Dr Langridge and Partners

Quality Report

Keyworth Medical Practice,
Keyworth Primary Care Centre
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Date of inspection visit: 5 April 2016
Date of publication: 15/06/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Langridge and partners on 5 April 2016. Overall the practice is rated as outstanding.

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

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example the practice had been involved in the design, delivery and implementation of the community gynaecology and dermatology services.
- The practice used innovative and proactive methods to improve patient outcomes, and worked with other local providers to share best practice. For example GPs could access the Nottingham clinical navigator service which enabled them to obtain specialist advice regarding a patient's specific health condition from an appropriate consultant based at the Nottingham University Hospital (NUH) Trust.
- The patient participation group proactively reached out to the community and worked constructively with other organisations to improve patient outcomes. This included health promotion, patient education and supporting the emotional needs of the patient population.
- There was an open and transparent approach to safety and an effective system in place for reporting, recording and investigating significant events. Risks to patients were assessed and well managed.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Some clinical staff had undertaken additional training to enhance their skills and had developed areas of special interest to support them in taking lead roles within the practice.

Summary of findings

- Feedback from patients about their care was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
  - Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
  - The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.

  We saw several areas of outstanding practice including:

- The practice demonstrated innovative patient participation group (PPG) working to help support the emotional needs of its patient population. The practice had empowered and supported the PPG in setting up a bereavement self-help group. This group was open to the whole community and meetings were held monthly in the Keyworth primary care centre.PPG members we spoke with and records reviewed showed the bereavement group had made a positive impact on patients' mental wellbeing.
- The practice team actively engaged with other health organisations including the Nottingham University Hospitals NHS Trust to develop and provide community based services which reduced the use and burden on hospital services. The benefits to patient care included: care being delivered closer to home; reduced hospital attendances and admissions; as well as early supported discharges. For example:
  - The practice was involved in the design and provision of specialist community services in surgical dermatology (for the greater Nottingham health district) and gynaecology (for Rushcliffe residents).
  - The senior GP partner had worked with four local GPs and a community matron in the design and provision of the hospital in reach service (into the health care of older people wards) service at Nottingham University Hospital. This service aims to manage admissions to the older people wards and ensure timely and safe discharges for patients
  - The practice proactively reached out to the community and worked constructively with other organisations to improve patient outcomes. For example, the practice held an annual flu day on the first Saturday of October and records reviewed showed over 2000 patients were vaccinated on the day. A total of 4233 patients were invited for flu vaccinations in 2015 and 3513 (83%) patients had received them.

However there was an area of practice where the provider should make improvements:

- Ensure robust processes are implemented in the checking of single use medical consumables to ensure they are in date.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting, recording and analysing significant events. This included reporting patient safety incidents to the national reporting and learning system (NRLS) for GP practices.
- Information about safety was highly valued and used to promote learning and improvement. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice had clearly defined and embedded systems in place to keep patients safe and safeguarded from abuse. This included processes for recruitment, infection control and managing unforeseen emergencies.
- Risks to patients were assessed and well managed.
- Staffing arrangements had been reviewed and the practice had identified the need to recruit additional staff to ensure full staffing capacity.
- The practice offered a dispensary service to its patients and the overall arrangements for managing medicines kept patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services.

- There was a holistic and pro-active approach to meeting patients' needs which was driven by all staff at the practice. Patients' needs were assessed and their care and treatment was delivered in line with current evidence based practice.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national averages. Practice supplied data for 2015/16 showed the practice had achieved 98.44% of the total number of points available. This data was yet to be verified and published.
- Clinical audits demonstrated quality improvement.
- Opportunities to participate in benchmarking and peer review was proactively sought; and clinical outcomes for patients were higher when compared with GP practices in the local area. For example, the practice had the lowest rate of accident and emergency attendances where no investigations or treatments were required and the second lowest rate for emergency admissions.

Summary of findings

- The practice team had a wealth of skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for staff.
- The practice and the patient participation group (PPG) had a targeted approach to health promotion. For example, the practice held an annual flu day where over 2000 patients were vaccinated each year and voluntary agencies provided health promotion information on day. This event promoted patient self-management was popular with patients and demonstrated improved outcomes for patients.

Are services caring?

Outstanding ☆

The practice is rated as outstanding for providing caring services.

