NEMS Platform One

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

NEMS Platform One was initially inspected on 30 June 2015 under the provider's previous registration; NEMS Healthcare Ltd. The overall rating was outstanding. In 2016 the provider's legal entity changed from NEMS Healthcare Ltd to NEMS Community Benefit Services Limited, requiring the provider to re-register, which is considered a new registration.

In view of the above changes we carried out an announced comprehensive inspection at NEMS Platform One on 28 July 2017. Overall the practice is rated as outstanding.

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

- The practice was commissioned with the aim of engaging with hard to reach groups. The patient population was very diverse and included a high number of people who were vulnerable or had complex needs. It also had a high transient population.
- The staff team understood their patient population well and offered a wide range of services to meet patients' needs and enable them to be treated locally. They were extremely responsive in engaging with vulnerable and hard to reach groups, to improve their welfare and reduce health inequalities.
- Feedback from patients about their care and the way staff treated them was consistently positive.
- Comprehensive systems were in place to place to protect patients from abuse and avoidable harm. Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Opportunities for learning from incidents were maximised.
- The triage and appointment system was flexible and responsive; the staff team were continually reviewing this to meet patients' needs.
- The practice had undergone considerable changes and adopted alternative ways of working to ensure the services were effective. For example, the management of medicines had been strengthened following the appointment of two clinical pharmacists to the staff team.
- The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients.

Summary of findings

- The practice had effective clinical and managerial leadership and governance arrangements, which put patient safety and welfare at the heart of what they did. The culture and leadership promoted the delivery of high-quality, compassionate care.
- The premises were designed to meet the patient population, and were well equipped to treat patients and meet their needs.
- The practice actively sought feedback from staff and patients, which it acted on to improve the services. Information about how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

We saw several areas of outstanding practice:

- To meet patients' needs the practice provided several key services that were additional to the provider's contract and performance requirements. For example, 24% of patients had a mental illness, many of who had complex needs. The practice had developed its own primary care mental health services, which included a lead GP and two nurses, one of which was a prescriber. This offered a broad range of services and enabled patients to be treated locally, and reduced the need for them to attend various other services. It also provided personal support and timely intervention to ensure that patients received appropriate care, reducing referrals to secondary services.
- The practice registered 350 homeless people; some of whom were reluctant to attend main stream health services. To enable more people to access primary care services, the practice had established a weekly GP drop in clinic at one of the main day centres in Nottingham in partnership with the homeless team. The clinic had been running since June 2017 and was available to anyone attending the centre. The service was enabling people alternative access to healthcare. On average the GP saw 4 patients a week and provided advice to around 3 people a week. 60% of patients were registered with the practice, 30% registered as a temporary patient and 10% registered permanently.
- In response to the high numbers of patients who had a substance misuse diagnosis, the GP lead for substance misuse held a weekly shared care clinic at both practices with a specialist drug worker from the central recovery team. The branch clinic was also available to patients from other practices and offered evening appointments to support people who worked. The flexible service enabled people to be treated locally and provided timely access to treatment. It also provided holistic care helping patients towards recovery and reducing harm from substance misuse. One of the practice pharmacist's was being mentored to set up prescription medicine misuse clinics with the support of the GPs, which will offer support to patients at other times of the week.

The provider should make the following improvements:

- Identify further patients who are carers and direct them to support available to enable them to carry out their role.
- Ensure that information available at the practice relating to the translation service and UK health services is accessible to non-English speaking patients in different languages.

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 had high numbers of vulnerable patients. High importance was given to safeguarding vulnerable adults and children. Comprehensive systems and training was in place to protect patients from abuse and avoidable harm.
- There was a pro-active approach to anticipating and managing risks, and a focus on openness and learning when things went wrong. All staff were committed to reporting incidents and near misses.
- Effective systems were in place for managing significant events and safety incidents to keep patients safe. Lessons were shared to make sure action was taken to improve safety in the practice.
- Arrangements were in place for dealing with emergencies, and staff received regular life support training appropriate to their role.
- The arrangements for managing medicines had been further strengthened following the appointment of two clinical pharmacists to the staff team.
- The practice ensured sufficient staffing levels and skill mix to keep patients safe.

Are services effective?

Good

- The practice team adopted new ways of working to ensure the services were effective.
- Staff delivered care in line with current evidence based guidance to promote good outcomes for patients.
- The services were effective as all staff had clear roles in monitoring and improving outcomes for patients.
- An effective clinical and internal audit programme was in place which provided assurances of ongoing quality improvement. We saw examples of full cycle audits that had led to improvements in patient care and treatment.
- All staff were actively supported to acquire new skills and share best practice to ensure high quality care.
- The nursing team had been upskilled to take on additional responsibilities to meet patients' needs. The clinical skill mix had significantly increased to support the changes.
- The staff team was committed to working in partnership with other services to meet patients' diverse and complex needs.

Summary of findings

- Importance was placed on supporting people to live healthier lives through health promotion and prevention, by offering regular health reviews and various screening checks.

Are services caring?

Good

- Feedback from virtually all patients was consistently positive about the high level of care and the way staff treated them.
- Patients received personal care from a staff team that were very caring, non-judgemental, and who understood their needs.
- We saw staff treated patients with kindness and respect, and maintained patient's information confidentiality.
- Staff were motivated and inspired to offer compassionate care and worked to overcome obstacles to achieving this. For example, a nurse provided weekly support to a patient with complex needs who was reluctant to engage with other services. In providing on-going care the person's wellbeing had improved and history of frequently calling the learning disability team, Adult Social Care and the practice had virtually stopped.
- Staff were committed to working in partnership with hard to reach patient groups. For example, the practice had established a weekly GP outreach clinic at a homeless day centre. The service was available to anyone attending the centre.
- Data from the national GP patient survey showed patients rated the practice higher than others for various aspects of care.
- The practice recognised the need to appoint a carer's lead to identify further patients who are carers, and direct them to support available to carry out their role.

Are services responsive to people's needs?

Outstanding

- The practice population was very diverse. The practice provided a wide range of flexible services to meet patients' diverse needs and enable them to be treated locally.
- The staff team were highly responsive to meeting patients' needs and engaging with hard to reach and vulnerable groups, to improve their welfare and reduce health inequalities.
- The practice had undergone considerable changes and had adopted improved ways of working to ensure the services were responsive to people's needs.
- The standard appointment times for all clinical staff with the exception of locum GPs, had been extended from 10 to 15 minutes for each patient. This meant that the clinical staff had more time to assess patients' needs, and provide advice and support.

Summary of findings

- The list size had increased by over a 1,000 patients in the last 12 months, resulting in increased demands on the service. The triage and appointment system was flexible and responsive; the staff team were continually reviewing this and adopting alternative ways of working to meet patients' needs. The staffing levels and skill mix had increased to meet patient's needs.
- Most patients said that they could usually obtain an appointment or telephone consultation when needed.
- The practice implemented improvements and changed the way it delivered services in response to feedback from patients.

Are services well-led?

