Orchard Surgery

Quality Report

The Dragwell
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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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

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

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and near misses, and we saw evidence that learning was applied.
- The practice used proactive methods to improve patient outcomes. For example, education courses for patients with long term conditions such as diabetes and working with the local diabetes specialist nurse to improve the wellbeing of patients.
- There was easy access to appointments for patients with a range of appointments available including telephone consultations. The patient satisfaction with access was above average.
- Feedback from patients about their care was consistently positive. Data from the GP survey was consistently high and this included confidence in care provided by GPs and nurses.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team which included social services and Age UK, to deliver effective and responsive care to keep vulnerable patients safe. GPs were able to make direct referrals to these services and patients were made aware of the involvement of the services in discussing their care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).
- The practice actively reviewed complaints to see if there were any recurrent themes, and identified issues where learning could be applied to improve patient experiences in the future.
- The practice actively planned their care services to meet the needs of their student population by meeting with student coordinators before the start of

Summary of findings

the academic year to discuss the number of students expected to enrol at the nearby university campus, and offering student clinics on Wednesday afternoons to coincide with the students' free period.

- The practice had a clear vision which had quality and safety as its top priority. The education ethos of the practice was clear in how they supported all staff development, their training of doctors and leading in workforce development in their local Clinical Commissioning Group (CCG).
- The practice had strong and visible clinical and managerial leadership and governance arrangements, and staff told us that they were well-supported and felt valued by the partners.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an open culture in which all safety concerns reported by staff were dealt with effectively, and a system was in place for reporting and recording significant events.
- Significant events were investigated and lessons were shared at team meetings to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were designated leads in areas such as safeguarding children, dispensing of medicines and infection control with training provided to support their roles.
- Risks to patients were recognised by all staff and were well managed. The practice had systems in place to deal with emergencies, and arrangements for managing medicines at the main practice and the dispensing branch surgery were robust.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that the practice was performing consistently in line with local practices on QOF . Patient outcomes for indicators such as heart failure and mental health were above the local CCG averages.
- The practice used highly developed templates on their clinical system with relevant information linked within them to facilitate effective management of patients' conditions. There were multiple checks when a high risk medicine was being issued to ensure appropriate monitoring and recalls were in place. Templates were designed in a manner that was easy to follow and suited to training doctors for the avoidance of errors.
- Clinical audits demonstrated quality improvement and were driven by national guidance such as medicines alerts, and incidents within the practice. The practice had undertaken nine audits in the last year, three of which were two cycle audits,

Summary of findings

with more planned to be repeated this year. The dispensary staff undertook medicine audits and assisted patients in understanding how to take their medicines to improve compliance and achieve better health outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. Staff were supported in their training needs at all levels and given time off for their training, some of which was funded by the practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Formal multidisciplinary meetings were held monthly to discuss patients at high risk of admission to hospital, and informally more regularly due to the close proximity of the community staff who were based in the same building. The team was extended to include social care and Age UK representatives to ensure patients' social needs were met.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice marginally higher than others for several aspects of care. For example, 85% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 83% and national average of 82%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This aligned with feedback from completed comment cards.
- There were two carers champions in the practice who encouraged carers to identify themselves and offer support through signposting to Carer's Federation. There were regular carers events hosted in the practice.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Staff occasionally assisted patients by driving them to clinics not offered within the practice.
- Views of external stakeholders were strongly positive and aligned with our findings.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment which were 12.5 minutes long, with urgent appointments available the same day. Telephone appointments were available to fit patient schedules. Extended opening hours were offered on alternate Saturdays with 15 minute GP appointments. Patient survey results indicated 95% of patients said the last GP they saw was good at giving them enough time, compared to the CCG average of 90% and national average of 87%.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included facilities for baby changing, breastfeeding and the practice was fully accessible for wheelchair users.
- The practice offered a range of services within its premises such as the counselling service, physiotherapy and midwife clinic. Patients were encouraged to self-refer to the counselling service.
- Flu clinics were offered on Saturdays to facilitate access for working patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Services were tailored to meet the needs of the various population groups seen by the practice. A nurse clinic for students was offered on Wednesday afternoons to coincide with the free period for students at the nearby university campus. Practice supplied data indicated approximately 77% of appointments offered were taken up.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a well engaged patient participation group (PPG) which influenced practice development. The PPG met bi-monthly and made suggestions for improvements to the practice.
- The practice was committed to education and led on workforce development within its local collaborative group.
- The GPs had roles in a number of local health groups and organisations where they were able to influence decisions on health care affecting their patients.

