Sedbergh Medical Practice

Quality Report

Sedbergh Medical Practice
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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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

We carried out an announced comprehensive inspection of Sedbergh Medical Practice on 10 August 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate good improvements to patient care as a result of this.
- Feedback from patients about their care was consistently positive. Patients reported that they were treated with compassion, dignity and respect. Patient feedback in relation to access was higher than local clinical commissioning group and national averages.
- Patients were able to access same day appointments during daily open surgeries. Pre-bookable appointments were available within acceptable timescales.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice had proactively sought feedback from patients and had a doverse, actove and engaged patient participation group. The practice implemented suggestions for improvement and made changes to the way they delivered services in response to feedback.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved the maximum results available to them for 2014/15.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- The practice had a clear vision in which quality and safety was prioritised. The strategy to deliver this vision was regularly discussed and reviewed with staff and stakeholders.
- All GP appointments were scheduled for 15 minutes. All nurse appointments were scheduled for 30 minutes.

We saw areas of outstanding practice:

- The practice was participating in a video consultation pilot for some of their housebound and elderly patients living in more rural locations. This not only allowed patients to access timely consultations with a practice GP but also enabled more socially isolated patients to connect with other users of the system and access video games and puzzles.
- When the practice had to use a locum GP they were given a half day induction session to familiarise themselves with practice policies, procedures, systems and staff. Feedback we received from previous locum GPs was consistently positive and praised the practice for its access to appointments, patient safety systems, motivated and knowledgeable staff and robust policies and protocols.
- The practice was proactive in the development and application of care plans. Patients with a care plan were offered a 30 minute annual care plan review with a GP. The practice reported that of their patients who had died during 2015/16, 48% had an advanced care plan in place.

However, there were areas where the provider should make improvements. The provider should:

- Consider implementing an annual review of significant events and incidents and record and monitor who is responsible for carrying out action points from significant events.
- Review and improve the arrangements in place to log and monitor the movement and use of blank prescription pads
- Review out-of-date practice guidance used by the healthcare assistant when administering vaccinations under patient specific directions.

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.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were generally assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice. However, the practice did not carry out annual reviews of significant events or have a system in place to monitor the implementation of action points arising from significant events or to record who was responsible for implementation.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

The practice was clean and hygienic and good infection control arrangements were in place.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice generally kept patients safe. However, the practice guidance for patient specific directions used by the healthcare assistant when administering vaccinations had passed its review date.

Comprehensive staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Are services effective?

Good

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Summary of findings

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were better than local clinical commissioning group (CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 100% of the point's available (local CCG average 96.8% and national average 94.7%) for the period 2014/15 (the most recently published data).

Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were above or comparable with local and national averages. For example, at 87%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was above the CCG average of 83% and national average of 82%. Childhood immunisation rates for the vaccinations given to two year olds ranged from 80.6% to 100% (compared with the CCG range of 83.3% to 96%). For five year olds this ranged from 74.1% to 100% (compared to CCG range of 72.5% to 97.9%).

There was evidence of clinical audit activity and improvements made to patient care and patient outcomes as a result of this.

Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2016 were comparable with local CCG and national averages in respect of providing caring services. For example, 88% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 92% and national average 89%) and 100% said the last nurse they saw or spoke to was good at listening to them (CCG average 94% and national average was 91%).

Results also indicated that 84% of respondents felt the GP treated them with care and concern (CCG average 90% and national average of 85%). 100% of patients felt the nurses treat them with care and concern (CCG average 94% and national average 91%).

Summary of findings

The practice identified carers and ensured they were offered an annual flu vaccination and signposted to appropriate advice and support services. At the time of our inspection they had identified 63 of their patients as being a carer (approximately 1.5% of the practice patient population).

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised and identified themes arising from them.

The practice's scores in relation to access in the National GP Patient Survey were higher than local and national averages. For example, the most recent results (July 2016) showed that 99% found it easy to get through to the surgery by phone (CCG average 80%, national average 73%).

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately. The practice had become involved in a number of initiatives to improve services. These included a range of services designed specifically to meet the needs of their rural population, such as using video consultation, offering minor injury services, providing a weekly satellite clinic in a nearby village for patients with mobility and transport issues and allowing patients to collect prescriptions from a shop in the same village.