Outstanding ☆

- The practice had effective clinical and managerial leadership and governance arrangements to ensure the services were well-led.
- The culture and leadership promotes the delivery of high-quality, compassionate care.
- The practice had a highly motivated, cohesive and experienced staff team. All members of staff had lead roles and were accountable for delivering change and driving continuous improvements.
- The practice faced significant challenges on the services. The staff team remained focused and committed to developing the services in spite of the challenges they faced.
- There was a proactive approach to seeking out and embedding new ways of providing care and services.
- There was an open and very supportive culture. Staff were actively supported to obtain further skills and qualifications to support learning and innovation, and the delivery of high-quality care.
- The practice actively sought feedback from patients and staff, which it acted on to improve the services.
- The practice had an engaged patient participation group but recognised that this did not re-present its diverse population groups. The practice was looking at alternative ways of engaging with patients using new technology.

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 responsive and well led across all population groups including older people.

- The practice offered proactive, personalised care to meet the needs of older people.
- Patients were supported to remain active and reduce the risk of falls.
- Home visits including a phlebotomy service was available for people who were unable to attend the practice, to ensure their health needs were met.
- The practice contacted all older patients discharged from hospital to ensure they were receiving appropriate follow up care and support.
- The practice phoned elderly patients who do not attend outpatient appointments and offered support to rebook.
- The practice carried out regular searches to establish if patients had been seen or had contacted the practice recently. If no contact had been made a health care assistant would contact them to check all was well.
- The practice had 64 patients aged over 75 years; 59 patients had been seen and reviewed in the last 12 months.
- Patients were offered opportunistic shingles, pneumococcal and flu vaccinations at routine reviews.
- The practice send birthday cards to patients aged 70 and over, which are also used as a reminder to book any outstanding reviews and vaccinations.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding for responsive and well led across all population groups including people with long-term conditions.

- The nurses and GPs had lead roles in the management of long-term conditions (LTC).
- The practice offered regular reviews for all chronic disease conditions to check that patients' health and medicines needs were being met. The reviews were planned around the persons' birthday.
- The practice contacted patients with LTC discharged from hospital to ensure they were receiving appropriate follow up care and support.

Summary of findings

- The practice adopted a pro-active approach to preventing patients from developing LTC such as diabetes. For example, suitable patients were identified and referred to the National Pre-Diabetes Prevention Programme, which provides advice and support to people identified at high risk of developing the condition.
- The diabetes nurse specialist attended a joint monthly clinic with the practice nurses to review patients with diabetes to initiate insulin, or to review more complex problems.
- The practice referred patients with Type 2 diabetes to JUGGLE, which provides a structured diabetes education service.
- Importance was placed on educating patients to self-manage their long-term conditions. For example, the practice was involved in the Year of Care programme, which puts the patient at the centre of their care and supports them to self-manage their condition.
- Opportunistic shingles, pneumococcal and flu vaccinations were offered at routine reviews.

Families, children and young people

Outstanding ☆

The practice is rated as outstanding for responsive and well led across all population groups including families, children and young people.

- Appointments and telephone consultations were available outside of school and college hours and all children aged under five were seen on the day where needed.
- The practice had a high number of vulnerable children (280). Comprehensive systems were in place to protect children who were vulnerable, at risk of abuse or living in disadvantaged circumstances from avoidable harm.
- All GPs and nurses were trained to Safeguarding level 3. In response to the high number of vulnerable patients and safeguarding cases, all health care assistants, reception and administrative staff were due to complete level 3 safeguarding training by November 2017.
- The practice had a safeguarding lead GP, an administrator and nurse who worked closely with the local safeguarding teams, and attended internal and multi-agency meetings.
- The practice was a site for piloting 'MAGPIE', a new partnership information sharing approach, where there may be safeguarding concerns relating to vulnerable children.

Summary of findings

- Immunisation rates were relatively high for all standard childhood vaccinations given the high transient population, number of patients from overseas and cultural issues. An effective system was in place for following up children who did not attend their vaccine.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, the practice ran a weekly baby clinic alongside the health visitor clinic, which enabled staff to provide immunisations to families attending the clinics.
- The practice phoned the parents of all children who did not attend outpatient appointments to offer support to rebook.
- The practice provided family planning services, including regular coil clinics and contraceptive implants.
- Opportunistic chlamydia screening was offered to patients of relevant age.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding for responsive and well led across all population groups including working age people.

- The practice offered extended hours appointments including early morning, evening and Saturday mornings.
- Patients were also offered telephone consultations and were able to book appointments by telephone or on line.
- The practice offered online services to make, amend and cancel appointments and to request repeat medicines. Patients were also encouraged to use a nominated pharmacy to have their prescription sent directly for collection.
- The practice offered access to 'choose and book' service for patients referred to secondary services, which provided greater choice and flexibility over when and where their test took place.
- Patients could register who lived outside the practice area; 602 patients were registered from out of area.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice promoted health screening programmes to help keep patients safe. An effective system was in place to follow up and encourage patients who did not attend screening.
- The practice offered NHS Health Checks to eligible patients, where patients were screened for various conditions including dementia, diabetes and heart disease, together with lifestyle advice.

Summary of findings

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding for responsive and well led across all population groups, including people whose circumstances may make them vulnerable.

- The practice had high numbers of patients who were vulnerable and held a register of patients.
- Longer appointments were available for patients who needed them.
- Patients with no address could register with the practice and receive mail on their behalf. The practice registered 350 homeless people, which was 40% of Nottingham's homeless health team's service users.
- In response to the need for a GP outreach clinic, the practice had established a weekly GP drop in clinic at the main homeless day centre in partnership with Nottingham's homeless team.
- The practice had a vulnerable adult lead nurse and GP who co-ordinated patients care, and worked with other services including the homeless team, refugee forum, probation hostels and drug and alcohol team. They also attended monthly multi-agency (MDT) protection meetings.
- Over 8% of the patient list (800 plus patients) had a substance misuse diagnosis. The GP lead for substance misuse held a weekly shared care clinic at both practices with a specialist drug worker from the central recovery team. This enabled patients to be treated locally.
- Information was available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children and adults whose circumstances may make them vulnerable. They were aware of their responsibilities to share information, record safeguarding concerns and knew how to contact relevant agencies.

People experiencing poor mental health (including people with dementia)

Outstanding

The practice is rated as outstanding for responsive and well led across all population groups including people experiencing poor mental health.

- Approximately 3,400 patients had a mental health diagnosis, which was over 24% of the practice population. The practice held a mental health register.

Summary of findings

- Many of the patients had complex health needs and had been discharged by secondary care or were reluctant to engage with other services, requiring regular, on-going support by the practice.
- The practice had developed its own primary care mental health services, which included a lead GP and two mental health nurses. This offered patients a broad range of services, and enabled them to be treated locally.
- The practice sent phone reminders (additional to text) for patients with appointments to encourage them to attend.
- The practice contacted all patients discharged from hospital to ensure they were receiving appropriate follow up care and support.
- The practice participated in Physform scheme, which focuses on the physical health of patients on their mental health register.
- The practice had an unusually low incidence of patients with dementia (six in total) due to the practice demographics.
- The practice screened patients for dementia as part of the new patient check and at annual reviews, to facilitate early referral and diagnosis where dementia was indicated.
- The staff team worked in partnership with other services, to ensure that patients' needs were regularly reviewed, and that appropriate risk assessments and care plans were in place.

Summary of findings

What people who use the service say

As part of our inspection we received 16 completed CQC comment cards from patients. We also spoke with 12 patients during our visit, and received feedback from a further two patients via a video link. Overall, feedback from patients was extremely positive about their care and the way staff treated them.