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

Good

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

- The practice had 17.8% of their patients aged over 65, slightly lower than the CCG average of 20.4% but in line with the national average of 17.1%. They offered proactive, personalised care to meet the needs of the older people in their population by offering home visits, same day telephone appointments and urgent appointments for those with enhanced needs. Phlebotomy home visits were offered where required. Longer appointments were available and offered if needed.
- Referrals were made to the community geriatrician service where appropriate, who provided holistic care and assessment to meet the needs of older people.
- The GPs worked effectively with multi-disciplinary teams on the care of patients with complex co-morbidities and frailty through the unplanned admissions register. Regular meetings were held with community teams to review patients on this register, including those receiving palliative care and on the district nursing case load to ensure patients were receiving coordinated care and their needs were met promptly. The practice engaged in an ongoing pilot scheme which included attendance of a social care representative and an Age UK outreach worker at the multi-disciplinary meetings to provide a holistic approach in the support given to patients.
- All over 75s had a named GP to facilitate continuity of care.
- Practice supplied data showed 2418 patients were given flu vaccinations, and 74% of these patients were aged 65 and over. Shingles vaccination clinics were provided to patients over 70 years old.
- The practice had good access for wheelchairs and height adjustable couches for patients who needed them. They had been awarded a five star rating by the Disabled Go website following modernisation of their reception area.

People with long term conditions

Good

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

Summary of findings

- The practice had a recall system for patients with long term conditions, audited on a monthly basis to identify patients who were due for a review. There were high rates of reviews and attendance as well as extensive use of evidence based clinical templates, leading to high QOF achievement.
- QOF achievement on indicators for atrial fibrillation (an irregular heart rate) and chronic obstructive pulmonary disease were broadly in line with national averages. The practice achieved 100% on atrial fibrillation, compared to a CCG average of 99.5% and national average of 98.5%. The exception reporting rate was 11.9%, below the CCG average of 15.1% and in line with the national average of 11% They were proactive in carrying out routine checks at reviews, resulting in high identification and treatment of atrial fibrillation.
- All clinical staff had lead roles in specific disease areas and patients at risk of hospital admission were identified as a priority. Nursing staff were supported in undertaking additional training in rheumatology, diabetes and asthma to enhance their knowledge and skills in managing long term conditions.
- There was evidence of coordinated care with multi-disciplinary teams between the nursing staff and community matrons, diabetic specialist nurses and heart failure nurses to improve the outcomes for the patients.
- There were a large number of leaflets providing education and self-care advice and patients were directed to online resources. The practice actively encouraged patient education sessions for patients with conditions such as diabetes. A specialist diabetes nurse visited the practice monthly to review complex patients and provide support to the nursing staff with insulin initiation. The practice promoted self-referral to services such as podiatry, physiotherapy and psychological therapies, whose clinics were offered in the practice premises.

Families, children and young people

Good

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

- The practice worked closely with midwives, health visitors and family nurses attached to the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances or any children on a child protection plan at their clinical meetings.

Summary of findings

- There were weekly baby clinics and drop in sessions for mothers and babies. The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed privately.
- Immunisation rates were broadly in line with the CCG averages for standard childhood immunisations. Vaccination rates for children under two years old ranged from 93.4% to 96.7% compared against a CCG average ranging from 96.7% to 97.2%. Vaccination rates for five year olds ranged from 84.1% to 98.4%, compared to the CCG average of 94.2% to 98.6%.The practice team worked closely with the health visitors to follow up non-attenders for routine immunisations.
- The practice offered flexible appointments, with longer appointments available if needed. Appointments were available outside of school hours with urgent appointments available on the day for children and babies. The practice computer systems were integrated with the health visiting and school nursing services to facilitate communication with ease.
- There was a full range of family planning services offered including fitting of intra-uterine devices (coil) and contraceptive implant fitting. Family planning clinics were offered on Tuesday mornings and afternoons, and they were also available on some Saturday mornings.
- The PPG had recently recruited a new mother to provide diverse representation on practice issues.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments to fit around patient schedules.
- Flu clinics were offered on Saturdays for the convenience of working patients. Extended opening hours appointments were offered on alternate Saturdays from 8am to 11am with two GPs and a nurse available.
- The practice was proactive in offering online services such as online prescription requests, appointments, and accessing medical records. Appointments could be booked up to eight weeks in advance.