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. There were many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Specifically the delivery of end of life care, care for older people living in care homes and those at risk of hospital admission.
- Feedback from patients about their care and treatment was consistently and strongly positive. This was also aligned with feedback received from a care home provider.
- The practice had empowered the patient participation group (PPG) to facilitate the Keyworth bereavement self-help group which aimed to support the emotional needs of patients who were experiencing grief and loss. This service was accessible to people living within the local community and also addressed social isolation amongst its patient population. This was an outstanding feature which showed a commitment to being compassionate in the care for vulnerable people.
- Information for patients about the services available was easy to understand and accessible.
- Data from the national GP patient survey showed patients rated the practice in line with the local and national averages for most aspects of care. For example, 94% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national of 85%.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes, and worked with other local providers to share best practice. For example, the practice had taken a lead in the design, development and implementation of community services specific to dermatology, gynaecology and home chemotherapy services. This enabled more patients to be treated locally by GPs and reduced the burden on hospital services.
- The practice provided good access to clinical appointments and this was confirmed by patient feedback and the national GP survey results. For example, 93% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 92% and national average of 85%.
- The practice had achieved low attendance rates for accident and emergency and below local average for unplanned hospital admissions in comparison to other local GP practices. One of the contributory factors included the good access offered to patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and the patient participation group.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

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

- The practice had a proactive and systematic approach to working with other organisations including the local hospital trust and clinical commissioning group (CCG) to design and implement innovative services within the primary care setting therefore reducing the use of hospital services.
- The practice gathered feedback from patients and had a very active patient participation group which influenced practice development and held external organisations to account.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Most staff were clear about the vision and their responsibilities in relation to this.

Summary of findings

- There was a clear leadership structure and a practice manager was currently being recruited to ensure the practice had the full leadership capacity to run the service.
- Constructive engagement with staff had been initiated following changes in the management structure and this had contributed to improved staff satisfaction and development opportunities.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to assess and monitor the quality of service provision.
- The practice had a strong focus on continuous learning and improvement at all levels. This included empowering the patient participation group and staff to drive improvements within the practice.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

- The practice was committed to working collaboratively with other stakeholders in the development and implementation of efficient ways to deliver more joined up care. For example:
- The practice was engaged in the Rushcliffe health care of older people "in- reach" pilot, to facilitate appropriate and timely hospital discharges. The senior GP partner worked alongside four local GPs, a community matron, hospital consultants and staff working in the older people's wards at Nottingham University Hospital. Benefits to older people included a coordinated and holistic approach to the management of their care and reduced lengths of inpatient stay.
- The practice provided a GP service to residents living in two care homes as part of an enhanced support service which aimed to improve the quality of care for older people by reducing unplanned admissions, emergency department attendances and risk of falls for example. Data reviewed reflected these aims were being achieved.
- We received positive and complimentary feedback from a care home provider in respect of continuity of care, responsiveness to urgent requests for home visits and the caring nature of staff.
- The GPs, clinical commissioning group pharmacist and care home staff met regularly to undertaken medicine reviews for patients and discuss any changes required.
- Nationally reported data showed patient outcomes for conditions commonly found in older people were comparable to local and national averages. We however noted high exception reporting rates for conditions such as osteoporosis and rheumatoid arthritis at 25% and 45.6% respectively. The practice accessed the consultant led Rushcliffe virtual osteoporosis service to obtain management advice for patients following scans
- Patients aged 75 and over had a named GP and a range of enhanced services were offered. For example shingles and immunisations.
- The practice offered proactive and personalised care to meet the needs of older people. This included identification and care planning for frail and vulnerable patients, and those at risk of hospital admission. Monthly multi-disciplinary meetings were held to plan and deliver care appropriate to their needs.

Summary of findings

- The practice was responsive to the needs of older people, and offered urgent appointments for those who needed them and home visits from GPs, nurses (long term condition reviews) and healthcare assistants (phlebotomy and blood pressure monitoring). The practice's home visit checklist included identifying carers, checking medication compliance and stockpiling, and obtaining consent for information sharing.

People with long term conditions

Outstanding 

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

- The management of patients with long term conditions was based on evidence based guidance and relevant assessment tools to ensure good care for patients.
- The GPs and nursing staff had lead roles in chronic disease management and the review of patients' health and medicine needs was facilitated by a robust recall system.
- Patients at risk of hospital admission were identified as a priority.For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nationally reported data showed patient outcomes for long term conditions were comparable to the local and national averages.
- The practice was signed up to the Rushcliffe GP enhanced specification for long term conditions monitoring and management. This covered clinical areas such as shared care for monitoring prescribed medicines, diabetes, prostate cancer testing and anticoagulation therapy.
- A total of 149 patients had been provided with an anticoagulation service including warfarin monitoring since 2015. This included home visits for patients that were unable to attend the practice.
- The practice provided a home delivery service and dossette boxes for patients registered with the dispensary service.
- The appointment system was flexible and allowed patients to choose an appointment that suited them.
- The practice website had a comprehensive range of self-help and health promotion information.