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. For example, they had ensured more staff were on duty to answer the telephone during peak periods.

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 this.

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.

Summary of findings

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice did not have a formal business plan but there was evidence of business development discussions taking place during management meetings.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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. An enthusiastic, engaged and active patient participation group was in operation

There was a strong focus on continuous learning and improvement at all levels.

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.

Nationally reported Quality and Outcomes Framework (QOF) data for 2014/15 showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 99.6% and the England average of 97.9%.

The practice had taken steps to ensure that comprehensive regularly reviewed care plans were in place for patients most at risk of avoidable admission to hospital. All patients discharged from hospital received a phone call from a GP within 48 hours of discharge.

The practice dispensed medicines to patients in more rural locations and ensured weekly dosette boxes were available for older patients and those with multiple medicines or memory issues. Patients living in more rural locations were also able to collect prescriptions from a shop in a local village and access pre bookable appointments for some conditions once per week in the village church hall.

One of the practice nurses offered weekly home visits to frail and elderly patients to carry out long term condition reviews and administer flu vaccinations.

The practice was participating in a video consultation pilot for some of their housebound patients and elderly patients living in more rural locations. This not only allowed patients to access timely consultations with a practice GP but also enabled more socially isolated patients to connect with other users of the system and access video games and puzzles.

Visiting podiatry, physiotherapy and optometry services were available at the practice on a weekly basis which meant that patients did not have to travel to hospital for these services. The practice also provided hearing aid batteries.

People with long term conditions

Outstanding

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

Summary of findings

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. Patients with multiple long term conditions were offered an annual comorbidity review. All appointments with a practice nurse were scheduled for 30 minutes.

The QOF data (2014/15) showed the practice had achieved very good outcomes in relation to most of the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 1.5% above the local CCG average and 2.6% above the national average.
- The practice had obtained 100% of the point available to them in respect of chronic obstructive pulmonary disease. This was 2.4% above the local CCG average and 4% above the national average
- The practice had obtained 100% of the points available to them in respect of hypertension (1.1% above the local CCG average and 2.2% above the national average).
- The practice had obtained 100% of the points available to them in respect of diabetes (6.4% above the local CCG average and 10.8% above the national average).

The practice ran a twice weekly INR monitoring clinic (for patients on anticoagulation medicines) and daily blood testing clinic. They also provided a near patient testing service for patients with chronic rheumatology or gastroenterology conditions.

Families, children and young people

Good

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. The practice operated an open surgery from 8.30am to 10am on a Monday to

Summary of findings

Friday which meant that patients were able to access same day appointments. Practice policy dictated that acutely unwell children were seen within an hour and any unwell child was seen the same day.

Two of the practice nurses ran a weekly baby immunisation clinic. Data available for 2014/15 showed that the practice childhood immunisation rates for the vaccinations given to two year olds ranged from 80.6% to 100% (compared with the CCG range of 83.3% to 96%). For five year olds this ranged from 74.1% to 100% (compared to CCG range of 72.5% to 97.9%)

At 87%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was higher than the CCG average of 82.5% and national average of 82%.

Pregnant women were able to access a full range of antenatal and post-natal services at the practice. The practice GPs carried out post-natal mother and baby checks.

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 met. The surgery was open from 8.15am to 8pm on a Monday (appointments from 8.15am to 7.45pm), 8.15am to 7pm on a Tuesday and Thursday (appointments from 8.15am to 6.45pm) and 8.15am to 6.30pm on a Wednesday and Friday (appointments from 8.15am to 5.30pm).

The practice offered minor surgery, contraception services, travel advice, an anti-coagulation clinic, childhood immunisation service, sexual health advice, long term condition reviews, 24 hour blood pressure monitoring clinic and dressing's service. They also offered new patient, over 74 and NHS health checks (for patients aged 40-74) and a dispensary service for patients living in more rural locations. Patients cold also access a minor injuries unit at the surgery which was often used by parents and their children to avoid having to travel to the local A&E department.

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. A text messaging service was available which was used to remind patients of their appointments as well as for advising patients of test results. The practice used social media as a way of keeping patients informed of news and developments.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances, including 14 patients who had a learning disability. Longer appointments were available for patients with a learning disability, who were also offered an annual health check and flu immunisation.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. 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 and out of hours.