Summary of findings

- Mobile phone text reminders were used for appointments, including the option to cancel an appointment via text.
- There was a full range of health promotion and screening information in the practice that reflected the needs for this population group. Services offered from the premises included phlebotomy, sexual health, minor surgery provided by the practice in-house, physiotherapy, diabetes education, and counselling provided by commissioned services.
- The practice's uptake for cervical screening for eligible patients was 88.8%, which was in line with the CCG average of 88% and higher than the national average of 81.8%. Breast and bowel cancer screening data was broadly in line with CCG and national averages.
- The PPG had a virtual group to allow working patients to participate, and had recently recruited a student and a new mother to join the group in order to obtain more diverse views on the services provided by the practice.
- The practice met with the university student coordinator prior to the start of the academic year to plan the number of students expected, and held a talk during the induction week advising students on health promotion and how to access the practice. At the same time, they registered students, updated their vaccination records and booked follow up appointments for those identified as in need of further care.
- There was a dedicated page for students on the practice website with information for both local and international students, including a guide to NHS treatment, travel vaccines, cervical smear screening and health checks.
- A nurse clinic for students was offered on Wednesday afternoon to coincide with the free period students have on Wednesday afternoons. There was an active recall system for contraceptive services such as depo provera injections, particularly for students as they were more likely to require reminders due to their active lifestyles. The practice monitored its teenage pregnancy rate and observed low rates from 2014 to 2016 with nine pregnancies recorded for that period.
- The practice provided meningitis vaccinations for students going to university for the first time up to 25 years old.
- Patients were encouraged to self-refer to local counselling services that held a clinic in the practice on Wednesday mornings. Counselling services were available for students at the Sutton Bonington campus and referrals to this service were monitored.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. One of the nurses had a lead role in carrying out annual reviews for patients with learning disabilities and tailored the reviews to meet the needs of the patients by offering longer appointments.
- Practice supplied data indicated there were 17 patients on their learning disabilities register, and 13 had been reviewed in a face to face appointment in 2015/16.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Formal multidisciplinary meetings were held monthly to discuss patients at high risk of admission to hospital to ensure their needs were met promptly. There was a dedicated telephone line for health professionals to speak to hospital staff and paramedics for vulnerable patients at risk of admission.
- The practice actively promoted the identification of carers to ensure they were given appropriate support for their health and wellbeing. There were carers information packs available and regular carers events held at the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. They had all received training to ensure they were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff told us they were aware of how to access interpreting and text talk services for deaf or deafened patients and an interpreter could be arranged for those who could not speak in English through Language Line. A hearing loop was available in the practice.

People experiencing poor mental health (including people with dementia)

Good

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

- 96.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG and national averages of 88.5%.

Summary of findings

- Practice supplied data indicated 89.2% of patients with severe mental illness had their care reviewed in a face to face meeting in 2015/16. Longer appointments were available and offered if needed.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, for example community mental health support services and crisis support.
- Following a significant event in relation to mental capacity, the practice held in-house training on mental capacity to ensure staff were aware of what to do if they recognised patients experiencing cognitive decline.
- There were 14 patients registered with the practice who were resident in a local mental health unit specialising in patients with a diagnosis of Huntingdon's disease. The practice provided general medical support by conducting weekly ward rounds to review patients by a named GP, and participating in regular multi-disciplinary meetings with healthcare staff at the unit in care planning. Feedback from the unit was positive about the care given to patients and the GP's knowledge of all patients' needs.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016.Survey forms were distributed to 268 people and 122 were returned. This represented a response rate of 46% of those invited to participate in the survey.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 92% and national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 completed comment cards which were all positive about the care and attention received from the whole practice team at both Gotham and Kegworth practice sites. We spoke to five patients including members of the PPG. There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness, by the whole practice team. Staff were described as approachable, helpful and caring.