Patients described the staff as very caring, friendly and helpful and said that they were treated with kindness, dignity and respect. Importantly, they received personal care from a staff team who were supportive and non-judgemental.

Patients said that they generally had no problems in obtaining their medicines and repeat prescriptions.

Most patients told us they were usually able to access an appointment or telephone consultation when needed. A few patients said it could take several weeks to access a non-urgent appointment and to see a GP of their choice. Patients found the daily nurse drop in clinic beneficial in terms of access and flexibility.

Patients said that they felt listened to and were involved in decisions about their care and treatment. Clinical staff were good at giving them enough time. A few patients said they sometimes had to wait a long time in the waiting area to be seen.

People found the premises welcoming, clean and accessible.

Patients felt able to raise any concerns with staff if they were unhappy with their care or treatment as the staff were approachable.

The NHS Friends and Family test results dated July 2016 to July 2017 showed that 87% of people would recommend the practice to friends and family if they needed similar care. The practice had completed an action plan in response to negative and constructive feedback to further improve the services.

The national GP patient survey results were published in July 2017. The results showed that whilst the practice was mostly performing above or in line with local and national averages, a few areas were below average. 387 survey forms were distributed and only 70 were returned. This represented 0.6% of the practice's patient list.

- 79% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 89% find the receptionists at this surgery helpful compared with the CCG average of 87% and the national average of 87%.
- 79% were satisfied with the surgery's opening hours compared to the national average of 76%).
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 82% and the national average of 84%.
- 95% of patients said the last nurse they saw or spoke to was good at listening to them
- compared with the CCG average of 90% and the national average of 91%.

The practice had reviewed the latest survey results and had taken action to further improve the services. The practice was aware that the latest results were lower than the 2016 national survey. The list size had increased by over a 1,000 patients in the last 12 months, resulting in increased demands on access, which may account for the lower results.

The practice's 2016-2017 patient survey was completed by a higher percentage of patients (197) whilst the national survey was completed by 70 patients. Overall the practice's survey results showed high levels of satisfaction. However, we were unable to compare the practice's survey results to the national survey results as the questions and ratings system varied.

NEMS Platform One

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 adviser, a second CQC inspector and an Expert by Experience.

Background to NEMS Platform One

NEMS Platform One is the registered name for two GP surgeries in Nottingham City centre. The practice opened in February 2010 with a zero patient list, and currently provides primary care to approximately 10,500 patients. The practice has one patient list, meaning that registered patients can access services at both sites which are:

- NEMS Platform One, Station Street, Nottingham NG2 3AJ. This is the main practice.
- NEMS Platform One, 79a Upper Parliament Street, Nottingham, NG1 6LD. This is the branch practice, located 1.5 miles/ 8 minutes (on foot) from the main surgery.

We visited the main practice as part of our inspection.

NEMS Platform One was initially inspected on 30 June 2015 under the provider's previous registration; NEMS Healthcare Ltd. The overall rating was outstanding. In 2016 the provider's legal entity changed from NEMS Healthcare Ltd to NEMS Community Benefit Services Limited, requiring the provider to re-register, which was considered a new registration.

All new registrations are inspected within 12 months to assess if the provider is meeting the legal requirements and to apply a rating. In view of the above changes we carried out this announced comprehensive inspection at NEMS Platform One on 28 July 2017.

The provider, NEMS Community Benefit Services Limited is a 'not-for-profit' company, which re-invests any surplus profit to improve services to patients. It is also registered with CQC to provide:

- The urgent medical care and advice out out-of-hours service for Nottingham City and Nottinghamshire South Clinical Commissioning Groups (CCG). This service operates from the same location as NEMS Platform One Practice.
- The urgent medical care and advice out out-of-hours service for Mansfield and Ashfield CCG, which is located at Kings Mill Hospital

The surgery provides primary care services via an Alternative Provider Medical Services (APMS) contract commissioned by NHS England and Nottingham City CCG. APMS contracts provide the opportunity for locally negotiated contracts to supply enhanced and additional primary medical services. The five year contract was awarded in 2010, and has been extended. The contract is due to change in April 2018.

The practice is commissioned with the aim of engaging with hard to reach groups. The diverse population includes city workers, families, students as well as high numbers of patients who are vulnerable, homeless, seeking asylum, have a substance misuse or mental illness. The practice has a significantly lower percentage of patients aged 65 years and over compared to the local and national averages. 85% of patients are under 50 years of age.

The patient population has a 100 different ethnic groups recorded, of which 5% of the patient list are non-English

speaking. The practice has a high transient population including students, asylum seekers, refugees and people from overseas. Approximately 200 new patients register each month and 100 patients de-register. The turnover of patients from April 2016 to March 2017 was very high at 37%, due to the high transient population.

The level of deprivation within the practice population is high.

Following the involvement of a national pilot for out of area registration, the practice elected to continue to register patients who live elsewhere and choose to access GP services in Nottingham. The practice had 602 patients who were registered from out of area.

NEMS Platform One is located in purpose built premises, which are spacious and accessible to patients. The provider owns and maintains the main practice building, whilst the branch surgery is located in a shared building. Both practices are located in Nottingham city centre and have good public transport links.

The provider employs nine salaried GPs (three male and six females). All salaried GPs work part time. This equates to 3.29 full time GPs working in the practice. Regular GP locums are used to increase medical capacity, and three regular locums were working at the practice when we undertook our inspection.

The practice was set up to be a nurse led team. The nursing team includes two advanced nurse practitioners, nine practice nurses including a lead nurse and two mental health nurses, a nurse consultant and three health care assistants (HCA). This equates to 7.1 full time nurses and 2.69 HCAs working in the practice. All of the nursing staff are female except for one male.

The clinical team also includes two pharmacists, which equates to 1.6 full time staff. The clinical team is supported by 19 non-clinical staff across the two sites. This includes practice managers, a team leader, administrative and reception staff.

The practice is a teaching practice for medical and nursing students.

The main practice is open Monday to Friday from 8am to 6.30pm. Extended hours appointments are available on Tuesday morning from 7.30 to 8am, Wednesday and Thursday evenings from 6.30 to 7pm and Saturdays from 9am to 1pm.

The branch practice is open Monday to Friday from 9am to 5pm; on Wednesday the hours are extended to 7pm to provide a substance misuse clinic.

Planned GP and nursing appointments times are available across the two practices at varying times of the day.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to NEMS Community Benefit Services Limited out of hours service via the 111 service.

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 was 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 information we hold about the practice and asked other organisations including Nottingham City Clinical Commissioning Group, NHS England and Healthwatch Nottingham to share what they knew. We carried out an announced visit on 28 July 2017. Prior to and during our visit we:

- Spoke with a range of staff including GPs, nurses, a health care assistant, nurse consultant, reception staff including the team leader, practice managers and two company directors.
- Obtained feedback from various external organisations and agencies who work closely with the practice including the local homeless team, refugee forum, a residential rehabilitation centre, CCG safeguarding nurse, health visitor and a community pharmacist who provides medicines to two probation hostels the practice supports.

Detailed findings

- Spoke with patients who used the service including a member of the patient participation group.
- Observed how patients were being cared for and talked with family members.
- Reviewed a 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 living 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.