The practice identified carers and ensured they were offered appropriate advice and support and an annual flu vaccination.

Patients known to have experienced bereavement were contacted by phone by one of the GPs and offered a home visit when appropriate. They were also given relevant information detailing how to access bereavement support services.

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).

Nationally reported QOF data for 2014/15 showed the practice had achieved the maximum point available to them for caring for patients with dementia, depression and mental health conditions. However, at 77.5% the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face meeting in the last 12 months was 6.2% below the local CCG and 6.5% below the national average.

Patients on the practice mental health register were offered annual reviews and longer appointments. Patients experiencing poor mental health were signposted to various support groups and third sector organisations, such as local wellbeing and psychological support services.

Patients were opportunistically screened for dementia using a recognised screening tool. Staff from the practice had joined the local dementia friends group and the practice was in the process of developing a dementia friendly practice. One of the GPs had undertaken dementia awareness training and other practice staff had attended workshops around dementia and mental health.

Summary of findings

Practice staff had undertaken training to ensure they had an understanding of the Mental Capacity Act and their responsibilities in relation to this.	

Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in July 2016 showed patient satisfaction was generally higher than the local clinical commissioning group and national averages. 214 survey forms were distributed and 111 were returned, a response rate of 52%. This represented approximately 2.7% of the practice's patient list. For example, of the patients who responded to their survey:

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 80% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).
- 85% said their GP was good at explaining tests and treatment (CCG average 90%, national average 86%)
- 100% said the nurse was good at treating them with care and concern (CCG average 94%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were very complimentary about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident they would receive good treatment. Words used to describe the practice and its staff included first class, second to none, excellent, knowledgeable, professional, respectful, supportive, caring and responsive. .

We spoke with six patients during the inspection, two of whom were members of the practice patient participation group. All six patients said they were very happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Consider implementing an annual review of significant events and incidents and record and monitor who is responsible for carrying out action points from significant events.
- Review and improve the arrangements in place to log and monitor the movement and use of blank prescription pads
- Review out-of-date practice guidance used by the healthcare assistant when administering vaccinations under patient specific directions.

Outstanding practice

- The practice was participating in a video consultation pilot for some of their housebound and elderly patients living in more rural locations. This not only allowed patients to access timely consultations with a practice GP but also enabled more socially isolated patients to connect with other users of the system and access video games and puzzles.
- When the practice had to use a locum GP they were given a half day induction session to familiarise themselves with practice policies, procedures, systems and staff. Feedback we received from previous locum GPs was consistently positive and praised the practice for its access to appointments, patient safety systems, motivated and knowledgeable staff and robust policies and protocols.

Summary of findings

- The practice was proactive in the development and application of care plans. Patients with a care plan were offered a 30 minute annual care plan review with a GP. The practice reported that of their patients who had died during 2015/16, 48% had an advanced care plan in place.

Sedbergh Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. Also in attendance were a GP specialist advisor and a CQC Medicines Inspector Pharmacist.

Background to Sedbergh Medical Practice

Sedbergh Medical Practice provides care and treatment to approximately 4148 patients from Sedbergh, Cumbria and the surrounding areas within a 10 mile radius of the practice. It is part of the NHS Cumbria Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Sedbergh Medical Practice

Station Road

Sedbergh

Cumbria

LA10 5DL

The surgery is located in purpose-built accommodation which opened in 2013. All reception and consultation rooms are on the ground floor and fully accessible for patients with mobility issues. A lift is available if patients need to access the first floor pf the building. An on-site car park is available which includes dedicated disabled car parking spaces.

The surgery telephone lines opened at 8am. The surgery was open from 8.15am to 8pm on a Monday (appointments from 8.15am to 7.45pm), 8.15am to 7pm on a Tuesday and Thursday (appointments from 8.15am to 6.45pm) and 8.15am to 6.30pm on a Wednesday and Friday (appointments from 8.15am to 5.30pm).

The practice also operated a small satellite clinic for an hour per week on a Monday morning from the Methodist Church Hall in the nearby village of Dent. This was for pre bookable non-urgent appointments only for patients from the rural area of Dentdale who were elderly or had mobility and transport issues.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Cumbria Health on Call (CHoC).

