

# Norwich Practices Health Centre and Walk in Centre

## 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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Outstanding</b>	
Are services well-led?	<b>Good</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Norwich Practices Health Centre and Walk in Centre on 4 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Norwich Practices Health Centre and Walk in Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection undertaken on 9 October 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice demonstrated improved systems to assess, monitor, and improve the quality and safety of the services provided in the carrying on of regulated activities (including the quality experience of service users in receiving those services).
- The practice had improved the systems and process to ensure that staff were safely employed. Staff training was prioritised and accurate records kept.
- There were new systems and processes in place to ensure that the coding of medical records and the recall of patients ensured patients received appropriate follow ups; for example, those for long term conditions. The practice had produced a guide for any locum GPs who may work at the practice.
- Patients with learning disabilities had received health reviews in a timely manner.
- The practice had reviewed the national patient survey data published in July 2017, and this showed significant improvements from the data of July 2016.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice were able to evidence significant events were recorded and discussed at practice meetings.
- Risks to patients were assessed and well managed. Comprehensive risk registers were held and clinical and non-clinical audits were carried out.
- Information about services and how to complain was available to patients and the practice recorded verbal and written complaints.

# Summary of findings

- Patients said they found it relatively easy to make an appointment with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a walk in phlebotomy service and had on site sessions provided by the community mental health nurses.
- Practice staff felt supported by management and the GPs. The practice proactively sought feedback from staff and used the patient participation group survey for feedback from patients.
- The provider was aware of and complied with the requirements of the duty of candour.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The practice had implemented systems to pro-actively identify patients who were carers to ensure they received appropriate support.

## We saw areas of outstanding service

- The practice looked after patients in two local care homes. One nurse practitioner with a prescribing qualification and a health care assistant (HCA), both directly employed by the practice provided on site healthcare at one of these homes where 120 patients; this service was provided five days a week. These staff members were based at the care home and available throughout the day to undertake both acute and proactive health care. The nurse and HCA had undertaken the wound care of patients which would have normally been dealt with by the community nurses. Due to the more frequent and timely service, the patients wounds had healed more quickly and they had been discharged from the caseload. Data shared with us from the CCG showed a significant reduction in the community nursing team visits. The CCG also shared data with us that showed the percentage of patients with no unplanned admission or attendance at A+E for the care home was 66% compared to 51% for other care homes in Norwich. The HCA attended the weekly Forget-me-Not session at the home, this session is dedicated to those patients living with dementia in the home. We saw copies of two leaflets written and designed by the nurse practitioner which gave patients, family, friends, and carers detailed, easy to understand information on comfort care for people approaching the end of life

and for people with advance dementia approaching the end of life. A comprehensive log was kept of all the patients in the care homes to support care. This log detailed the diagnosis, review dates including date the patient was last seen by a GP, anticipated needs of the patients preferred place of care and the fragility status of the patient. This system was supported by the CCG who intended to use this model of care more widely.

- The practice had managed the local Special Allocation Scheme (SAS) patient group since October 2011. This scheme was for patients who were not able to be registered with a GP practice. Patients registered on this scheme had access to a nurse practitioner for advice Monday to Friday from 8.30am until 6.30pm and had pre booked appointments with a GP twice a week. Statistics shared with us from the chair of the SAS showed that the total number of patients on the scheme to date was 76. Of these, 11 had moved to another region and five had transferred to the provider for health services for people who are homeless. Of the remaining 60 patients, 40 (67%) had been registered at a surgery of their choice and none of these had returned to the SAS. The practice told us these positive results were achieved through continuity of care, dedicated team work, and ensuring care plans were agreed with the patient and adhered to. In some cases, the practice undertook joint working with the patient's new practice to ensure safe handover of care. We saw evidence of detailed discussions by the practice team in relation to these patients who were at significant risk and potentially could be marginalised. These included discussions in relation to those that were experiencing poor mental health, those who had recently left prison, and those were at risk of self-harming.