Good

Are services safe?

Our findings

Safe track record and learning

- There was an effective system for reporting and recording significant events and near misses.
- Records showed 18 significant events had been recorded over the last 12 months and all events had been reviewed.
- An annual review of significant events for the period of 2016-17 had taken place.
- Lessons were shared with staff to make sure action was taken to improve safety in the practice. For example, in response to a medical emergency, the practice had reviewed access to medicines and equipment to ensure these were easily accessible to staff in the event of further incidents.
- When things went wrong with care or treatment, patients were offered an apology, and were told about any actions taken to prevent the same thing happening again.
- Arrangements were in place for receiving and acting on patient safety information in a timely and reliable way. All safety alerts, including those from the Medicines and Healthcare Products Regulatory Agency (MHRA) were recorded on a log, including action taken.
- A sample of safety and medicine alerts we checked showed that risks to patients were assessed and appropriately managed, and that safety issues were dealt with. For example, in response to alerts relating to the safety of a certain type of oxygen masks and a defibrillator, checks were made as to the type of equipment used at the practice. The items in use were not related to the alerts.
- Staff told us there was an open culture to reporting incidents and near misses. They were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

Overview of safety systems and processes

Comprehensive arrangements were in place to safeguard children and vulnerable adults from abuse and avoidable harm, which reflected relevant legislation and local requirements.

- Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Staff we spoke to demonstrated they understood their responsibilities to safeguard patients.
- The practice had a safeguarding lead nurse, an administrator and GP, who worked closely with the local safeguarding teams, attended internal and multi-agency meetings, and case conferences where required.
- Several vulnerable adults also had children registered with the practice who were vulnerable. Staff had identified the need to establish regular meetings involving the lead nurses for safeguarding, vulnerable adults and mental health to enable them to share information relating to the overlap of these patients. The meetings were due to start in September 2017.
- All GPs and nurses were trained to Safeguarding level 3. In response to the high number of vulnerable patients and safeguarding cases all health care assistants, reception and administrative staff were due to complete level 3 safeguarding training by November 2017. This level of training provides a comprehensive understanding of child protection and is usually only completed by clinical staff working with children.
- Most members of staff had also completed IRIS (Identification and Referral to Improve Safety) training on domestic violence and abuse, to further their awareness and responsibilities
- Information was displayed in the waiting area and on the practice website advising patients they could request a chaperone, if required. Certain patients we spoke with did not understand the term 'chaperone'. We noted that some information in the waiting area was lengthy and not easily accessible to patients. Senior staff agreed to review this.
- All staff who acted as chaperones were trained 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.

The practice maintained appropriate standards of cleanliness and hygiene.

Good

Are services safe?

- We observed the main premises to be clean and tidy.
- Infection control policies were available and staff had received up to date training including hand washing.
- A comprehensive cleaning schedule was in place, although no sign off sheets were available at the time of the inspection to show that required cleaning tasks had been completed. Following the inspection, we received confirmation that arrangements were in place to oversee the cleaning contract and standards of cleanliness provided by an external provider.
- The senior nurse was the lead for infection prevention and control (IPC) and liaised with the local IPC team to keep up to date with best practice. The nurse planned to enquire about attending formal training or shadowing the IPC team to assist her to carry out her role.
- An external provider had completed a comprehensive infection control audit in November 2016. A re-audit of the main practice in March 2017 highlighted a number of areas that had not been actioned. Following the inspection, we received a completed action plan to address the improvements needed.
- We reviewed four personnel files and found the required Disclosure and Barring Service check, evidence of satisfactory conduct in previous employments including references, qualifications and registration with the appropriate professional body.
- A system was in place to ensure the practice nurses were registered with the Nursing and Midwifery Council (NMC) and GPs were registered with the General Medical Council (GMC).
- The practice had a policy relating to the immunisation of staff, including the risk of exposure to Hepatitis B infection, which could be acquired through their work. The records showed that most relevant staff were protected from infections including Hepatitis B. The lead for infection control had identified that certain staff immunisation records required up-dating and was addressing this. They also planned to set up a central log to oversee staff's immunisation status to ensure all relevant staff were protected from above infections.

Medicines Management

The arrangements for managing medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The arrangements had been further strengthened following the appointment of two clinical pharmacists to the staff team. The pharmacists reviewed patients' medicines against hospital discharge and clinic letters, handled repeat prescription requests, undertook medication reviews and monitored patient compliance including high risk medicines. They also carried out regular audits, with the support of the CCG medicines team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice pharmacist led the management of weekly (or other high-frequency) prescriptions where there was increased risk of overdose.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The temperatures in the refrigerators at both sites were monitored to ensure medicines were stored within the recommended ranges. Staff were able to describe the actions to take in the event of a fridge failure.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use, except for those placed into the printers. Senior managers took action to address this issue.
- All patient group directions (PGD) were in date and appropriately signed to allow the nurses to administer medicines in line with legislation.
- The healthcare assistants were trained to administer certain vaccines and medicines; signed and in date patient specific prescriptions or directions from a prescriber were in place.

Monitoring risks to patients

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

- There was a health and safety policy available.

Good

Are services safe?

- The practice had an up to date fire risk assessment dated May 2017. No current fire risks were identified. The risk assessment did not state how often fire drills should be carried out. Senior managers assured us that annual fire drills were undertaken but the records were not accessible. They agreed to ensure that annual fire drills are recorded and saved.
- Weekly fire alarm checks were undertaken and we saw evidence that fire fighting equipment was regularly maintained. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how patients, visitors and staff should vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises including the control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Regular checks were carried out, in line with the practice's Legionella risk assessment to reduce the risk of infection to staff and patients.
- Arrangements were in place to plan and monitor the number of staff and mix of staff needed to meet patients' needs. A rota system was kept to ensure enough staff were on duty to meet the needs of patients.
- The patient list had continued to increase since the service opened in 2010, which required a pro-active approach to ensure sufficient staffing levels and skill mix to keep patients safe. We saw evidence of this.
- All staff collected a personal alarm at the start of each shift. If this was activated it gave the location of the member of staff at several central control panels. All clinical areas were accessed through key fob entry doors and release button exits. The arrangements provided a high level of security and safety for patients and staff, which were unobtrusive.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents. For example,

- All staff received annual training in fire safety and basic life support.
- Staff had access to an instant messaging system on their computers to alert colleagues to any emergency.
- A portable defibrillator and oxygen with adult and paediatric masks were available at both locations.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- All the emergency medicines we checked were in date and stored securely.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan was updated to include emergency contact numbers for the response staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample 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 recent published QOF data (2015-2016) showed that the practice achieved 97.7% of the total number of points available, which was above the clinical commissioning group (CCG) average of 95.8% and national average of 95.3%. The practice's QOF percentage had increased by over 5% compared to the previous year, which was 92.3%.

The data showed:

- Performance for 17 out of the 19 clinical areas featured were 100%.
- Performance for diabetes related indicators were 85.5% and this was this was 3.5% above the CCG average and 4.4% below the national average.
- Performance for mental health related indicators was 100% and this was 9% above the CCG and 7.2% above the national average.