Sedbergh Medical Practice offers a range of services and clinic appointments including minor surgery, contraception advice, travel clinic, anti-coagulation clinic, childhood immunisation service, sexual health advice, long term condition reviews, 24 hour blood pressure monitoring and dressings service. The practice is a dispensing practice and dispenses to patients in more rural locations. The practice also employs a research nurse which means that the practice are actively involved in clinical research and their patients are able to participate in clinical trials should they wish to do so.

The practice consists of:

- Two GP partners (one male and one female)
- Three salaried GPs (one male and two female)
- One advanced nurse practitioner (female)
- Three practice nurses (all female)
- One research nurse (female)
- One health care assistant (female)
- One phlebotomist (female)

Detailed findings

- Eight non-clinical members of staff including a practice manager, medicines manager, receptionists and dispensers.

The area in which the practice is located is in the eighth (out of ten) most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

The average life expectancy for the male practice population is 81 (CCG average 79 and national average 79) and for the female population 85 (CCG average 82 and national average 83).

56.4% of the practice population were reported as having a long standing health condition (CCG average 56.3% and national average 54%). Generally a higher percentage can lead to an increased demand for GP services. 56.2% of the practice population were recorded as being in paid work or full time education (CCG average 59.1% and national average 61.5%). Deprivation levels affecting children and older people were much lower than the local CCG and national averages.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 August 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, a practice nurse, the practice manager, medicines manager, receptionists and dispensers. We spoke with six patients, two of whom were members of the practice's patient participation group (PPG) and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 17 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff that worked closely with, but were not employed by, the practice. This included an integrated care manager, care navigator, health visitor, social worker, physiotherapist and cancer support service nurse. We also received written feedback from locum GPs who had previously worked at the practice.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff were well aware of their roles and responsibilities in reporting and recording significant events.

Significant events were analysed and discussed at monthly minuted clinical meetings and at bi monthly administration team meetings when appropriate. However, the practice did not carry out annual reviews of significant events or have a system in place to monitor the implementation of action points arising from significant events or to record who was responsible for implementation.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Trends and themes were identified and the practice regularly recorded relevant significant events on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG could identify any trends and areas for improvement. A system was in place to ensure patient safety alerts were cascaded to relevant staff and appropriate action taken.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place which generally kept patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead for children's and adult safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held regular multi-disciplinary meetings to discuss vulnerable patients. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding.
- Chaperones were available if required. Staff who acted as chaperones had all received appropriate training and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. A cleaning schedule was in place. The last infection control audit had been carried out in March 2016 had identified no action points or areas for improvement. A comprehensive infection prevention and control policy was in place.
- An effective system was in place for the collection and disposal of clinical and other waste.
- We reviewed the personnel files of recently employed staff members and found that appropriate recruitment checks had been undertaken for all staff prior to employment. Good induction processes were in place for all staff including locums and registrars.
- The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GP partner and practice manager encouraged a culture of openness and honesty.
- Patient safety alerts were recorded, monitored and dealt with appropriately. As the result of a patient safety alert concerning home visits the practice had developed a home visit policy and one of the nurse practitioners had ran a home visit workshop to ensure that home visit requests were not accidentally missed or triaged inappropriately.
- The practice had systems in place for knowing about notifiable safety incidents and proactively tried to identify trends, themes and recurrent problems. They had recorded 19 significant events during the period 1 April 2015 to 31 March 2016. Significant events were regularly discussed and analysed at monthly clinical meetings and appropriate action taken. For example, significant events around missed cancer diagnosis and a failure to refer a patient for under the two-week wait

referral system led to the nurses and health care assistant attending education events around earlier diagnosis of cancer and the GPs accessing early diagnosis training and training on implementing revised two-week wait guidance.

The arrangements for managing medicines, emergency drugs and vaccines, in the practice kept patients safe.

Staff showed us their standard operating procedures (these are written instructions about how to dispense medicines safely) which the practice regularly reviewed to reflect current practice. Processes were in place to check medicines were within their expiry date and suitable for use.