Families, children and young people

Outstanding 

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those at risk of ill-health or abuse. For example, the practice held regular meetings with the health visitor and school nurse to discuss vulnerable children and families.
- A flexible appointment system was in place and this ensured children and young people could be seen on the same day when this was needed. Appointments were also available outside of school hours.
- The premises were suitable for mothers, children and babies. This included baby changing and breast feeding facilities, and a range of toys and books for children.
- One of the GPs had specialist paediatric experience and offered advice and support to colleagues.
- The practice provided a full range of contraceptive services and routine health checks for expectant and new mothers. This included: preconception advice and care during pregnancy, post-natal checks and eight week baby checks.
- Immunisation rates were in line with local averages for all standard childhood immunisations.

Working age people (including those recently retired and students)

Outstanding ☆

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

- An outstanding feature of the practice included the development and delivery of community clinics for gynaecology and dermatology in response to the specific needs of its community. This enabled patients within the wider Rushcliffe area to receive care closer to home.
- The practice and patient participation group were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. This included hosting an annual event where over 2000 patients received a flu jab and educational talks on specific health needs.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example, 90 patients were registered with the practice under the out of area registration scheme in line with their preferences and to ensure continuity of care.
- The virtual patient participation group comprised of 120 patients and this enabled them to inform service delivery through their preferred correspondence (email).

Summary of findings

- The practice offered good access to clinical appointments and this included face to face and telephone consultations. Patients gave positive feedback about their experience in obtaining an appointment at a time that was convenient to them.
- An early morning extended hours surgery was provided each week by the GPs, nurses and health care assistants.
- The practice was proactive in offering online services and this included appointment booking and signing up to prescribing services.
- A text messaging service was used to remind patients of their appointments and patients could also cancel their appointments. This was used to help reduce non-attendance for appointments.

People whose circumstances may make them vulnerable

Outstanding 

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

- The practice offered a range of services to support people whose circumstances may make them vulnerable. This included:
- Hosting a monthly bereavement self-help group for people experiencing grief and loss. This group was facilitated by the patient participation group and was open to the whole community. Meetings were held every last Tuesday of the month between 10.30am and 12pm in the Keyworth primary care centre.
- A total of 2% of the practice population were carers and they were signposted to relevant services.A representative from the Carers Federation attended the practice on the first Monday of every month to provide information and support to patients and unpaid carers.
- The practice identified patients requiring end of life care and used the electronic palliative care co-ordination system (EPaCCS) to record and share people's care preferences.
- We received positive patient feedback in respect of advance care planning, prescribing of anticipatory medications; and some of the GPs were described as offering a caring and personalised service. Feedback from one care home provider showed the GPs provided good quality end of life care and were proactive in ensuring the needs of patients were regularly reviewed and met.
- Staff worked with multi-disciplinary teams in the case management of vulnerable people and they knew how to recognise signs of abuse in vulnerable adults and children.

Summary of findings

- The practice had carried out cervical cytology screening for women with learning disabilities, were consent had been obtained.
- A total of 24 out of 27 patients with a learning disability had received an annual health check and review. Three patients were under the age of 16 years and their reviews are carried out by a paediatrician.
- Reasonable adjustments had been made to ensure ease of access for these patients. This included access to interpreting services, longer appointments and home visits where needed.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- The practice was signed up to the enhanced service specification for facilitating timely diagnosis and support for people with dementia. It had the third highest number of patients diagnosed with dementia within the CCG and the diagnosis rate was 77.4% as at September 2015. Staff also made appropriate referrals to the older age mental health team after a cognitive test was undertaken.
- Comparative data showed:

  - 81% of people diagnosed with dementia had their care reviewed in a face to face meeting in 2014/15 compared to a CCG average of 88.5% and national average of 84%.

  - 96.6% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan in place compared to a CCG average of 93.3% and national average of 88.3%
- Practice supplied data for 2015/16 showed improvement although this was yet to be verified. For example a total of:

  - 23 out of 25 (92%) patients listed on the mental health register had received a face to face review and had a care plan in place.

  - 116 out of 135 (85.93%) patients on the dementia register had received a face to face review.
- The practice worked with multi-disciplinary teams in the management of people experiencing poor mental health, including those with dementia. This included the mental health crisis team to ensure patients experiencing acute difficulties received urgent assistance to manage their condition, the dementia outreach team, care home staff and the county alcohol service.

