manager forums, CCG led educational events, all of which were viewed as opportunities to learn and share information.
- One of the nurses had set up a local practice nursing forum to enable the nurses to have a professional network to support their roles and share best practice. They met every six weeks and invited specialist consultants as speakers to deliver training and updates on topics such as diabetes and respiratory problems.

## Are services well-led?

Good 

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

- The practice identified a cancer lead to work with Cancer Care UK to improve the management and support of people affected by cancer. There were plans for the lead to undertake training and peer reviews in cancer management to facilitate their role.