The practice dispensed medicines for patients who did not live near a pharmacy and this was appropriately managed. However, the practice had established a service for people to pick up their dispensed prescriptions at a different location and we saw there was no standard operating procedure in place to manage this or to monitor how patients collected these medicines. We raised this issue with practice management on the day of the inspection and they took immediate action following the inspection to implement a standard operating procedure to govern this activity.

We observed medicines being dispensed and saw arrangements were in place to minimise dispensing errors. Although dispensing staff logged errors, there was no record of 'near misses' for the purpose of review and learning from incidents. The policy we saw in relation to this during the inspection stated that 'all errors at every stage will be recorded'. However, staff we spoke to on the day told us that they used to record near misses but weren't doing so at the time of our visit. Practice management subsequently explained after the inspection that the failsafe dispensing software used by the practice eliminated most Royal Pharmaceutical Society of Great Britain (RPSGB) categories of 'near misses. However, our pharmacy inspector felt that although this would eliminate some errors, such as drug/strength errors, it would not pick up errors arising from incorrect labelling or quantity, both of which are also 'near miss' categories with the RPSGB.

The GP reviewed and signed all prescriptions before they were given to the patient and there was a robust system in place to support this. Staff told us how they managed mediation review dates and how prescription requests for high-risk medicines were monitored. We saw examples of how this worked to keep patients safe.

The practice was signed up to the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients of their dispensary and had achieved full points in relation to this for several years. There was a named lead GP for medicines management and we saw records showing all members of staff involved in the dispensing process had received appropriate training.

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 these were managed. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

Blank forms for computer generated prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. However there was no system in place to monitor the use of prescription pads for individual doctors. We informed the practice of this on the day of inspection and they agreed to implement a monitoring form in line with national guidance. Staff should monitor this new process to ensure it becomes embedded in practice.

We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were stored at the required temperatures and practice staff were following this.

Nurses and a healthcare assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. However, the practice based guidance which the healthcare assistant used alongside a patient list had passed the review date of 1 September 2015 and staff were unable to locate a more up to date version.

Monitoring risks to patients

Risks to patients were assessed and well managed:

Good

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. Staff had received fire safety training and fire alarms were tested on a weekly basis. Fire evacuation drills were carried out on an annual basis. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, 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 mix of staff needed to meet patients' needs. Annual leave was planned well in advance and a buddy system was in place to ensure staff covered for each other when required.
- The practice occasionally used locum GPs. When this was necessary full pre-employment checks were completed and the locum was asked to attend a half day induction session before commencing the role.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- The practice had good arrangements in place to respond to emergencies and major incidents. Emergency medicines were easily accessible and all staff knew of their location. A defibrillator was available on the premises as well as oxygen with adult and children's masks. Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and fit for use.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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. They were extensive users of the Map of Medicine which provides guidance on referral management, care pathways and heath care management solutions for health care staff. The practice held monthly primary health care team meetings which were an opportunity for clinical staff, including multi-disciplinary attached staff such as health visitors to get together frequently to discuss clinical issues and patients causing concern.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/15 showed the practice had achieved 100% of the total number of points available to them compared with the clinical commissioning group (CCG) of 96.8% and the national average of 94.7%.

At 9.2% their clinical exception rate was lower than the local CCG average and the same as the national average. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

- The practice had obtained the maximum points available to them for all of the 19 QOF indicators, including mental health, hypertension, dementia, depression, diabetes, stroke and ischaemic transient attack and for caring for patients who had a learning disability or required palliative care.
- The practice carried out clinical audit activity to help improve patient outcomes. We saw evidence of several audits including a two cycle audit to ensure patients with polymyalgia rheumatica were being supported appropriately and were not taking steroid medicine for longer, or at a higher dose than necessary. As a result of the audit the practice had ensured that the fourteen patients diagnosed with this condition had their symptoms and current steroid dose recorded in their medical records, that they had been given a date for a follow up review appointment and had been issued with a booklet in which they could record steroid dose, blood test results and review date.
- Information provided by the practice indicated they were monitoring the prescribing of antibiotics and a number of other medicines and were committed to improving the quality of care delivered while making efficiency savings in terms of prescribing that could be reinvested into the NHS. NHS Cumbria CCG had congratulated the practice on being one of a relatively few practices in their area who had achieved targets set as part of the local incentive scheme in respect of prescribing.