The areas where the provider should make improvement are:

- Continue to explore ways to encourage patients to attend appointments and engage with national screening programmes for cervical breast and bowel cancer.
- Continue to monitor the GP patient survey and feedback and respond to the results as appropriate.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. There was a comprehensive log to enable ongoing trend analysis of significant events.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, and all staff had undertaken safeguarding training.
- Risks to patients were assessed and well managed. Comprehensive risk registers were held and gave clear management oversight.
- We reviewed personnel files and found that the appropriate recruitment checks had been undertaken for all staff including locum GPs prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that the practice had achieved 96% of the total number of 2016/17 points available. This was comparable to the local and England average. The practice reported 15% exception reporting, which was comparable with the CCG and national average (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).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.

Good



# Summary of findings

- There was evidence of staff appraisals for all staff. The practice had been proactive in upskilling staff. For example, they had supported six nurses through a prescribing qualification and were supporting another two nurses at the time of inspection.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2017 showed significant improvements from data published in July 2016. The patients rated the practice generally in line with or higher than others for several aspects of care.
- Patients we spoke with on the day were very complimentary about the helpfulness of the reception staff.
- 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. We saw that staff handled difficult and emotional situations with professionalism and empathy.
- The practice proactively identify patients who were carers and had identified 1% of the practice population as carers and ensured they received appropriate support.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had a higher prevalence of people experiencing mental health than the national average. They had secured the services of a mental health nurse to work on site with their clinical team to improve the outcomes for patients.
- The practice identified that they served a population of younger people whose first language was not English and whose understanding of the health service was limited. The practice team had written a leaflet, an Introduction to UK Healthcare. This leaflet gave clear information on who made up a healthcare team and translation services available. The leaflet

Outstanding



# Summary of findings

included information on the cervical screening and baby immunisation programme. It included useful numbers including those for dentists. Local companies who employed people from outside of the UK had adopted this leaflet.

- The practice directly employed a nurse practitioner with a prescribing qualification and a health care assistant to provide healthcare to 120 patients living in a care home five days a week. These staff members were based at the care home. A comprehensive log was kept of all the patients in the care homes to support care. This log detailed the diagnosis, review dates including date the patient was last seen by a GP, anticipated needs of the patients preferred place of care and the fragility status of the patient. This system was supported by the CCG who intended to use this model of care more widely.
- The practice provided healthcare services to another care home and undertook regular visits.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered a walk in phlebotomy service, this ensured patients could have blood tests taken at a time convenient to them.
- The practice provided health care to patients living in the wider area and who had been allocated to the special allocation scheme (SAS). The SAS was for patients who were not able to be registered at their GP practice of choice. The practice demonstrated effective results and the number of patients that had return to a GP practice of their choice was 67%.
- The practice had appointments available from 8am to 8pm seven days per week and 365 days a year.
- Patients said they found it easy to get urgent appointments on the same day.
- Telephone consultations were available for patients unable to attend the surgery.
- Improvements the practice had made as a result of feedback from patients included reducing waiting times for patients attending the walk in centre. An evaluation of the improvements was undertaken in May 2017 and showed 88% of patients were satisfied with the waiting times.
- There were longer appointments available for patients with a learning disability.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

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

## Are services well-led?

The practice is rated as good for providing well-led services.

- The practice demonstrated clinical leadership to assess, monitor, and improve the quality and safety of the services provided in the carrying on of regulated activities (including the quality experience of service users in receiving those services). Practice staff we spoke with told us they had been involved in the review of the previous report and in the development of the plan to ensure improvements.
- 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 governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The GPs 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 strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered a walk in phlebotomy service, this ensured patients could have blood tests taken at a time convenient to them.
- The practice was involved in the caring of residents at two care homes. At one of these homes the practice had 120 patients registered. The practice directly employed a nurse practitioner with a prescribing qualification and a health care assistant. These staff members were based in the home. We saw evidence that the practice was proactive in managing and supporting these vulnerable patients.
- A comprehensive log was kept of all the patients in both care homes. This log detailed the diagnosis, review dates including date the patient was last seen by a GP, anticipated needs of the patients preferred place of care and the fragility status of the patient.
- Patients were collected from the waiting area by the clinicians in order to assist those that needed help.
- The practice used the services of other agencies to support elderly and frail patients.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice employed nurse specialists to improve services available for patients with specific conditions, for example diabetes and respiratory care. There were GP leads to give clinical and management oversight and to support the practice team.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general