The results of the practice Friends and Family test taken in May 2016 were positive with 82% of respondents saying they would recommend the practice to their friends and family.

Orchard Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser, two members of the CQC medicines team, and an Expert by Experience.

Background to Orchard Surgery

Orchard Surgery provides medical care through a general medical services (GMS) contract commissioned by NHS England and Rushcliffe Clinical Commissioning Group (CCG). The practice is located in the centre of Kegworth village since 1835. It has a list size of approximately 8300, 9% of which are students due to the close proximity to the Sutton Bonington campus of the University of Nottingham. It is a semi-rural practice covering 19 villages, and in a less deprived area in comparison to national deprivation levels. It has a diverse population with 17% aged 18 and under and 17.8% aged over 65 years old.

The practice has a branch surgery located in Gotham, six miles from the Kegworth main site at Village Hall Surgery, Nottingham Road, Gotham, NG11 0HE. Approximately a third of its patients are seen at the branch surgery and medicines are dispensed at this site for eligible patients. The two practice sites incorporate areas across the counties of Nottinghamshire, Leicestershire and Derbyshire. We visited the practice's branch surgery as part of the inspection to review the dispensary procedures.

The practice team comprises four GP partners, two salaried GPs, a GP Retainer, four practice nurses, two healthcare assistants/phlebotomists, a business manager, a practice manager, two deputy managers, a senior dispenser and the administrative/reception team. There are two female GPs and four male GPs. It is a teaching and training practice for medical students and doctors training to become GPs.

The practice in Kegworth is open between 8am and 6.30pm on Monday, Tuesday, Thursday and Friday, and 8am to 5pm on Wednesday. Appointment times vary throughout the day to meet demand, with the earliest appointment starting at 9am (8.30am on Wednesdays) and the latest appointment offered at 6pm daily. They are the only practice in the Rushcliffe area that offer extended hours appointments on alternate Saturdays from 8am to 11am with two GPs and a nurse available.

The practice in Gotham is open from 8.30am to 6.30pm on Monday to Friday. It is closed between from 1pm to 3.30pm daily with an emergency appointments telephone line is available during these times, and also closed on Thursday afternoons. Medicines dispensed at Gotham can be collected from 8.30am daily.

When the surgery is closed, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice had an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there were recording forms available on the practice computer shared drive. There was a comprehensive incident management procedure in place.
- The practice adopted a blame free culture once a significant event had been reported and supported staff through an investigation into the event. All significant events were discussed at monthly meetings, and reviewed annually to identify any trends and changes needed. Staff told us they felt comfortable with raising concerns at any time. Minutes were recorded and shared with the practice team.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, when incorrect patient notes were sent out following a request from solicitors, an apology was made to the patient involved. The practice carried out an investigation and found the problem arose due to their arrangement of work trays. The incident was discussed with the administration team and new arrangements and labels for work trays were introduced to avoid recurrence.
- Learning from significant events was shared with the CCG where appropriate to prevent recurrence in other practice and influence changes across the local health community. The practice carried out a thorough analysis of significant events. Lessons learned were shared through discussion at routine meetings and training sessions.
- We saw evidence that the practice had reviewed actions from dispensary past significant events, near-miss errors and complaints. Information was shared and appropriate learning had taken place. Reviews of incidents and complaints had led to changes in practice processes to benefit patients.

Overview of safety systems and processes

The practice demonstrated they had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children.
- A notice in the waiting room advised patients that chaperones were available if required. Notices were also available in each clinical room. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate body and the appropriate checks through the Disclosure and Barring Service.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescriptions were logged and stored securely on receipt into the practice, but prescriptions for use in printers were not tracked through the practice

in accordance with national guidance. However, we saw evidence of this having been addressed during our visit. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- Nurses administered vaccines in pairs during busy childhood immunisation clinics to ensure patient safety in checking vaccines and recording patient records.
- The practice had a system in place for acting on information received from the Medicines and Healthcare Regulatory Agency (MHRA). There was evidence of how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe. There were clinical audits undertaken following receipt of alerts.
- We visited the dispensary at Gotham and found there were appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed, signed by all staff using them and accurately reflected current practice. Medicines in the dispensary were stored securely and were only accessible to authorised staff. Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs (CDs) were stored in a controlled drugs cupboard and access to them was restricted with keys being held securely. We saw evidence of regular stock level checks for CDs. There were arrangements in place for the destruction of controlled drugs. Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure.