The QOF data for 2015-16 showed the practice's overall clinical exception reporting rate of 23.3% was significantly above the local (10.1%) and national averages (9.8%). The practice's exception rate had increased to the previous year's rate, which was 19.4%. 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.

The practice was aware of the high exception rate but did not feel it was a significant clinical issue. They explained that:

- They followed guidance in respect of exempting patients, and continued to strengthen the call and recall processes to ensure the information was accurate, and that patients received appropriate reviews and follow up. However, the high exception rates largely related to the high transient population and patient turnover of 37% last year, together with high numbers of patients with complex needs and lifestyles who were reluctant to engage and attend reviews.
- The practice had several patients with mental health needs who were in prison or a hospital inpatient, which affected the exception rates.
- The lower diabetes QOF score and higher exception rates were due to a mixture of low patient engagement and poor control due to lifestyle or social deprivation.
- The practice was due to carry out another cycle of audits on non-responders in QOF areas in October 2017. Previous audits had not indicated a clear theme with non-responders (other than cytology). Their patient demographics and high transient population, was a challenge in trying to get patients to engage.
- A number of patients were automatically exempted from QOF as they registered in the 3 months prior to the end of the QOF year (901 new registrations in Jan-March 2017).

Checks we carried out during the inspection showed that the practice followed correct exception reporting processes, and made all attempts to engage with patients. We saw that the practice had carried out three recent audits of clinical conditions to look at areas where exception reporting was high, which showed that staff had followed the correct process. Our findings supported that the high exception rates were largely linked to the high patient turnover, and numbers of patients with complex needs and lifestyles who were reluctant to engage and attend reviews.

Good

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit:

- An effective clinical and internal audit programme was in place which provided assurances of ongoing quality improvement.
- The clinical audit programme had been strengthened to ensure that all audits were completed to a consistent standard to provide assurances that patients were receiving effective care.
- The medicines audit programme had been strengthened following the appointment of two practice clinical pharmacists, who had undertaken various audits.
- There had been 11 clinical audits completed in the last two years; five of these were completed full cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an initial audit of anti-biotic prescribing, action was taken to ensure prescribing was in line with local guidelines. A re-audit showed that there had been a reduction in various antibiotic prescribing.

Local benchmarking data showed that:

- The practice was one of the lowest prescribers of antibiotics in the CCG.
- Out patient referrals and use of advice was high. We saw that the practice had explored the reasons for this and had taken action to help reduce the numbers. The high rates were largely due to rapidly growing practice list and high numbers of patients with complex needs. All routine referrals were peer reviewed by other GPs to ensure they were appropriate. Staff had also completed an audit of referrals to specialities such as Ear, Nose and Throat (ENT) that were exceptionally high. A re-audit had shown a reduction in the number of referrals over two quarters, since clinicians had been reminded to utilise the in-house hearing service at the practice.
- The practice's emergency preventable admissions were lower than the CCG average. The lower levels would indicate effective management of the high number of patients with complex health needs.
- The practice's A&E attendances and use of Out-of-Hours was high compared with other local practices. Practice data supported this was largely due to a number of individuals who frequently accessed the services due to chaotic lifestyles, health issues or non-compliance with treatment. The practice also had patients from overseas who were used to different healthcare who accessed the services inappropriately. The practice had a lead nurse who reviewed all inappropriate attendances. If a patient attended A & E for no apparent reason a nurse contacted them to discuss why they had attended, and directed them to the most appropriate service.

Effective staffing

The practice had a highly motivated staff team with extensive knowledge, skills and experience to enable them to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. Staff told us they had received an appropriate induction to enable them to carry out their role effectively.
- All members of the staff team worked together to deliver effective care and treatment.
- The clinical team had continued to increase in size and skill mix to meet patients' needs and the growth of the service, including the appointment of two clinical pharmacists.
- The practice was set up to be a nurse led team. The number of nursing staff had significantly increased, to enable the nursing team to take on additional responsibilities to meet patients' needs.
- The nurses and HCA's were supported to continually develop their skills and knowledge to take on extended roles, to support the GPs and the expansion of the services.
- 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 external updates, on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of meetings, appraisals and personal

development plans. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, mentoring, clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal in the last 12 months, or had one planned.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record and computer system.

- This included risk assessments, care plans, medical records and investigation and test results.
- From the sample of records we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services, or raising safeguarding concerns.
- The practice team worked closely with other health and social care professionals to meet the range and complexity of patients' needs, and to assess and plan on going care and treatment. This included when patients moved between services, or after they were discharged from hospital.
- Information was shared between services, with patients' consent, using a shared care record. Monthly multi-disciplinary team meetings took place with other health and social care professionals, when care plans were reviewed and updated for patients with complex needs.
- The practice ensured that patient's end of life care was delivered in a coordinated way which took into account individual needs.

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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed their capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

- The practice website and waiting area provided various health promotion information for patients.
- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients requiring advice on their diet, exercise, smoking and alcohol cessation.
- The practice had high numbers of patients who smoked. A spirometry (lung function test) was offered to all patients aged 35 years and over who were smokers, including smoking cessation advice and support.
- The practice had 216 patients with diabetes of which 179 had type 2 diabetes. Staff worked closely with and referred patients to educational programmes such as Juggles, which helps patients to understand diabetes and supports them to make lifestyle changes that will benefit their health.
- 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. Patients were appropriately followed-up where abnormalities or risk factors were identified.
- The practice had met last year's target last year in regards to the number of invites sent and patients attending NHS health checks. Between February 2017 and June 2017 the practice sent 80 invites and 47 patients attended. A HCA provided a health check clinic each week at both locations, which had resulted in increased numbers of patients attending their checks.
- The clinical staff were pro-active in offering various screening checks to patients. The new patient health check and NHS health check including screening for various conditions including dementia, diabetes and heart disease. All relevant new patients were also offered sexual health screening, which included sexually transmitted infections.

Good

Are services effective?

(for example, treatment is effective)