The practice were also performing well in terms of referring patients with chronic obstructive pulmonary disease for pulmonary rehabilitation (they were the lowest referrer in 45 practices from the Morecambe Bay area) and for non-elective admission to hospital (joint third lowest in the Morecambe Bay area).

The practice had a palliative care register and discussed the needs of palliative care patients at monthly clinical and multi-disciplinary primary health care team meetings. Care plans which included decisions about end of life care were developed with the involvement of palliative care patients and their families/carers.

Effective staffing

The staff team included GPs, nursing, managerial, health care, dispensing and administration staff. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS

Good

Are services effective?

(for example, treatment is effective)

England can the GP continue to practice and remain on the performers list). The practice nurses were supported in seeking and attending continual professional development and training courses.

The practice had a staff appraisal system in operation which included the identification of training needs and development of personal development plans.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in-house whenever possible. When the practice did have to use a locum GP they were given a half day induction session to familiarise themselves with practice policies, procedures, systems and staff. Feedback we received from previous locum GPs was consistently positive and praised the practice for its access to appointments, patient safety systems, motivated and knowledgeable staff and robust policies and protocols.

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.

Staff worked together and with other health and social care services 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 that multi-disciplinary meetings took place on a regular basis and that care plans were reviewed and updated. In addition relevant patients were given a thirty minute consultation with a GP to undertake an annual review of their care plan. The practice adopted a joint care panning approach and used emergency health care plans (EHCPs) and health and social care plans. The practice were able to tell us that 48% of the patients registered with the practice who had died during 2015/16 had an advanced care plan in place.

The practice had enabled community, palliative care and out of hours services to have full real time access to relevant patients information including care plans, detailed patient summary records and special patient notes as appropriate.

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 Mental Capacity Act 2005. All clinical staff had undertaken mental Capacity Act training.
- 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 nurses assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

- Vaccination rates for 12-month and 24-month old babies and five-year-old children were above national averages. For example, data available for the 2014/15 period showed that childhood immunisation rates for the vaccinations given to two year olds ranged from 80.6% to 100% (compared with the CCG range of 83.3% to 96%). For five year olds this ranged from 74.1% to 100% (compared to CCG range of 72.5% to 97.9%)
- At 87%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was above with the CCG average of 82.5% and national average of 82%.
- At 11.9% the number of emergency admissions to hospital was lower than the CCG average of 17.4% and national average of 14.6%.

Patients had access to appropriate health assessments and checks. This included health checks for patients aged between 40 and 74, for over 75s and new patient health checks. During the period 1 April 2015 to 31 March 2016 the

Good

Are services effective?

(for example, treatment is effective)

practice had carried out 284 NHS Health Checks for patients aged between 40 and 74 and 355 over 75 health checks. All new patients were asked to attend a health check. The practice carried out appropriate follow-ups where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that they were treated with dignity and respect.

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

We received 17 completed CQC comment card which were very complimentary about the caring nature of the practice. We also spoke with six patients during our inspection, two of whom were members of the practice patient participation group. They also told us they were very happy with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey (published in January 2016) showed patient satisfaction was higher than or comparable with local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 94% 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%.
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 100% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 95% patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patient satisfaction was comparable with or higher than local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 92% and the national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 100% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 100% said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language. A hearing loop was also available and two members of staff were learning how to communicate in sign language.

Patients with a learning disability were offered an annual influenza immunisation and health check. The practice held a register of 14 patients recorded as living with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations

Good

Are services caring?

The practice identified carers and ensured they were offered an annual flu vaccination and signposted to appropriate advice and support. The practice computer system alerted clinicians if a patient was a carer. At the time of our inspection they had identified 63 of their patients as being a carer (approximately 1.5% of the practice patient population).

Patients known to have experienced bereavement were contacted by phone by one of the GPs and offered a home visit when appropriate. They were also given relevant information detailing how to access bereavement support services.

A notice board was in operation in a staff only area of the practice detailing not only patients who had recently experienced bereavement but also those receiving palliative care or at high risk. This enabled staff to be particularly vigilant to the needs of these patients.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had carefully considered the needs of their patients and their rural location and was able to show how they had adapted their services to better meet patient needs. They had achieved this through improved access to local service provision and the use of various technical innovations.