Summary of findings

- The practice told patients experiencing poor mental health and patients with dementia about how to access services including talking therapies, counselling services and various support groups and voluntary organisations.

Summary of findings

What people who use the service say

We spoke with ten patients during the inspection. Most patients said they were happy with the care they received and thought staff were approachable, committed and caring. The most recent friends and families test results showed all patients would recommend the practice to others.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Three cards also contained less positive comments related to telephone access in the morning, accessibility and cancellation of appointments.

The practice and patient participation group had undertaken a range of patient surveys and patient feedback was mostly positive about the quality of care provided. This included telephone access, availability of appointments, continuity of care and dispensing.

The January 2016 national GP patient survey results showed the practice was performing in line with local and national averages. A total of 238 survey forms were distributed and 116 were returned. This represented a 49% completion rate. The results showed:

The practice performed best in the following three areas:

- 89% found it easy to get through to this surgery by phone compared to a CCG average of 81% and a national average of 73%.
- 86% of respondents are satisfied with the surgery's opening hours compared to a CCG average of 77% and national average of 75%.
- 70% of respondents with a preferred GP usually get to see or speak to that GP compared to a CCG average of 61% and a national average of 59%.

Other results were broadly in line with CCG and national averages:

- 84% described the overall experience of their GP surgery as good compared to the CCG

  average of 88% and national average of 85%.
- 89% of respondents say the last nurse they saw or spoke to was good at giving them enough time compared to a CCG and national average of 92%.
- 88% of respondents say the last nurse they saw or spoke to was good at listening to them compared to a CCG and national average of 91%.

Overall, 90% said they would recommend their GP surgery to someone new to the area compared to a CCG average of 85% and national average of 78%.

Areas for improvement

Action the service SHOULD take to improve

- Ensure robust processes are implemented in the checking of single use medical consumables to ensure they are in date.

Outstanding practice

- The practice demonstrated innovative patient participation group (PPG) working to help support the emotional needs of its patient population. The practice had empowered and supported the PPG in setting up a bereavement self-help group. This group was open to the whole community and meetings were held monthly in the Keyworth primary care centre. PPG members we spoke with and records reviewed showed the bereavement group had made a positive impact on patients' mental wellbeing.

Summary of findings

- The practice team actively engaged with other health organisations including the Nottingham University Hospitals NHS Trust to develop and provide community based services which reduced the use and burden on hospital services. The benefits to patient care included: care being delivered closer to home; reduced hospital attendances and admissions; as well as early supported discharges. For example:
- The practice was involved in the design and provision of specialist community services in surgical dermatology (for the greater Nottingham health district) and gynaecology (for Rushcliffe residents).
- The senior GP partner had worked with four local GPs and a community matron in the design and provision of the hospital in reach service (into the health care of older people wards) service at Nottingham University Hospital. This service aims to manage admissions to the older people wards and ensure timely and safe discharges for patients
- The practice proactively reached out to the community and worked constructively with other organisations to improve patient outcomes. For example, the practice held an annual flu day on the first Saturday of October and records reviewed showed over 2000 patients were vaccinated on the day. A total of 4233 patients were invited for flu vaccinations in 2015 and 3513 (83%) patients had received them.

Dr Langridge and Partners

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 advisor and a practice nurse specialist advisor.

Background to Dr Langridge and Partners

Dr Langridge and Partners is also known as Keyworth Medical Practice. The practice provides primary medical services to approximately 10,870through a general medical services contract (GMS). The practice is located in the heart of Keyworth and people living in the surrounding villages access this service.

Most areas covered by the practice are affluent and the level of deprivation is the lowest compared to other areas nationally. The practice has a significantly higher proportion of people of pensionable age (about 30%) compared to a Rushcliffe average of 21% and national average of 19%. The practice has a higher than national average disease prevalence in long term conditions such as atrial fibrillation, asthma, dementia and hypertension.

The clinical team comprises :

- Nine GPs of whom six GPs are partners and three are salaried GPs (four female and five male).
- Two locum GPs are currently covering maternity leave and dermatology.
- Four practice nurses and six healthcare assistants.

The clinical team is supported by an acting operations manager, an assistant practice manager, three secretaries, eight receptionists, five administrative staff, four dispensers and an apprentice.

A dispensary service was offered to patients who live further than a mile away from the practice (pharmacy with an extended 100 hour licence).