Monitoring risks to patients

Risks to patients and staff were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- The dispensary staff were able to offer monitored dose systems for patients who struggled to take their medicines and we saw that the process for packing and checking these was robust. Staff knew how to identify medicines that were not suitable for these packs and offered alternative adjustments to dispensing where possible.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books were available.
- Emergency medicines including intravenous fluids were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- One of the GPs was a member of East Midlands Immediate Care Scheme (EMICS), a voluntary organisation of doctors from both general practice and hospital based specialties, who responded to

Good

Are services safe?

pre-hospital medical emergencies and trauma at the request of, and in support of, staff from the East Midlands Ambulance Service. This GP used their expertise to train all practice staff in basic life support annually.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice staff demonstrated that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the local Clinical Commissioning Group (CCG) and National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date through clinical meetings and emails circulated by the practice manager. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence of regular meetings with the nursing team where new guidelines were discussed at the meetings.

GPs and nurses had specific areas of expertise, such as minor surgery, sexual health and paediatrics, which were utilised to ensure new evidence based techniques and treatments were used to support the delivery of high quality care and acted as a resource to their colleagues.

There was evidence of effective use of the clinical computer system to facilitate effective working and evidence based practice. The practice adapted their clinical system to create integrated patient templates which linked patient conditions to ensure clinicians were prompted to carry out all relevant checks. For example, when a GP entered information relating to a condition which requires an intimate examination, they were immediately reminded to obtain consent and offer a chaperone. There were multiple checks when a high risk medicine was being issued to ensure appropriate monitoring and recalls were in place. The templates contained embedded links to clinical guidelines, important contacts such as local safeguarding teams for Nottinghamshire and Leicestershire and referral forms used in the CCG.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed that the practice had achieved 99.8%. This was higher than the CCG average of 98.2% and the national average of 94.8%. Their exception reporting rate was 8.6% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). This was comparable to the CCG average of 8.3% and national average of 9.2%. A review of the exception reporting data in relation to specific patients showed this was appropriate and that the patient had been appropriately managed. The practice attributed their success to their proactive recall system for people with long term conditions and effective use of evidence and guideline based in-house clinical templates.

Performance in the majority areas was above local averages, and in line with national averages. Data from 2014/15 showed:

- Performance for diabetes related indicators was 100%, which was above the CCG average of 95.2% and the national average of 89.2%. The exception reporting rate for diabetes indicators was 11.1%, which was in line with the CCG average of 10.8% and the national average of 10.8%.
- Performance for mental health related indicators was 100%, above the CCG average of 98.1% and the national average of 92.8%. The exception reporting rate was 8.3%, which was slightly lower than the CCG average of 10.1% and the national average of 11.1%.
- Performance for hypertension related indicators was 100%, in line with the CCG average of 99.7% and national average of 94.5%. The exception reporting rate was 4.7%, in line with the CCG average of 3.3% and the national average of 3.8%.

  Clinical audits were undertaken within the practice. A log was kept showing numerous audits in varied areas which had been undertaken.
- There had been nine clinical audits undertaken in the last year. Three of these were completed audits where the improvements made were implemented and monitored. For example, an audit was carried out in 2015 to review the quality of the contraceptive implants and coil fitting service offered by the practice. The audit was repeated a year later and results showed there were

Good

Are services effective?

(for example, treatment is effective)

consistently low complications resulting from the procedures. A significant event was recorded following the audit to remind staff to check chlamydia test results before inserting implants and coils.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. We saw evidence of several audits related to the dispensary as well as a patient satisfaction survey for this aspect of their service. Audit information included actions taken for specific patients and the senior dispenser told us she planned to rerun two of the audits to ensure changes to practice had been maintained.
- Dispensary staff undertook medicine use reviews with patients and an example was given where this review has improved a patient's concordance with their therapy by counselling them on how to take their medicine regularly.
- The practice participated in local audits, national benchmarking, accreditation and peer reviews. There was evidence of regular engagement with the CCG on medicines management and involvement in peer reviews.