- There was a proactive approach to understanding the needs of different groups of people

And to deliver care in a way that met these needs and promoted equality. This

included vulnerable people and those with complex needs.

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The practice operated a weekly pre-bookable satellite clinic in a nearby village to assist patients with mobility and transport issues. Patient participation group members told us that this was very much appreciated by local residents who used the service.
- People could access appointments and services in a way and at a time that suits them. The appointment and open surgery system operated by the practice ensured that patients could get an urgent appointment the same day.
- There were disabled facilities and translation services available. A hearing loop was available and two members of staff were learning how to communicate using sign language.
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions. They also used social media to keep patients informed of practice news and developments.
- The practice offered a text message service to remind patients of their appointment. They also used the text messaging service to advise patients of test results. Patients we spoke to on the day of the inspection reported that this was convenient and worked well.
- The practice had developed the Year of Care approach to treating patients with long term conditions which ensured that patients with comorbidities were offered one fully comprehensive annual review and involved in their care planning
- The practice dispensed medicines to patients in more rural locations and ensured weekly dosette boxes were available for older patients and those with multiple medicines or memory issues.
- Patients living in more rural locations were also able to collect prescriptions from a shop in a local village and access pre bookable appointments for some conditions once per week in the village church hall.
- The practice was participating in a video consultation pilot for some of their housebound and elderly patients living in more rural locations. This not only allowed patients to access timely consultations with a practice GP but also enabled more socially isolated patients to connect with other users of the system and access video games and puzzles.
- The practice ran a twice weekly INR monitoring clinic (for patients on anticoagulation medicines) and daily blood testing clinic. They also provided a near patient testing service for patients with chronic rheumatology or gastroenterology conditions
- The practice operated a minor injuries unit which local residents could use to avoid having to travel to the local A&E department.
- The practice worked with the local ambulance service and assessed any patient for whom an ambulance had been called that ambulance technicians did not consider be a life threatening emergency. This included home visits.
- The practice was leading in the development of an integrated care community with five other local practices with a combined patient population of approximately 32,000. The aim was to use innovative and combined approaches to delivering person-centred, coordinated care and support to patients in their own homes and prevent admission to hospital or care homes.
- The practice had an arrangement with the Red Cross Society to ensure wheelchairs were available for use by patients with mobility issues whilst visiting the practice. The Red Cross maintained responsibility for regular cleaning of the wheelchairs.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- As a result of various pandemics and the recent Ebola outbreak the practice had ensured that all of their nurses had been trained in biohazard procedures. The practice had also purchased a stock of biohazard protective clothing.
- Fourth-year medical students hosted by the practice in 2013 had carried out an audit of the uptake of the bowel cancer screening programme which had revealed that patients were less likely to respond to a screening invitation letter rather than a phone call. The practice therefore decided that they would contact relevant patients by telephone rather than by letter. As a result of this audit the practice had moved from being bottom of the South Lakes practices achievement table in terms of bowel screening to the top third of the table with a higher than average take up of the bowel screening programme.

Access to the service

The surgery telephone lines were open from 8am. The surgery was open from 8.15am to 8pm on a Monday (appointments from 8.15am to 7.45pm), 8.15am to 7pm on a Tuesday and Thursday (appointments from 8.15am to 6.45pm) and 8.15am to 6.30pm on a Wednesday and Friday (appointments from 8.15am to 5.30pm). The standard time allocated for a consultation with a GP was 15 minutes.

Results from the National GP Patient Survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 76%.
- 99% of patients said they could get through easily to the surgery by phone compared to the CCG average of 80% and the national average of 73%.
- 91% of patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 76% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 67% and the national average of 65%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.

Patients we spoke to on the day of the inspection and those who completed CQC comment cards reported that they were able to get an appointment within an acceptable timescale. We looked at appointment availability during our inspection and found that routine GP appointments were available the following day. The next routine appointment with a nurse was available two working days later.

Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager had been identified as lead for dealing with complaints.
- We saw that information was available in the reception area to help patients understand the complaints system.
- The practice patient participation group were involved in reviewing any complaints received by the practice.