Dr Langridge and Partners is an approved teaching practice for medical students in their first, second and fourth years.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments are available from 8:30am to 11am and from 4pm to 6.10pm daily. Extended surgery hours for GP and nurse appointments are offered between 7am and 8am on some days; and an early health care assistant clinic is offered from 7am on Thursdays. The practice also offers 48 hour appointments to meet the demand of routine appointments needed at short notice (each doctor provided four to five extra appointments each day that were made available from 8am, two days before); and a same day “doctor first” service if a patient could not wait for a routine appointment or a 48 hour appointment.

When the practice is closed patients are directed to the out of hours’ service provided by Nottingham Emergency Medical Services at (NEMS) via the 111 service.

The practice was inspected under the previous inspection methodology on 30 December 2013. At this inspection we inspected five outcomes in response to concerns. The provider was found compliant in all areas inspected (respecting and involving people who use services, care and welfare of people who use services, management of medicines, supporting workers and assessing and monitoring the quality of service provision).

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new 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 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included Healthwatch, Rushcliffe clinical commissioning group, NHS England and two care home providers. We carried out an announced visit on 5 April 2016. During our visit we:

- Spoke with a range of staff including GPs, the pharmacist, practice nurses, health care assistant, acting operations manager, assistant practice manager, reception and administration staff.
- Observed how patients were being cared for and spoke with ten patients who used the service including two members of the patient participation group.
- Reviewed comment cards where patients shared their views and experiences of the service
- Reviewed a range of management and patient records to corroborate our findings.

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting, recording and learning from significant events. For example,

- Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. They had also received training in accident and incident reporting.
- The practice had investigated 25 significant events within the last 14 months and a lead staff member was responsible for the coordination of all significant events. Records reviewed showed the investigation outcomes were discussed at staff meetings and all significant events were reviewed annually.
- Lessons were shared to ensure that appropriate action was taken to improve safety in the practice. For example, the practice had undertaken a clinical audit relating to opioid repeat prescriptions, revised the related policy and devised a controlled drug checklist which had been shared with the clinical commissioning group (CCG) at a medicines management meeting. This was in response to a significant event where a patient was prescribed medicines above the recommended dosages. Opioids are used to treat moderate to severe pain that may not respond well to other pain medications.
- When there were unintended safety incidents, patients received reasonable support, a verbal and / or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Some of the significant events were also reported to the national reporting and learning system (NRLS). The NRLS enables patient safety incident reports to be submitted to a national database and provides the opportunity to ensure that the learning gained from the experience of a patient in one part of the country is used to reduce the risk of something similar occurring elsewhere.
- Alerts received from the medicines and healthcare regulatory agency (MHRA) were reviewed and appropriate action was taken ensure patient safety.

Overview of safety systems and processes

The practice had clearly defined and embedded processes in place to keep patients safe. For example:

- 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. There was a lead GP for safeguarding and records reviewed showed regular discussions and meetings were held with a range of professionals. This included the health visitor, school nurse, midwife and staff from the local hospital and care homes. Staff we spoke with knew their responsibilities to report safeguarding concerns and all had received training relevant to their role.
- A notice in the waiting room 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 check (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.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment for most staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice maintained appropriate standards of cleanliness and hygiene. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We observed the premises to be visibly 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. There were infection control policies in place and most staff had received up to date training. Infection control audits were undertaken and the most recent audit had been completed in November 2015. An action plan was in place to address the identified improvements.

Medicines management

- The arrangements for managing medicines including vaccinations kept patients safe. For example appropriate arrangements were in place for obtaining, prescribing, recording, handling, storing and ensuring the security of most medicines.

Good

Are services safe?

- Prescriptions were securely stored and there were systems in place to monitor their use.
- Regular medicines audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines. This included audits related to warfarin monitoring and a range of medicines used to treat pain and long term conditions.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a system in place for the management of high risk medicines and patients received regular blood test monitoring.
- The practice carried out regular medication reviews of older people living in care homes in liaison with the CCG pharmacist and care home staff. This was aimed at reducing poly-pharmacy and ensured medicine optimisation for the residents.

The practice employed a pharmacist whose role included managing the dispensary service and working with practice staff to promote safe and cost-effective prescribing. We received positive feedback from patients in respect of the dispensing service and a 100% satisfaction rate had been achieved from a survey undertaken in 2015. A total of 75 patients had responded to this survey.