- The practice had an unusually low incidence of patients with dementia (six in total) due to the practice demographics. All eligible patients had received a review of their care plan in the last 12 months.
- The practice encouraged patients to attend national screening programmes for cervical, bowel and breast cancer. The 2015/16 Public Health England data showed the practice's cancer screening rates were below CCG and national averages. For example, 67.2% of females aged between 25 and 64 years had a record of cervical screening within the target period (3.5 or five year coverage) compared to a CCG average of 88% and national average of 79%. Data showed that cervical, breast and bowel screening rates had reduced compared to 2014/15 rates.
- The practice had analysed the reasons for the lower cancer screening rates, and had put an action plan in place to help improve attendances. The practice had highlighted some improvements in the screening rates in the last 12 months. A further audit was due to be carried out at the end of 2017 to determine the impact of the changes. Challenges in engaging patients to attend cancer screening included the high transient population, cultural issues and high numbers of patients with chaotic lifestyles.
- The practice had a clear notice board displaying the risks of cervical cancer in the waiting area. Information on the importance of bowel and breast screening was also available. We found that the practice had effective systems in place for following up patients who did not attend screening checks. Follow up reminders were sent. Screen alerts were in place for non-responders, and opportunistic screening was carried out when patients attended the practice to see another clinician. Dedicated clinical staff were also responsible for contacting patients who did not attend bowel, breast and cervical screening, to establish the reasons for this and encourage them to attend.
- The practice was also engaging with public health and minority ethnic and hard to reach groups, to educate them about the importance of attending the cancer screening checks.
- The practice had a learning disability lead nurse and GP who invited patients for annual health reviews. Patients completed a questionnaire which focused on what they wanted to talk about during their review, and were given information to take away with them.
- All new children were invited to the practice to ensure their immunisation record was up to date, and to attend routine vaccinations.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 70.8% to 97.4% and five year olds from 89.1% to 97.8%.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were polite and helpful to patients and treated them with dignity and respect. Relationships between staff and patients were positive and supportive.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.
- Comments and feedback from virtually all patients was consistently positive about the high level of care and the way staff treated them.
- Patients said that they felt listened to and were treated with kindness, dignity and respect. Importantly, they also felt the practice provided a very caring service.
- Our findings showed that patients received personal care from a staff team that were supportive, non-judgemental and who understood their needs. We received comments from several patients whose circumstances made them vulnerable. They told us that they were able to access the practice without fear or prejudice, and they were treated in a sensitive way.
- We saw that the practice had received various letters, emails and feedback from patients and external organisations over recent months. These praised the level of care, understanding and the approach of the staff team especially, with vulnerable and hard to reach groups.
- We obtained feedback from several external stakeholders who worked closely with the practice, including the local homeless team, refugee forum, a residential rehabilitation centre, CCG safeguarding nurse, a health visitor and a community pharmacist. Their views were consistently positive and in line with our findings.
- We found that staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, a nurse provided weekly support to a patient with complex needs who was reluctant to engage with other services. In providing ongoing care the person's wellbeing had improved and history of repeatedly calling health services had virtually stopped.
- We found many positive examples of staff going that extra mile to provide a caring service. For example, a GP realised they had not seen a vulnerable patient for a while and was concerned about their welfare. They contacted various professionals and agencies and it was established that the person was being held captive against their will. They were later released.
- The reception area was designed to engage with hard to reach groups, and enable patients' direct contact with the staff, as there was no high level or glass partition front. It had also been designed to help maintain confidentiality. We observed that the reception staff were discreet and maintained patients' privacy and confidentiality. Telephone calls taken at the reception desk could not be overheard.

The 2017 national GP patient survey results showed that the practice was mostly performing above or in line with local and national averages for its satisfaction scores relating to caring services. For example:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 89%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.

Good

Are services caring?

- 93% of patients said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

The NHS Friends and Family test results dated July 2016 to July 2017 showed that 87% of people would recommend the practice to friends and family if they needed similar care. The practice had completed an action plan in response to negative and constructive feedback to further improve the service.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decisions about their care and treatment and their views and wishes were respected. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. A sample of care plans we looked at were personalised.

Our findings showed that staff were fully committed to working in partnership with patients to overcome obstacles to delivering care. They understood the complex needs and chaotic lifestyles that some patients presented with, and offered a personal service to help them feel supported.

The 2017 national GP patient survey results showed patients responded positively to questions about their involvement in planning, and decisions about their care and treatment. Results were mostly in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 89%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

Patient and carer support to cope emotionally with care and treatment

- The practice had high numbers of patients who had complex needs. Patients' emotional and social needs were seen as important as their physical needs.
- Feedback from patients about the level of emotional support provided by the staff team was very positive.
- Information leaflets were available on the practice website and in the waiting area, which told patients how to access a number of support groups and organisations. Whilst some information was available to carers sign posting them to support available, this was not prominent.
- Information was also available on the practice website. Some information was available to carers sign posting them to support available. However, this was not prominent.
- The practice's computer system alerted staff if a patient was also a carer. The practice had identified 68 patients as carers (0.6% of the practice list). The patient population was predominately younger; 85% of patients were under 50 years of age. This may account for the low percentage of carers identified.
- Both the new patient questionnaire and health check asked if the person had a carer or if they were a carer and this information was recorded on the computer system. At the time of the inspection, the practice had equal numbers of each.
- We saw examples where the staff team had received positive feedback from patients regarding the level of support provided to carers. However, the practice did not have a carer's strategy, strong links with the local carer's association or a lead member of staff to further identify and direct carers to support available.
- The practice recognised that keeping the carers register up-to-date and providing further support was an area they needed to improve on. They had recently liaised

Good

Are services caring?

with the Carer's Trust and other organisations to obtain further leaflets and promotional materials. They planned to provide a carer's policy and appoint a "Carers Champion" to increase awareness, identify further carers and direct them to the support available.

Staff told us that if families had experienced bereavement, their usual GP or nurse contacted them to offer support. The practice also sent them a sympathy card. Feedback from patients confirmed this.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients' needs were central to the planning and delivery of services. The practice understood its patient population and offered a wide range of services to meet patients' needs and enable them to be treated locally.

The services were delivered in a way to ensure flexibility, choice and access. For example, patients were able to attend appointments and services from both city centre locations. Patients could also register if they lived outside the practice area but preferred to access GP services in Nottingham; 602 patients were registered from out of area.

The practice has a high transient population including students, asylum seekers, refugees and people from overseas. Approximately 200 new patients registered each month and 100 patients de-registered. The turnover of patients from April 2016 to March 2017 was very high at 37%, due to the high transient population. Responsive systems were in place to effectively manage the high turnover of patients.

The practice population was very diverse and included high numbers of patients who were vulnerable, homeless, had a substance misuse, mental illness, self-harmed, or had complex health and social needs. The staff team were highly responsive to meeting patients' needs and engaging with hard to reach and vulnerable groups, to improve their welfare and reduce health inequalities.