Good



# Summary of findings

practice and reward good practice). Performance for 2015/16 diabetes related indicators was lower compared to the CCG and national average. The practice achieved 73% which was below the CCG average of 89% and the national average of 90%. Unverified data for 2016/2017 showed a significant improvement with the practice achieving 95%.

- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice employed a paediatric specialist trained nurse who dealt with all children that attended the walk in centre and was the child safeguarding lead. The practice had been accredited as a breast feeding practice.
- The practice offered school readiness checks for children aged 3.5 years old.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Condoms and chlamydia screening were available at the practice through the C-card system. The practice supplemented the funding for this and for pregnancy testing.
- Data from Public Health England showed the practice's uptake for the cervical screening programme was 89% which was higher than the CCG average and the national average of 82%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, and school nurses. Regular meetings were held with these external service providers.

Good



# Summary of findings

## 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, including 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. A smartphone application was also available for patients to make their appointments and request repeat medicines.
- Appointments were available from 8am until 8pm, seven days a week, 365 days a year.
- The practice had written a leaflet for patients whose first language was not English and whose understanding of the NHS healthcare system may be limited. Local companies had adopted this leaflet to give to their newly employed staff to assist them with registering at this or another practice.
- The practice offered a walk in phlebotomy service, this ensured patients could have blood tests taken at a time convenient to them.

## 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. The practice had 44 registered patients with a learning disability and 30 of these (68%) had received an annual review and a care plan in the past 12 months. This had increased from 7% reported at our last inspection.
- The practice offered longer appointments for patients with a learning disability.
- The practice identified that they served a population of younger people whose first language was not English and whose understanding of the health service was limited. The practice team had written a leaflet, an Introduction to UK Healthcare. This leaflet gave clear information on who made up a healthcare team and translation services available. The leaflet included information on the cervical screening and baby immunisation programme as the practice recognised previous uptake for this had been low. It included useful numbers including those for dentists.

# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were identified and signposted to local carers' groups. The practice had identified 108 (approximately 1%) patients as carers.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice registered patients who had no fixed abode and worked collaboratively with the local City Reach (a support group for homeless people) to best manage their health needs.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice managed the local Special Allocation Scheme patient group since October 2011. Patients registered on this scheme had access to a nurse practitioner for advice Monday to Friday 8.30am till 6.30pm and have booked appointments with a GP twice a week. The practice managed these patients proactively and consistently and had reduced the number of patients on this scheme.

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

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

- The practice had a higher prevalence of people experiencing mental health than the national average. They had secured the services of a mental health nurse to work on site with their clinical team to improve the outcomes for patients.
- The practice had 64 registered patients experiencing poor mental health, of which 53 had received an annual review in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had 98 registered patients with dementia, of which 94 had received an annual review in the last 12 months.
- The practice carried out advance care planning for patients with dementia.
- The practice had two members of staff who were dementia champions and ensured that patients and staff had access to information they may need to ensure patients, families and carers had access to the support they may need.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was generally performing in line with or higher than others when compared with the local and national averages. We noted that the practice performance had improved significantly from the results published in July 2016. The practice told us they had developed an action plan and implemented changes and were proud of these results they had achieved.

390 survey forms were distributed and 90 were returned. This represented a 23% response rate.

- 90% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 71%.
- 80% 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 86% and the national average of 84%.

- 85% of patients described the overall experience of this GP practice as good compared to the CCG and the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average 76% and the national average of 77%.

The practice had held team meetings to discuss these results, compared them to the previous results, and had developed an action plan. For example the nursing staff met and had a learning opportunity in relation to consultation skills.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards and all six were positive about the care they had received. We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed, and caring.