The practice was signed up to the Dispensing Services Quality Scheme and systems were in place to monitor the quality of the dispensing process. The service had been reviewed by NHS England in January 2015, and most dispensing activities were assessed as being appropriate and areas of improvement were also highlighted. We found improvement areas had been addressed and this included updating specific standard operating procedures. All staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and standard operating procedures that set out how they were managed were in place. We found these were being followed by the practice staff. For example, controlled drugs were stored appropriately and access to them was restricted and the keys were held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

Monitoring risks to patients

Risks to patients were assessed and well managed. For example:

- The practice was located in a health centre owned and managed by another company. As a result, a range of risk assessments were undertaken by both parties to monitor the safety of the premises and environment. For example, 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).
- There was an up to date fire risk assessment in place and fire equipment had been serviced in March 2016. Staff had also been supported with fire training and regular fire drills were carried out.
- Electrical equipment was checked to ensure it was safe to use and clinical equipment was calibrated to ensure it was working properly.

There was a rota system in place for all the different staffing groups to ensure enough staff were on duty which included leave cover. Staff we spoke with felt there were enough staff to provide a safe service although some acknowledged having additional staff would help to ensure work life balance. The practice had accessed external professional advice and support to inform the reorganisation of management roles and responsibilities.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and were aware of their responsibilities in the event of a medical emergency.
- The practice had a defibrillator available on the premises and a risk assessment was in place for the lack of defibrillator pads for children.
- A first aid kit, accident book and oxygen with adult and children's masks were available.

Good

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Whilst all medicines we looked at were within the expiry date, a few single use medical consumables were out of date. The out of date stock was removed when it was highlighted to staff.
- The practice had a comprehensive business continuity plan in place for major incidents including loss of utilities such as water and incapacity of staff. The plan had been updated in February 2016 and included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice took a holistic approach to assessing, planning and delivering care and treatment to patients who used the service. For example:

- Patient feedback confirmed that care and treatment was centred on them as individuals and considered all aspects of their immediate and long term health needs. Patients gave specific examples relating to the assessment and care planning of long term conditions such as diabetes, cancer and asthma.
- Staff assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards. This included best practice guidelines from the National Institute for Health and Care Excellence (NICE) and local guidance relating to prescribing. The practice monitored that these guidelines were followed through clinical discussions and audits.
- One of the GP partners took a lead role in reviewing, summarising and disseminating NICE guidelines to all the clinicians. This was also discussed in clinical meetings to ensure staff were kept up to date and improvements were made to patient care.
- The practice had developed a number of auto-consultations for use by all clinical staff to encourage the use of standardised clinical entries and to ensure key patient information was recorded. Examples of clinical areas where auto-consultations were used included: insertion and removal of long-acting reversible contraception devices, counselling, ear syringing and self-care for minor illness.

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. Practice supplied data for 2015/16 showed the practice had achieved 98.44% of the total number of points available. This data was yet to be verified and published.

The most recent published results were for 2014/15 and this showed the practice had achieved 97.9% of the total number of points available compared to the local average of 98.2% and national average of 94.7%. The practice had an overall exception reporting rate of 8.4% and this was in line with the clinical commissioning group (CCG) average of 8.3% and national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The 2014/15 data showed:

- Performance for diabetes related indicators was 91.3% compared to a clinical commissioning group (CCG) average of 87.4% and national average of 89.2%. The overall exception reporting rate was 9% and this was in line with the CCG and national averages of 10.8%.
- The percentage of patients with hypertension having regular blood pressure tests was 90.6% compared to a CCG average of 87.5% and national average of 83.6%. The exception reporting rate was 2.3% compared to a CCG average of 3.3% and national average of 3.8%.
- Performance for mental health related indicators was 100% compared to a CCG average of 98.1% and national average of 92.8%. The exception reporting rate was 16.8% compared to the CCG average of 10.1% and national average of 11.1%
- Performance for dementia related indicators was 99.5% compared to the CCG average of 97.4% and national average of 94.5%. The exception reporting rate was 16.2% and this was significantly above the CCG average of 8.4% and national average of 8.3%.

We also noted high exception reporting for some long term conditions such as rheumatoid arthritis, osteoporosis and cancer. Our review of some records and discussions with GPs showed the clinical judgement for the exception reporting was relevant to the patient, clearly documented and in line with the recommended guidance.

Practice supplied data for 2015/16 showed the following health reviews had been undertaken within the last 12 months.

- A total of 24 out of 27 patients (88.88%) with a learning disability had received an annual health check and review. Three patients were under the age of 16 years and their reviews are carried out by a paediatrician.

Good

Are services effective?