Staff were proactive in supporting people to live healthier lives, with a focus on early identification and prevention and treatment within primary care. The practice regularly assessed their performance in areas such as admissions and referrals. For example, between March 2015 and May 2016:

- Outpatient referrals made by the GPs were just below the Rushcliffe CCG average at fewer than 200 referrals per 1000 referrals.
- An average of approximately 70 patients per 1000 emergency admissions came from the practice, compared to a CCG average of approximately 60 patients per 1000. The practice data on admissions was affected by its cross border location, being in close distance to a walk in centre in Leicestershire which made the overall data appear higher compared to other practices in their CCG.

Effective staffing

We saw staff had a range of skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff including locum doctors. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, protected learning time, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly. Staff had annual appraisals and dispensary staff told us that the practice supported their professional development. One dispenser had been supported to train and register as a pharmacy technician whilst in post. The surgery had a nominated lead GP for the dispensary and staff told us he was an active presence in the dispensary and demonstrated a thorough knowledge of dispensary processes.

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 system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring

patients to other services. The practice made use of the close location proximity with the community teams by making referrals promptly and discussing them in person.

- The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The GP out of hours service used the same clinical system as the practice therefore sharing patient information occurred seamlessly.
- GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt and patients were informed in a timely manner if the initiating GP was away from the practice.
- Staff told us they worked collaboratively and were supported by the community care coordinator, district nursing team and community matrons and met monthly to coordinate care. We saw evidence of collaborative working with the district nurses and community matrons, particularly for palliative patients using the Gold Standard Framework (GSF), Nottinghamshire Electronic Palliative Care Co-ordination Systems (ePaCCs) register and Special Patient Notes to ensure effective communication between agencies including the Ambulance Service and out of hours GP service.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence of meetings with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex 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. Staff told a mental capacity assessment template had been developed following a significant event, and there were plans to arrange training for all staff.

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 the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We saw evidence of completed consent forms for minor surgery procedures.

Supporting patients to live healthier lives

Staff were proactive in identifying patients who may be in need of extra support to live healthier lives and promote their health and wellbeing. For example:

- Referrals were made routinely to numerous organisations who provide health and wellbeing support such as British Heart Foundation, Fit for Life and Eating Well. Patients were encouraged to make direct contact with the organisations where possible.
- The practice offered NHS health checks and alcohol screening to encourage healthy lifestyles and early detection of any potential long term conditions. In addition to this, the practice offered a range of services such as smoking cessation, family planning, asthma clinics and child health surveillance.

The practice's uptake for the cervical screening programme was 88.8%, which was in line with the CCG average of 88% and higher than the national average of 81.8%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, the proportion of patients who were screened for breast cancer in the previous 36 months was 75.3%, compared with a CCG average of 81.5% and a national average of 72.2%. The proportion of patients who were screened for bowel cancer in the previous 30 months was 66.6%, compared with a CCG average of 67.9% and a national average of 58.3%. Practice supplied data indicated 882 patients had been identified as smokers and of these 98% had been offered support to stop smoking.

Good

Are services effective?

(for example, treatment is effective)

Vaccination rates for children under two years old ranged from 93.4% to 96.7% compared against a CCG average ranging from 96.7% to 97.2%. Vaccination rates for five year olds ranged from 84.1% to 98.4%, compared to the CCG average of 94.2% to 98.6%. The practice attributed their success to their active recall system and easy access to appointments.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 15 completed comment cards, all of which were entirely positive about the care and attention received from the whole practice team. There was a common theme around patients being listened to and given enough time during appointments. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Feedback from patients who used the service, carers and community teams was continually positive about the way staff treated people. Examples included:

- All GPs attended multi-disciplinary meetings to discuss patients at risk of admission, and demonstrated extensive knowledge of their individual patients.
- The reception staff greeted patients by name and were always polite and friendly.
- GPs were described as approachable, respectful and very caring when treating patients in a local care home.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores were broadly above national averages for most questions. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 88% and national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. Patients felt referrals were made appropriately and they were educated in the management of their long term conditions. We also saw that care plans were personalised.

Patients were encouraged to make a health check appointment with the nurse upon registration. This involved an examination and routine checks to ensure their health records were up to date and any ongoing health concerns were not lost to follow up.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.

Good

Are services caring?

- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia and mental health. Information about local support groups for carers, return to work referral service, smoking cessation and physiotherapy service was displayed. There were two members of staff appointed as Carers Champions who met with representatives from Carers Federation monthly and organised events for carers support in collaboration with the PPG.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 169 patients as carers (2% of the practice list). They were offered information about support groups at registration and routinely offered annual health checks and flu vaccinations. There were posters in the waiting room providing contact details for carers support groups and carers' packs were distinguished for Leicestershire and Nottinghamshire patients.

Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone. Staff kept a record of recent deaths and coded bereavement on the relatives' records to ensure they were offered support if they presented at the practice. A bereavement support group was due to start meeting within the practice every month to provide informal bereavement support to patients.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

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

- The practice offered 12.5 minute routine appointments, instead of the usual 10 minute appointments offered by most practices. There was a range of appointments which included telephone appointments, same day urgent and pre-bookable appointments. Routine appointments could be booked up to eight weeks in advance. Appointments could be booked and cancelled online. Patients were able to view their medical records and request repeat prescriptions online.
- Extended hours appointments were available on alternate Saturdays from 8am to 11am, with two GPs and a nurse available. GPs offered 15 minute appointments to give more time to patients who may have complex needs. Flu clinics were offered on Saturdays from 8am to 12 noon to facilitate access for working patients.
- There were longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- Services offered from the premises included phlebotomy, sexual health, dermatoscopy and minor surgery provided by the practice in-house, and ultrasound, physiotherapy, diabetes education, and counselling provided by commissioned services. Patients were encouraged to self-refer to some of the services that did not require them to see a GP first.
- The practice provided pre-diabetic screening services. Patients considered to have pre-diabetic conditions were referred to local education courses in diabetes through local dieticians to manage their conditions. They were reviewed annually and the practice reported they had observed lifestyle and dietary changes which improved patient outcomes.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those with medical problems that required same day consultation with an on call doctor. Drop in baby clinics were also offered on Tuesday afternoons.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice prepared different carer's information packs for Leicestershire and Nottinghamshire to ensure patients were signposted to support organisations nearest to them.
- An informal bereavement support group meeting was due to commence in July 2016, to be held every month in the practice, following a suggestion from a patient to ensure patients who have been recently bereaved are able to obtain support nearer to home.
- Staff told us they were aware of how to access interpreting and text talk services for their patients with hearing impairment and an interpreter could be arranged for those who could not speak in English through Language Line. A hearing loop was available in the practice. There were disabled facilities within the practice.
- A non-obstetric ultrasound scan service was planned to commence in July 2016 within the surgery, giving patients an option to attend the practice instead of travelling to hospital for ultrasound scans.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointment times started at 8.30am and the latest appointment was offered at 6pm daily. In addition to pre-bookable appointments that could be booked up eight weeks in advance for the GPs, urgent appointments were available for people who needed them. Patients could access appointments online, cancel appointments online and request repeat prescriptions online.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was largely in line with local and national averages.

- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 92% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 92% and the national average of 85%.
- 64% of patients were satisfied with the practice's opening hours, lower than the CCG average of 77% and the national average of 76%. However, feedback from patients we spoke with indicated they were able to get appointments when they needed them, and they were happy with the telephone appointments offered.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area.

We looked at 19 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Actions were taken as a result to improve the quality of care. Apologies were given to people making complaints where appropriate. Complaints were discussed at meetings and reviewed every six months at business meetings so that any learning is shared and changes to policies and procedures are implemented as a practice team. For example, when a patient complained they had to wait too long at dispensary at 8.30am in the morning, procedures were changed to avoid this happening in the future.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Three of the GPs had been with the practice for over 20 years and one of the nurses had been with the practice for over 10 years, which promoted stability of the team. There was evidence of succession planning to maintain this stability for the foreseeable future.

- The practice had a mission statement centred on providing high quality services to all patients.
- The practice website and a printed practice newsletter were used to keep patients informed of any changes within the practice, including changes to the practice strategy. One of the GPs had a blog on the practice website used to communicate his views on current issues affecting the health economy.