## Areas for improvement

**Action the service SHOULD take to improve**

## Outstanding practice

# Norwich Practices Health Centre and Walk in Centre

## 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 and a second CQC inspector.

## Background to Norwich Practices Health Centre and Walk in Centre

Norwich practices Health Centre and walk in Centre is situated in the city of Norwich, Norfolk.

The practice provides services for approximately 10300 patients; it holds an Alternative Provider Medical Services (APMS) contract with NHS England.

The practice operates both a health centre and walk in centre at the inspected location. Norwich practices Ltd also delivers other services to the local community, for example, a Special Allocation Service.

Approximately 42% of the practice population is aged 25-34 and approximately 8% is aged 55 and over. Approximately 26% is aged below 25. It has a considerably higher proportion of patients aged 25-24 compared to the practice average across England.

The practice has six salaried GPs, one male and five female and uses a small number of regular locum GPs. The practice is operated as a limited company governed by a board of directors, two whom are GPs, two practice managers and one is a non-executive.

There is one nurse practitioner, two practice nurses and two health care assistants, one of whom is a phlebotomist.

In the walk in centre there are two nurse practitioners and 14 practice nurses, of who seven hold a prescribing qualification and two are team leaders.

The practice also employs a practice manager, a business manager, a service manager, a lead nurse, a finance officer, an IT facilitator, and a team of receptionist and administration staff as well as a medical secretary.

The practice is open from 8am to 8pm seven days a week, 365 days a year. The walk in centre is open for anyone entitled to use NHS services, whether registered with the practice, another GP practice or not registered with the NHS at all. They also provide services to overseas visitors. Out of hours care is provided by Integrated Care 24.

During 2016-2017 the walk in centre had seen 68,103 patients.

## Why we carried out this inspection

We undertook a comprehensive inspection of Norwich Practices Health Centre and Walk in Centre on 4 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was

# Detailed findings

rated as requires improvement overall and requires improvement for providing effective, responsive, caring and well led services, and good for safe services. This inspection was carried out to ensure improvements had been made.

## 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 9 October 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, managers, reception and administration staff and we spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

# Are services safe?

## Our findings

At our previous inspection on 4 August 2016, we rated the practice as good for providing safe services. The practice is still rated as good for providing safe services.

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the management team of any incidents and there was a recording form available on the practice computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice kept a comprehensive log of all incidents reported. This enabled the practice to complete an ongoing trend analysis.
- The practice had recorded 40 events from August 2016 to July 2017 and we saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology, and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice held a log of patient safety alerts. These were actioned and followed up in a systematic way to ensure actions were taken. All staff had access to this log.

### Overview of safety systems and process

There were practice systems, processes, and practices in place to ensure patients were kept safe and safeguarded from abuse.

- Arrangements to safeguard children and vulnerable adults from abuse were in place and reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- There was a lead GP for safeguarding. Regular meetings were held, detailed minutes from meetings were available, and information was shared with the appropriate team members. Future dates were planned to ensure maximum attendance of all staff including community team members at the meetings.
- The GPs told us they provided reports when necessary for other agencies.
- Practice staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to safeguarding level two.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place.
- The chaperone policy was displayed in the clinical rooms and advised patients that chaperones were available if required. All 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Regular infection control audits had been undertaken.
- Records were kept of the immunisation status of clinical staff. There was sharps' injury policy and procedure available. Clinical waste was stored and disposed of in line with guidance.

There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to patient's safe (including obtaining, prescribing, recording, handling, storing, security, and disposal).

- The practice had systems and processes to ensure that patients taking medicines that required close

## Are services safe?

monitoring were managed safely and effectively. We reviewed the records of patients taking medicines such as Lithium, warfarin and methotrexate and noted that patients had received appropriate follow up.

- Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures.
- Blank prescription forms were handled in accordance with national guidance and were tracked through the practice and kept securely at all times. Uncollected prescriptions were well managed and clinicians were notified appropriately.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and the healthcare assistants used Patient Specific Directions.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place and premises related risk assessments were undertaken.