(for example, treatment is effective)

- A total of 23 out of 25 (92%) patients listed on the mental health register had received a face to face review and 116 out of 135 (85.93%) patients listed on the dementia register had been reviewed.
- The practice had undertaken a dispensing review of the use of medicines (DRUM) for 400 patients which exceeded their 10% set target for dispensing patients. A DRUM is a requirement of the Dispensary Services Quality Scheme and is a review of how a patient is using their prescribed medicines, and looks at compliance and concordance. In addition, 1312 medication reviews were completed for patients with four or more repeat prescriptions.

Clinical audits demonstrated quality improvement.

- The practice had an embedded culture of using clinical audits to improve patient outcomes and the quality of care provided. We were shown seven clinical audits undertaken in 2015 and three of these were full-cycle audits where the practice was able to demonstrate the improvements made since the initial audit.
- For example, a four cycle audit relating to the management of atrial fibrillation (major risk factor for stroke) had been completed between 2014 and March 2016. The most recent audit showed all new cases of atrial fibrillation were assessed and managed in line with NICE guidelines and patients had appropriately been started on anticoagulation medicines.

The GPs had a range of extended expertise in areas such as gynaecology, paediatrics, dermatology, women's health and urgent care which allowed the practice to focus on specific conditions. The benchmarking data relating to hospital referrals for these clinical areas was amongst the lowest in the CCG. For example:

- The practice had made the lowest number of gynaecology referrals when compared with other practices within the CCG; second lowest referrals for paediatrics and third lowest referrals for dermatology services.

This confirmed that the practice team utilised its knowledge and experience to ensure patients were successfully managed in primary care.

The practice had the highest prescribing costs per patient within the CCG and this had been reviewed with the CCG pharmacy team. The review concluded that higher costs appeared to reflect the volume of prescriptions generated and repeat prescribing process. An action plan was in place to address this and changes had been implemented. For example, in order to reduce prescribing costs the practice had undertaken a range of clinical audits for specific medicines to look at dose optimisation and alternative cost effective medicines.

We reviewed the benchmarking data relating to hospital admissions and accident and emergency (A&E) attendances within the CCG.

- The practice was below the CCG average in eight out of 10 specialists over the last 12 months. These included trauma and orthopaedics, gynaecology, dermatology, paediatrics, urology and cardiology.
- The practice had the second lowest rate of emergency admissions and the lowest rates of accident and emergency (A&E) attendances, where no investigation or treatments was required.

Effective staffing

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

- The practice had an induction and training programme for all staff. It covered the practice's policies and procedures and courses such as safeguarding, health and safety, information governance and whistleblowing.
- The practice had reviewed the training it offered to staff to ensure it met their learning needs and covered their scope of work. Records reviewed showed staff had access to a range of e-learning training modules and in-house training.
- A member of staff held responsibility for monitoring the training completed by staff and sent out reminders/ notifications when training updates needed completing.
- The learning needs of staff were identified through a system of appraisals, supervision and reviews of their individual practice development needs.
- The practice ensured role-specific training and updates were provided for relevant staff; and all staff were allocated protected learning time. For example, the health care assistant supporting the GPs undertaking surgical dermatology had attended relevant training at the Nottingham treatment centre.

Good

Are services effective?

(for example, treatment is effective)

- GPs and nurses attended the CCG monthly meetings which provided updates on clinical areas including information on new pathways and services. Recent educational sessions related to chronic kidney disease and an update on NICE guidelines, and heart failure rehabilitation.
- The practice worked with Chesterfield college to offer 12 month placements for apprentices within the reception team. An apprentice we spoke talked with spoke positively about the support they had received and a former apprentice was now employed full-time at the practice.

Coordinating patient care and information sharing

A strong feature of the practice included multi-disciplinary working with other health and social care services to improve patient outcomes. This included a commitment to working collaboratively with other professionals including those in secondary care. This ensured people with complex needs were supported to receive effective and coordinated care. For example, GPs accessed the following services:

- "Advice and guidance" - is a tool which allowed the GPs to obtain advice from clinicians / consultants in secondary care prior to making a referral for an outpatient appointment. This included the appropriateness of referring specific patients, the on-going management of a patient's health condition or treatment plans. This ensured that patients were referred to the appropriate service if needed and enabled some patients to be managed in a community setting.

One of the GP partners was part of the CCG referral management "task and finish group". Records reviewed showed a pilot was being considered to refer all cardiology referrals through the advice and guidance pathway following a suggestion by the GP partner. This was in response to a high rate across the CCG of patients being discharged from cardiology after their first appointment.