The practice had recorded one complaint during the period 1 April 2015 to 31 March 2016. We found that this complaint had been satisfactorily handled and dealt with in a timely way. We saw evidence of the practice being congratulated by the Parliamentary Health Service Ombudsman for the way in which they had dealt with a complaint adding that the practice response had been sympathetic, clear and supported by records. They also felt that the practice had been keen to help the patient understand the situation rather than to simply try to defend the practice.

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 vision was to deliver high quality care and promote good outcomes for patients

The practice mission statement was:

'Sedbergh Medical Practice will combine the best healthcare practices and technologies to meet the individual's needs in a responsive, safe, effective and caring manner. Our objectives are to ensure the best health and social care provision for the population we serve. Drive quality improvements and continual professional development to achieve excellence in all that we do. Achieve the best possible health and social care outcomes for the population ensuring individual respect, compassion and dignity for all'.

The practice did not have a formal business plan but priorities, such as succession planning were identified and discussed during partner meetings and quarterly evening meetings which were attended by the GP partners, salaried GPs, nursing staff, practice manager and medicines manager.

Governance arrangements

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

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of clinical audit activity which improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example the Quality and Outcomes Framework, referral rates and prescribing

Leadership and culture

The GPs had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

- Clinical primary health care team meetings were held on a monthly basis which included discussions about palliative care, high risk and vulnerable patients. The practice also held a variety of other staff group meetings including weekly partners meetings, quarterly clinical supervision sessions and bi monthly non-clinical staff team meetings.
- 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 in doing so and felt supported if they did.
- They also said they felt respected, valued and supported. For example, staff were given fruit baskets on a twice weekly basis and were able to participate in bike to work and home computer salary sacrifice schemes.
- Feedback from current attached staff and locum GPs who had worked at the practice previously was consistently positive.

One of the GP partners was the Chief Clinical Information Officer for Cumbria Clinical Commissioning Group (CCG). The other was the cancer lead for the CCG and an advisor for a national cancer support agency.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The practice had established a patient participation group which consisted of approximately 10 core members who met on a quarterly basis. Membership was diverse and included a carer, disabled person and local village, business and British Legion representatives. Their involvement included carrying out patient surveys, reviewing patient feedback and complaints and developing action plans for

Are services well-led?

Good

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

improvement. For example, as a result of comments regarding difficulty experienced in getting through to the surgery by phone at 8am the PPG had successfully requested that the practice have more staff answering phones during peak periods.

- Of the 286 patients canvassed by the PPG in April 2016, 221 patients (77%) felt the practice was very good. 215 patients (75%) said they were usually able to see the GP of their choice. The PPG were in the process of developing an action plan from the results and comments received

Continuous improvement

The practice was committed to continuous learning and improvement at all levels.

The practice team was forward thinking and took part in local pilot schemes and initiatives to improve outcomes for patients in the area. This included:

- Adopting the Year of Care approach to caring for patients with long term conditions. This ensured that patients with comorbidities were offered one fully comprehensive annual review, and involvement in the care planning process. All appointments with a practice nurse were scheduled for 30 minutes.
- The practice employed a research nurse which meant that the practice was actively involved in clinical research and their patients were able to participate in clinical trials should they wish to do so. A notice board in the reception area advised patients of current research programmes that they could participate in. This included type 1 diabetes, gastroenteritis, dementia, infectious diseases, anti-coagulation and the use of aspirin-v- ulcer bleeding.
- The practice was leading in the development of an integrated care community with five other local practices with a combined patient population of approximately 32,000. The aim was to use innovative and combined approaches to delivering person-centred, coordinated care and support to patients in their own homes and prevent admission to hospital or care homes.
- The practice had carefully considered the needs of its patients and their rural location and were able to show how they adapted services to better meet their needs. They had achieved this through improved access to local service provision and the use of various technical innovations. The practice had been an early adopter of online access to full medical records and 12% of their patients have signed up to this service. As a result patients are able to directly message their GP.
- Partners at the practice invested an additional sum of money per annum to the upkeep and development of the premises. This enabled multi-agency practitioners and the local community to access accommodation at the practice for training, education and conference events which in turn helped to sustain health care in the local area.