- The practice had up to date fire risk assessments and carried out regular fire alarm tests. There were clear directions for what to do in the event of a fire.
- 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; undertaken annually (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 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.
- A system of initial assessment was used to assess walk-in patients to ensure their safety. Reception staff asked patients what their concern was and prioritised them on the basis of their need and according to an agreed protocol. For example, children and patients suffering from conditions such as chest pain were prioritised for an appointment.

### Arrangements to deal with 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 and oxygen with adult and children's masks available. A first aid kit and accident book was also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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 the GPs and management team. On the day of the inspection the practice shared with us an action plan they were currently managing. Several staff members were unwell; the practice had taken action to mitigate the risks to other staff and patients and had reviewed the staff levels to ensure patients were still well managed.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing effective services:

- The practice did not demonstrate sufficient evidence to show that they evaluated their performance and had clinical oversight to patient exception reporting within the quality and outcome framework.

These arrangements had significantly improved when we undertook this follow up inspection on 9 October 2017. The practice is rated as good for providing effective services.

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including 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. 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

A system of initial assessment was used to assess walk-in patients to ensure their safety. Reception staff asked patients what their concern was and prioritised them on the basis of their need and according to an agreed protocol. For example, children and patients suffering from conditions such as chest pain were prioritised for an appointment. When we spoke with reception staff about questions they asked patients, they had appropriate knowledge of how to prioritise on the basis of patient need.

In 2016, the walk in centre had seen 68,103 patients, this was an increase on the number seen during 2015 (59,838) and from January 2017 to July 2017 they had seen approximately 40,000 patients. There was a key performance target (KPI) of patients being seen by a member of the clinical team within one hour from when they presented to reception. When we reviewed the most recent data 2016 to 2017 we saw that the practice had not

performed as well as the previous year (91%). The practice had recognised this and told us factors such as new and less experience staff were in post and this included the nurses that were being supported to obtain their prescribing qualification and that there were increased contacts and peaks of high demand at specific times. The practice reviewed the data, and implemented a new appointment booking systems and processes to improve the service; this included allocating 15 minute appointments to named clinicians. An evaluation of the new systems was undertaken. Feedback was gained from patients and staff with positive comments. The performance data was for the period

- April 2016 to June 2016 the practice performance was 73%.
- July 2016 to September 2016 the practice performance was 78%.
- September 2016 to December 2016 the practice performance was 81%.
- January 2017 to March 2017 was 78%.
- April 2017 to June 2017 was 78%.
- July 2017 to September 2017 was 86%.

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 results from 2016/2017 showed that the practice had achieved 96% of the total number of 2016/17 points available. This was 2% below the local average and in line with the England average:

- Performance for cancer related indicator was 100% this was 3% above the CCG and 6% above the national average. Exception reporting for this indicator was 44% this was 8% above the CCG average and 19% above the national average.
- Performance for diabetes related indicators was 74% this was 19% lower than the CCG average and 17% below the national average. Exception reporting for this indicator was mixed, six of the indicators were higher, and four were lower when compared with the CCG and national average.
- Performance for asthma related indicators was 100% this was in line with the CCG average and the national average of 97%. Exception reporting was in line with the CCG and national averages.

# Are services effective?

## (for example, treatment is effective)

- Performance for depression related indicators was 100% this was the same as the CCG average and 7% above the national average. Exception reporting for this indicator was in line with the CCG and 9% above the national average.

The practice reported 15% exception reporting, which was 3% above CCG and 5% above national average (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). This had reduced from 23% from the previous year and used in our last report. The practice had implemented systems and processes to ensure that all patients were reviewed by a clinical staff member before the reception code added to their medical records.