- To meet patients' needs the practice provided several key services that were additional to the provider's contract and performance requirements. For example: Over 24% of patients had a mental illness. Many of the patients had complex health needs and had been discharged by secondary care or were reluctant to engage with other services, requiring regular, on-going support by the practice. The practice had developed its own primary care mental health services, which included a lead GP and two nurses, one of which was a prescriber, which offered a broad range of services. The practice had received various written feedback from patients praising the level of support and help they received from staff, which had helped them to manage their illnesses better.
- The two mental health nurses saw approximately 186 patients a month for assessment, treatment or reviews. Appointment times of up to an hour were available to enable the nurses to carry out a detailed assessment of patients' needs, and 30 minutes was available for follow up reviews and telephone consultations. The longer appointment times meant that staff had more time to provide advice, support and treatment. The in-house services provided personal support and timely intervention to ensure that patients received appropriate care, reducing referrals to secondary services.
- The practice registered 350 homeless people; some of whom were reluctant to engage with main stream health services. To enable more people to access primary care services, the practice had established a weekly GP drop in clinic at the main homeless day centre in partnership with Nottingham's homeless team. The service was available to anyone attending the centre, and people seen who weren't registered were registered as a temporary patient. The clinic had been running since 22nd June 2017. On average the GP saw 4 patients a week and provided advice to around 3 people a week. 60% of patients were registered with the practice, 30% registered as a temporary patient and 10% registered permanently. The homeless health team told us that this service was proving to be invaluable in enabling people alternative to access to healthcare.
- Over 8% of the patient list (800 plus patients) had a substance misuse diagnosis. In response to patients' needs the GP lead for substance misuse held a weekly shared care clinic at both practices with a specialist drug worker from the central recovery team. There were 51 patients accessing the clinics. The branch surgery clinic was extended to 7pm on Wednesdays to support people who worked, including six patients from other practices. The flexible service enabled people to be treated locally and provided timely access to treatment. It also provided holistic health care, helping patients towards recovery and reducing harm from substance misuse.
- One of the practice pharmacist's was being mentored in the substance misuse clinic and attending relevant training, to set up prescription medicine misuse clinics with the support of the GPs. This will offer further support to patients at other times of the week.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- The practice continued to develop new services to meet patients' needs. For example, a practice pharmacist was setting up a clinic, to identify and managing patients with primary hypertension with involvement of other staff.
- The nursing team had been upskilled to take on additional responsibilities to meet patients' needs. The clinical skill mix had significantly increased to support the changes.
- Clinical staff provided regular ongoing support to a high number of patients with complex needs, some of who were reluctant to engage with other services. For example, 27% of patients were seen more than 12 times in the last 12 months; and some patients were seen over 100 times.60% of the practice's most 50 frequent A&E attenders of 2016-17 were seen in the practice 6 times or more that year. Of these 50, only 16% were on 2017 A&E frequent attenders list. This would indicate that the level of support provided to patients by clinical staff, was helping to reduce the number of inappropriate attendances at A & E. The practice had received various written feedback from patients with complex needs praising the care and support they received from staff, which helped them to manage their conditions better.
- The practice had a high number of families from overseas. Following registration, the nursing team contacted the families to invite them to discuss the national immunisation programme and provide them with an introduction to NHS health services.
- The practice registered and supported 90 patients from two local probation hostels under a shared care agreement, with special arrangements for risk assessment and pharmacy delivery to the hostels. The practice also registered and supported patients from an out of area residential rehabilitation centre. The practice had received various feedback from patients living at the hostels and the centre, including completed surveys. This showed that the staff team were responsive to their needs, and that patients were promptly seen and reviewed as needed. We obtained feedback from a community pharmacist who provided medicines to the probation hostels, and staff working at the rehabilitation centre. They felt that the practice was very responsive to peoples' needs.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. The staff team identified at an early stage patients who may need palliative care as they were approaching the end of life. Patients were involved in planning and making decisions about their care and end of life care.
- The patient population had a 100 different ethnic groups recorded, of which 5% of the patient list were non-English speaking. Staff told us that interpretation services were available for patients who did not have English as a first language. The practice website included a translation service and information about UK health services.
- Patients attending with an interpreter were offered longer appointments.
- Various patients we spoke with were aware that an interpretation service was available. Virtually all notices and information displayed in the reception area were in English. A notice and leaflets were available informing patients that the above services were available, and that information was available in different languages. However, this was not prominently displayed or accessible.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The facilities included disabled parking and access including a lift to the first floor. A hearing loop and baby changing facilities were also available.
- NEMS Platform One was located in spacious, purpose built premises. The provider owned and maintained the main practice building, whilst the branch surgery was located in a shared building. An external provider was responsible for the building maintenance. Both practices were located in Nottingham city centre and provided good access and public transport links.
- External staff were able to use a room at the main practice if they needed to see a patient at short notice, or it was not appropriate to see them in their own home.

Access to the service

The main practice was open Monday to Friday from 8am to 6.30pm. The branch practice was open Monday to Friday from 9am to 5pm.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Planned GP, nursing, pharmacist and health care assistant appointments were offered at varying times of the day across the two practices. Extended hours appointments were offered at the main practice on Tuesday morning from 7.30 to 8am, Wednesday and Thursday evenings from 6.30 to 7pm and Saturdays from 9am to 1pm.

- The triage and appointment system was flexible to meet the needs of patients. Longer appointments were available for patients where required, including people with complex needs, who were vulnerable or frail.
- The practice sent text message reminders of appointments.
- Home visits were available for patients, where required.
- The practice implemented suggestions for improvements and changed the way it delivered services. In response to feedback and to meet increased demand more on the day appointments (75%) were now available, which patients could book directly. Also, 25% could be pre-booked, either online, by telephone or in person. Previously 50% of on the day appointments were available.
- The standard appointment times for all clinical staff with the exception of locum GPs, had been extended from 10 to 15 minutes for each patient. This meant that the clinical staff had more time to assess patients' needs, and provide advice and support.
- Most patients told us they could usually obtain an appointment or telephone consultation when needed. A few patients said they had experienced difficulties in contacting the practice by phone, and obtaining an appointment at times. This mostly related to patients who worked days.
- Some patients said it could take several weeks to access a non-urgent appointment and to see a GP of their choice. On checking the appointment system we found that this was the case. We saw that changes had been made to the appointment system in response to patients' feedback. Further GPs had also been appointed to meet increased demands on the service.
- To improve same day access the practice had introduced a daily nurse drop in clinic for minor illnesses at the main practice. The practice had completed two audits to review the success of this service. The clinic was being extended as staff and patients found it beneficial; patients liked the flexibility of the service.
- In response to the high demand for access the main practice was expanding on the day appointment system, to include a sit and wait option for patients who wished to be seen and had not booked an appointment. Patients will be triaged and then assigned to the next available appropriate clinician. The revised system was due to commence in September 2017, and would be trialled for 3 months to determine the impact on access.
- An on call GP and nurse triage system was available during the week. Patients requiring urgent attention were initially assessed to ensure they were reviewed in a timely way by the most appropriate person.
- The practice had access to NEMS transport for patients who were unable to get in to the surgery for a variety of reasons. If this wasn't available the practice paid for a taxi to enable patients to attend an appointment.

The 2017 national GP patient survey results showed that whilst patient's satisfaction with how they could access care and treatment was mostly above or comparable with local and national averages, certain areas were below this. The number of completed surveys was low, only 70 were returned representing 0.6% of the practice's patient list.

- 79% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 78% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 83%.
- 74% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 59% of patients said they usually wait 15 minutes of less after their appointment time to be seen compared with the CCG average of 62% and the national average of 64%.

The practice list size had increased by over a 1,000 patients in the last 12 months, resulting in increased demands on access, which may account for certain lower survey results. The practice had reviewed the national survey results and taken action to further improve access. For example, additional clinical staff had been recruited to meet patient's needs.

We found that the practice was continually reviewing the triage and appointment system, and had made significant changes to ensure people could access care and treatment in a timely way. The practice's 2016-2017 general patient survey was completed by a higher number of patients (197) whilst the national survey was completed by only 70 patients. Overall the practice's survey results showed high levels of satisfaction. However, we were unable to compare the practice's survey results to the national survey results as the questions and ratings system varied.

Listening and learning from concerns and complaints

The practice had an effective system for handling 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 complaints in the practice.
- Information was available to help patients understand the complaints system, including a summary leaflet for comments, concerns and complaints.
- The practice had received 16 complaints in the last 12 months. Complaints we reviewed had been acknowledged, investigated and responded to, in a timely and transparent way in line with the practice's policy. Concerns and complaints were listened to. An apology was provided where appropriate.
- Lessons learnt from complaints were shared with staff, and action was taken as a result to improve the quality of care. For example, in response to a complaint involving a vaccination the procedure for checking and administering vaccinations was strengthened.
- An annual review of complaints for the period of 2016-17 had taken place to review any themes that had occurred and to provide assurances that the required improvements had been made.
- Staff told us that the practice was open and transparent when things went wrong. Where possible, concerns were dealt with on an informal basis and promptly resolved. The practice was refining their approach to recording and handling of verbal complaints.