Governance arrangements

The practice had an effective governance framework which supported the delivery of the strategy and good quality care. The governance framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All staff had clear responsibilities in both clinical and non-clinical areas. Clinical leads were appointed for management of long term conditions.
- There was an appointed Caldicott Guardian within the practice responsible for protecting the confidentiality of patients and enabling appropriate information-sharing.
- GP and nursing staff held clinical meetings on a regular basis and had supervision to support them in their roles.
- Practice specific policies were implemented and were available to all staff on a computer shared drive. We saw there were various meetings held between the different staff groups in addition to the whole practice meetings where policies and changes were discussed.
- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement, access to appointments and patient satisfaction.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had undertaken over nine clinical audits in the last year. Topics of audits were relevant to the care being provided by the practice and were used to drive improvement for the practice.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions. The extensive integration of templates on the clinical computer system ensured all clinicians, and particularly training doctors, had all relevant information sources readily and they did not miss any important checks on patients.

Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. These skills were used in providing care to patients within the practice. For example, one of the GPs used his skills and experience in emergency care to train all staff on basic life support procedures.

There was active engagement with the CCG. For example, the practice collaborated with CCG on a unified clinical system based on the IT work carried out in the practice to share best practice in their locality. Regular communications were made between neighbouring CCGs and the practice on how to improve cross border working due the practice location because their patients used services across Nottinghamshire, Leicestershire and Derbyshire.

Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff. They celebrated staff milestones and anniversaries as a team.

The partners encouraged a culture of openness and honesty. Constructive challenges from patients, carers and staff were encouraged and complaints were acted on effectively. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Are services well-led?

Good

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

- The practice reviewed all complaints for emerging themes so that lessons could be learned to avoid recurrence.

There was a clear leadership structure in place and staff felt supported by management.

- The managers looked at staffing issues and actively provided cover from within the practice during leave of absence, reducing the need for employing additional locum doctors. Staff were trained for multiple roles to build resilience within the team. Staff complement was stable and the practice did not face difficulties in recruiting to cover vacancies.
- Staff told us the practice held regular team meetings between the staff groups and as a practice, which was evident from the minutes of meetings held. They had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. They did not feel that a hierarchical structure existed between them and the GPs. Staff told us they were supported in their training and revalidation of their professional registration.
- There was evidence of engagement with the local community. They engaged the local community in health and social events, by participating in charity fundraising events and the local cricket club. There were plans to participate in the CCG summer events on health promotion.

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

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

- The practice had gathered feedback from patients through their PPG. Approximately ten members met bi-monthly with a practice staff member in attendance including a GP. There was a virtual group of 73 members including a student, with representation from patients in Gotham and Kegworth. They set the agenda for the meetings and produced a seasonal newsletter at least four times a year. The chair represented the practice patients at the CCG active group by providing the patient perspective where changes to services were proposed. The PPG actively gathered feedback from other patients through patient surveys, and engaged them by holding health events such as Carers Day and attending flu clinics. A PPG suggestion box was available in the reception area.
- Following suggestions from a patient, the practice were hosting a bereavement support group on the first Wednesday of every month from July 2016.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt engaged to improve how the practice was run.

Continuous improvement

- The practice was successful in a bid to become a community training hub in their locality, with a focus to lead on education and future workforce development. All GP partners were qualified trainers; two of them were examiners for the Royal College of GPs and one was a programme director for the Nottingham GP training scheme. Trainees included undergraduate first, second, fourth and fifth year medical students, international students from the nearby university campus and GP registrars. In addition, the practice supported GPs returning to general practice after long periods of absence and doctors facing challenges with their training. There was evidence of effective systems in place to support training doctors through integrated clinical templates and mentorship.
- The practice promoted the GP fellowship programme placements targeted at developing future leaders in primary care, by taking on doctors who have completed the GP training scheme to carry out two years of specialist training in areas such as mental health, care of the elderly and palliative care. Patients benefited from the wide skill mix afforded by the practice, with some of the GPs joining the practice team on a permanent basis.
- There was supported mentorship training of practice nurses to support undergraduate nurse placements in general practice as part of a strategy to enhance nursing skills and capacity for the future. One of the nurses at the practice was a trained mentor, providing in-house mentorship to other nurses.

Are services well-led?

Good

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

- The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they were one of a group of practices participating in a pilot scheme which included representatives from social care and Age UK on new referral pathways to speed up assessments of patient and carer social needs.