There was evidence that the practice had implemented a process of quality improvement including clinical audit:

- Eight audits had been completed from February 2017 to October 2017. These included audits on prescribing, unplanned admissions, and deaths of patients in care homes.
- An audit in relation to asthma treatment of children and young people was undertaken in March 2017 and again in September 2017. The practice identified from this audit that they had improved care in some areas but were still not managing asthma in children as effectively as they would like. Actions from the audit included to monitor the prescribing of salbutamol and ensure follow up of any patient who had received a course of steroids and those that had attended the out of hours service or hospital. The practice planned to re audit again March 2018.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff reviewing patients with long-term conditions had undertaken training in asthma, spirometry, COPD, diabetes and immunisation and vaccinations.

- 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- In the previous 18 months, the practice had supported six nurses to obtain their prescribing qualification and two further nurses were on an appropriate course at the time of our inspection.
- Staff received training that included safeguarding, equality and diversity, conflict resolution, infection control, health and safety, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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 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 computer system enabled staff and GPs to transmit information to other health care organisations including hospitals, out of hours service, physiotherapy, and hospices to ensure continuity of care.

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. Meetings took place with other health care professionals including district nurses, health visitors, school nurses, and care home staff on a regular basis. where care plans were routinely reviewed and updated for patients with complex needs

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

Staff sought patients' consent to care and treatment in line with legislation and guidance and were able to explain the various forms of consent and how it was obtained.

- Practice 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 the patient's capacity and, recorded the outcome of the assessment.
- Patients undergoing minor surgery gave written and verbal consent prior to the procedure.

## Supporting patients to live healthier lives

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

- Data from Public Health England showed the practice's uptake for the cervical screening programme was 89% which was higher than the CCG average and the national average of 82%. Reminders were sent to patients who did not attend for their cervical screening test. Regular audits were undertaken to ascertain how many of the original non-responders had attended for a smear test in response to the third invitation. Alerts were entered into the patients' medical records so the clinicians could discuss the reason for not attending. There were

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. Public health data indicated that the breast cancer screening rate for the past 36 months was 56% of the target population, which was below the CCG average of 76% and the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 49% of the target population, which was below the CCG average of 61% and in line with the national average of 58%. The practice recognised that these results were low and nurses and GPs were actively encouraging patients to attend the screening appointments. The practice had produced leaflets which were given or sent to patients to encourage uptake of the screening programmes.
- Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, the practice met the 90% target for immunisation rates for vaccines given to children up to the age of two years but was slightly below the 90% target, the practice performance ranged from 69% to 90% for children up to the age of five years.
- 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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing caring services as the data from the national patient survey data published July 2016 was generally low when compared with others.

These results had significantly improved when we undertook a follow up inspection on 9 October 2017. The practice is rated as good for caring services.

### 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.
- Regular visits were made to patients in care homes and the care home managers told us that medicine reviews and care plans were updated appropriately. Staff at the care homes said that communication between the home and the practice was very good and that the GPs and nurses treated the patients with dignity and respect built a rapport with them.

We received six Care Quality Commission comment cards during the inspection and all six were positive about the care and treatment they had received. Patients we spoke with on the day were complimentary about the staff in the practice, in particular to the reception staff.

Results from the national GP patient survey, published in July 2017 showed:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average and the national average of 86%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice had reviewed both the July 2016 and July 2017 results. The practice told us they were proud of the improvements they had made. They had agreed further actions which had been identified from their review of the 2017 data and included learning discussions for nurses in relation to consultation communication and to increase the use of written information for patients.

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

Results from the national GP patient survey, published in July 2017, showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were generally in line with the local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% 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 CCG average of 81% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format. The practice had written a leaflet 'Introduction to UK Healthcare' to support patients who were joining the NHS from living abroad.

## Are services caring?

- A chaperone service was offered to patients and notices were evidenced in the waiting area and in the clinical and consultation rooms.

### **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.

Information about support groups was also available on the practice website including stopping smoking, chlamydia screening, low mood, depression, stress, and self-help.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 108 patients as carers; this was approximately 1% of the practice population. The practice had a significantly lower number of older patients compared to the national average.

Staff told us that if families had suffered bereavement, their usual GP visited them or contacted them by telephone in order to give advice and how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of providing health reviews in a timely manner for patients with a learning disability and data from the national patient survey published July 2016 showed low results when compared with others.