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 provider had developed clear aims and objectives. The practice's overall aim was to deliver equitable, high quality, safe and compassionate care and services, which responds to patients' needs.

- Staff we spoke with understood the practice's values and aims and how they implemented them in their day to day work.
  The provider had a generic business plan, which set out the plans for its services and demonstrated a commitment to driving continuous improvements.
  Senior managers told us that the practice did not have a long term business plan, as the contract to provide primary care services was under review. A business plan would be put in place on securing the new contract.

Senior managers met regularly to discuss the business, finances, and performance. The findings of this inspection showed that senior managers had a shared purpose to drive continuous improvements and further improve the quality care. For example, there were plans to appoint a paediatric nurse to further enhance the skill mix and improve outcomes for children.

The practice faced significant challenges on the services including pending changes to the GP contract and funding. The staff team remained focused and committed to developing the services in spite of the challenges they faced.

A strategy and safety measures had been put in place to help reduce GP workloads and ensure the services were effective. The practice had introduced more effective ways of handling incoming mail, ensuring it was handled in a timely, effective way by the most appropriate person. This had reduced workloads on clinical staff and freed up more time to spend with patients. The GPs now only dealt with 17% of incoming mail, 10% went to the practice pharmacists and the remaining 73% was dealt with by two experienced administrative staff who had received relevant training. The GPs previously dealt with up to 90% of incoming mail.

Governance arrangements

The practice had effective clinical and managerial leadership, which put patient safety and welfare at the heart of what they did. The governance and performance arrangements were proactively reviewed and reflected best practice. The framework ensured that:

- There was a clear staffing structure and that staff were aware of their roles and responsibilities.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. For example, all clinical staff had lead clinical roles and other members of staff had lead administrative roles they were solely responsible for, which they delivered on.
- A wide range of practice specific policies were implemented and were available to all staff. These were updated and regularly reviewed.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to drive improvements. The clinical audit programme had been strengthened to ensure that all audits were completed to a consistent standard to provide assurances that patients were receiving effective care.
- Regular planned internal and external meetings took place to aid communication and continuously improve how the practice delivered services to patients. For example, at a recent clinical meeting staff agreed the benefits of having access to dual computer screens, to enable them to have two pages open at the same time such as the patient record and a letter. The feature was awaiting installation.
- Comprehensive arrangements were in place for identifying, recording and minimising risks to staff and people who use the service.

Leadership and culture

- There was a clear leadership structure and staff felt supported by management.
- The practice had effective clinical and managerial leadership, which ensured the services were well-led.
- The culture and leadership enabled staff to carry out lead roles, and innovative ways of working to meet patients' needs.

Are services well-led?

Outstanding ☆

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

- The practice had a highly motivated, cohesive and experienced staff team who were accountable for delivering change and driving continuous improvements.
- All staff we spoke with said they enjoyed their work and being part of a friendly, supportive team. They felt valued, respected, and well supported. There were high levels of staff satisfaction and engagement. All staff were engaged in the running of the practice.
- Staff told us the senior staff were approachable and took the time to listen to them.
- There was an open culture within the practice and staff had the opportunity to raise any issues and felt confident and supported in doing so. This was evident by the response to incidents, significant events and complaints we reviewed.

  The provider was aware of and had systems 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 practice encouraged a culture of openness and honesty.The practice gave affected people reasonable support, trueful information and an apology.

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

The practice actively encouraged and valued feedback from patients and staff and engaged them in the delivery of the service.

- Feedback from patients was obtained through the patient participation group (PPG), NHS Choices website, surveys, NHS Friends and Family test, complaints and compliments received.
- Patients were sent an automated text following an appointment inviting them to complete the NHS Family and Friends test. The results dated July 2016 to July 2017 showed that 87% of people would recommend the practice to friends and family. The practice completed a weekly summary report of negative or constructive feedback received, which was shared with the staff team. Staff members also received specific feedback relating to them.
- We saw that the practice had completed an action plan in response to their 2016 to 2017 patient survey. The practice had also completed a relevant action plan in response to all other feedback they had received from patients in the last 12 months. The survey results and action plans were available on the provider's website and at the practice.
- Whilst the practice had a small engaged patient participation group, it had struggled to recruit additional members as people were reluctant to join the group. The practice recognised that the PPG did not re-present its diverse population groups, and was looking at alternative ways of obtaining feedback from patients using new technology.
- We spoke with a member of the PPG. They told us the small group felt supported to represent the views of patients to improve the service. The PPG had influenced developments at the practice including the introduction of the electronic check in facility. They were also involved in discussions about further developing the nurse led service, including the introduction of the daily drop in clinic.
- Staff were engaged in the running of the practice, and were encouraged to identify opportunities to improve the service. They told us they would not hesitate to give feedback and discuss any concerns or issues with senior managers.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients. For example, the practice was a site for piloting 'MAGPIE', a new partnership information sharing approach where there may be safeguarding concerns relating to vulnerable children.
- There was a proactive approach to seeking out and embedding new ways of providing care and services. For example, the practice was part of a national project designed to bring clinical pharmacists into the general practice workforce. The practice had employed two clinical pharmacists; one of whom was part of this

project. The input of the clinical pharmacists was helping to improve health outcomes for patients and reduce GP workload pressures, to enable them to focus their skills where they are most needed.

- The continuing development of the workforce and ensuring the right clinical skill mix was recognised as integral to ensuring high quality care. The nursing team had received specific training and been upskilled to undertake additional responsibilities to meet patients' needs, which had freed up more time for GPs to spend with patients with complex needs. This included the management of patients with long-term conditions, nurse led triage and clinics for minor illnesses.
- The skill mix and numbers of staff had significantly increased to support the above changes, and was helping to improve health outcomes for patients. The nursing team included two advanced nurse practitioners, nine practice nurses including a lead nurse and two mental health nurses (at our previous inspection the team included five practice nurses, including a lead nurse and two mental health nurses).
- The practice provided minor surgery and had adopted an alternative approach to GPs providing this. One of the advanced nurse practitioners with relevant experience and skills had received further training to enable them to undertake all minor surgery.
- In response to difficulties in recruiting GPs the practice was part of a local GP fellowship programme, involving doctors who had recently completed their general practice training. The practice had appointed two fellowship GPs who work two days a week in the practice, and their remaining time on a project and studying for a qualification to enhance their career development. The GPs at the practice provided clinical support to the fellowship GPs.
- Staff were actively supported to continually obtain further skills and qualifications to support learning and innovation, and the delivery of high-quality care. For example, five nurses were non-medical prescribers, which enabled them to prescribe medicines for clinical conditions within their expertise. The practice had supported and funded two of the nurses to obtain this qualification, and was funding a further nurse to attain this. The development of non- medical nurse prescribers had allowed for more holistic nurse-led patient care.
- All staff we spoke with praised the level of training, support and professional development they received.
- The practice enabled one of their clinical pharmacists to work on a flexible basis, allowing them to continue their role as a consultant at the University of Nottingham. The practice was also supporting the pharmacist to complete a 2-year clinical pharmacy diploma, which included an independent prescribing module.