These arrangements had significantly improved when we undertook a follow up inspection on 9 October 2017. The practice is now rated as outstanding for providing responsive services.

### 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. Regular meetings took place between the practice and the CCG which included the medicines management team.

- Telephone consultations were available for patients to book with GPs and nurses and were pre-bookable and on-the day.
- There were longer appointments available for patients with a learning disability. Appointments were booked at times convenient to the patient and their carer or family member.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice offered appointments with clinical staff who had additional paediatric skills.
- A walk in phlebotomy service was offered for patients of the practice and for patients registered with other local practices; this made it easier for patients to have blood tests taken at times convenient to them.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were facilities for disabled patients and translation services available. The practice advertised that the translation service was immediately available and this ensured that patients received a full consultation at each opportunity.
- The practice had recognised that the uptake for some national screening programmes was lower than the national averages, and that many of their patients were

new to the UK healthcare system. From further reviews the practice recognised that family members of some new UK residents did not know how to access GP services and did not know the options available to them. The practice produced a useful leaflet for patients which gave clear details of the GP team and national screening programmes including baby immunisations. This leaflet had been adopted by local companies to explain the national healthcare service.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice looked after patients in two local care homes. One nurse practitioner with a prescribing qualification and a health care assistant (HCA), both directly employed by the practice provided on site healthcare at one of these homes where 120 patients; this service was provided five days a week. These staff members were based at the care home and available throughout the day to undertake both acute and proactive health care. The nurse and HCA had undertaken the wound care of patients which would have normally been dealt with by the community nurses. Due to the more frequent and timely service, the patients wounds had healed more quickly and they had been discharged from the caseload. Data shared with us from the CCG showed a significant reduction in the community nursing team (CNT) visits from 2016 to 2017 in which time the number of CNT visits to the home were approximately halved. The CCG also shared data with us that showed the percentage of patients with no unplanned admission or attendance at A+E for the care home was 66% compared to 51% for other care homes in Norwich. The HCA attended the weekly Forget-me-Not session at the home, this session is dedicated to those patients living with dementia in the home. We saw copies of two leaflets written and designed by the nurse practitioner which gave patients, family, friends, and carers detailed, easy to understand information on comfort care for people approaching the end of life and for people with advance dementia approaching the end of life. A comprehensive log was kept of all the patients in the care homes to support care. This log detailed the diagnosis, review dates including date the patient was last seen by a GP,



# Are services responsive to people's needs?

## (for example, to feedback?)

anticipated needs of the patients preferred place of care and the fragility status of the patient. This system was supported by the CCG who intended to use this model of care more widely.

- The practice had managed the local Special Allocation Scheme (SAS) patient group since October 2011. Patients registered on this scheme had access to a nurse practitioner for advice Monday to Friday from 8.30am until 6.30pm and had pre booked appointments with a GP twice a week. Statistics shared with us from the chair of the SAS showed that the total number of patients on the scheme to date was 76. Of these, 11 had moved to another region and five had transferred to the provider for health services for people who are homeless. Of the remaining 60 patients, 40 (67%) had been registered at a surgery of their choice and none of these had returned to the SAS. The practice told us these positive results were achieved through continuity of care, dedicated team work, and ensuring care plans were agreed with the patient and adhered to. In some cases, the practice undertook joint working with the patient's new practice to ensure safe handover of care. We saw evidence of detailed discussions by the practice team in relation to these patients who were at significant risk and potentially could be marginalised. This included discussions in relation to those that were experiencing mental health problems, those who recently left prison and those were at risk or identified as self-harming.
- Weekly sessions were provided by local mental health nurses ensuring patients who required this service had easy access in a location that was familiar to them.

### Access to the service

The practice and walk in centre were open seven days a week from 8am to 8pm, 365 days a year. Out of hours care was provided by Integrated Care 24. Telephone consultations were available for patients that wished to use this service.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was higher than the local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 71%.
- 82% of patients said the last appointment they got was convenient compared to the CCG average of 74% and the national average of 73%.
- 57% of patients felt they don't normally have to wait too long to be seen compared to the CCG average of 65% and the national average of 64%.
- 63% of patients usually got to see or speak with their preferred GP compared to the CCG average of 57% and the national average of 56%.

The practice were aware of the lower performance for waiting times and had implemented an improvement plan, this included a new appointment system within the walk-in centre. People told us on the day of the inspection that they were able to get appointments when they needed them and generally with the clinician of their choice.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.
- The reception staff recorded home visits on the practice computer screen which the GPs looked at throughout the day.

### 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.

We looked at several complaints received since our last inspection in August 2017 and found that these had been dealt with in a timely way and with openness and transparency. Verbal and written complaints were recorded. Lessons were learnt from individual concerns and complaints and from analysis of trends, and actions were taken to improve the quality of care. For example, a



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

complaint was received in December 2016, in relation to a delay in treatment for a patient. The practice fully investigated, reviewed their policies, implemented change, and monitored all GPs for compliance.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 4 August 2016, we rated the practice as requires improvements for providing well-led services, as there were improvements needed to the overarching performance and governance systems and processes.

These arrangements had significantly improved when we undertook a follow up inspection on 9 October 2017. The practice is now rated as good for being well-led.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Their mission statement stated:

- Norwich Practices Ltd (Norwich Practices Health Centre and Walk in Centre) works with NHS England, Norwich CCG and our local partners to improve the health of the local community by developing and delivering first class health care services.
- The practice had a clear strategy and supporting business plans which reflected the vision and values which were regularly monitored. A board of directors, which included GPs, practice managers and a non-executive member oversaw this.

### Governance arrangements

- The practice had a comprehensive understanding of the performance of the practice. They had reviewed the data available to them. For example, data from the quality and outcomes framework including exception reporting. The practice had also reviewed two years of data from the national patient survey. Following the reviews, action plans were written and changes were made.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Information for locum GPs was available to ensure that they were aware of the policies and procedures and adhered to them.
- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.

- A range of meetings took place to ensure communication and engagement with the whole practice team.

### Leadership and culture

On the day of inspection the lead GPs in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. There was clear evidence that the practice team worked in a cohesive manner and that improvements were constantly evolving. Staff told us that all GPs at the practice were approachable, easy to talk to and always took the time to listen to all members of staff. The culture and leadership within the practice provided the opportunities to work with other stakeholders to develop and commence innovative new models of care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and each department had at least one lead member in attendance.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by all the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs and management team encouraged staff to identify opportunities to improve the service delivered by the practice.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. A meeting for the practice newly formed face to face PPG had been booked. Feedback had been received via a virtual group.
- Family and Friends survey data results showed that 95% of patients would recommend the practice.
- Staff survey. The practice undertook a staff survey in May 2017; the staff identified areas where the practice could do better and an action plan was written. This included writing a regular newsletter, providing additional training and ensuring that everyone is aware of changes in staff for example, new staff starting and staff leaving.
- Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Practice staff told us they felt involved and engaged to improve how the practice was run.

Improvements the practice had made as a result of feedback from patients included reducing waiting times for patients attending the walk in centre. An evaluation of the improvements was undertaken in May 2017 and showed 88% of patients were satisfied with the waiting times.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice constantly reviewed the skill mix within the practice to ensure safe and timely services to patients. The practice was committed to continuing their program of nurse development for example, continuing to support nurses to gain a prescribing qualification. They planned to employ a clinical pharmacist in the practice to enhance the management of medicines. They also planned to employ physicians' assistants. These physicians' assistants were undergoing a training programme to gain the skills to support GPs and nurses within primary care. The practice was part of OneNorwich, an alliance of 23 Norwich practices and worked closely with the alliance and the CCG to monitor and evaluate new models of care ensuring they met the challenges of providing high quality and appropriate healthcare in Norwich. The practice planned to continue the improvements recognised from staff survey feedback and planned to continue to develop their newsletter.