- GPs also emailed consultant colleagues to ask questions about the management of patient care or interpretation of results in situations where "advice and guidance" may not be necessary.
- The Nottingham Clinical Navigator service enabled GPs to access urgent advice from the Nottingham University Hospital (NUH) Trust. This service gave GPs an option to discuss a patient's medical condition with an appropriate consultant and to seek direct specialist advice. Records reviewed showed benefits to patient care included: being seen in the right place, the first time, and NUH clinicians liaised with GPs to seek advice and support discharge of patients.

The information needed to plan and deliver care and treatment was available to relevant staff in an 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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005 and the Gillick competency test. The Gillick competency test is used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions.
- 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.
- Engagement with stakeholders and patients informed the development of tools to aid informed consent. For example, the practice had developed in-house consent forms to ensure patients were advised/counselled prior to procedures being carried out. The forms also served as a checklist to ensure all relevant information was discussed and provide evidenced of informed consent.
- Consent forms for long acting reversible contraception forms (for example coil fitting, implant insertion and removal) were designed with reference to the faculty of sexual and reproductive healthcare clinical guidelines.
- We saw documented evidence of informed consent having been obtained for minor surgery and joint injection.

Good

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice proactively reached out to the community and worked constructively with other organisations to improve patient outcomes. For example, the practice held an annual flu day on the first Saturday of October and records reviewed showed over 2000 patients were vaccinated on the day. A total of 4233 patients were invited for flu jabs in 2015 and 3513 (83%) patients had received them.

The patient participation group (PPG) and practice staff described this day as a community event comprising of social interaction, team building, fundraising and engagement with the voluntary sector. Voluntary organisations including the local stoma care group offered information and advice to patients and carers on the day.

GPs delivered educational talks on a range of health issues to patients in response to suggestions made by the PPG. For example, the senior GP partner had discussed the care of people with dementia at a PPG meeting. The discussion included the process of identifying, diagnosing and supporting patients with dementia and their families. The PPG had proactively shared a range of health promotion literature with patients to ensure they were well informed and empowered to manage their conditions.

Staff supported people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. For example, the practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service for support.

The 2014/5 Public Health England data showed the practice's cancer screening was in line with the CCG and national averages. For example:

- 80.2% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 80.1% and national average of 72.2%.
- 83.3% of females aged between 25 and 64 years had a record of cervical screening within the target period compared to a CCG average of 83% and national average of 73.5 %.
- 69.4% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year) compared to a CCG average of 67.1% and national average of 57.9%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.3% to 97.7% and five year olds from 92.1% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A total of 616 NHS health checks had been completed to date and 724 eligible patients were still to be assessed.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Feedback from patients and stakeholders was continually positive about the way staff treat people. For example:

- In 2015, the practice had received 51 written compliments from patients and some of the common phrases used included "excellent service, efficient and sensitive, very approachable and sincere appreciation".
- The vast majority of patients we spoke with told us they were satisfied with the care provided by the practice. Patients said the practice offered a very good service and staff were friendly and helpful.
- All of the 11 patient Care Quality Commission comment cards we received were positive about the way the service was delivered. Patients said the staff were very caring and always treated them with dignity and respect.
- Positive feedback was received from one care home in relation to the caring nature of staff towards residents, excellent service and continuity of care. We did not receive feedback from the second care home even though this was requested.
- Complimentary feedback relating to practice staff was occasionally published in the local parish magazines.
- Staff were described as responding compassionately when patients needed help and provided support when required.

We reviewed information from the national GP patient survey, the practice's survey results and comment cards submitted as part of the NHS England friends and family test. The most recent data available for the practice on patient satisfaction was largely positive.

The January 2016 national GP patient survey results showed patients were treated with compassion, dignity and respect. The practice satisfaction scores relating to consultations with doctors and nurses were mostly above the local and national averages. For example:

- 99% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 96% and national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national of 85%.
- 93% of patients said the last GP they saw was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 90% 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 national of 91%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 88% of patients said the last nurse they saw was good at listening to them compared to the CCG and the national averages of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

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.
- Consultation and treatment room doors were closed during consultations; and conversations taking place in these rooms could not be overheard.
- Patients had access to a private room if they wanted to discuss sensitive issues or appeared distressed.

Care planning and involvement in decisions about care and treatment

Patients we spoke with confirmed being 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.

The practice used the electronic palliative care coordination system (EPaCCS) to improve the coordination of care for people receiving end of life care. There were 92

patients with EPaCCS in place at the time of our inspection. The benefits of using EPaCCS included patients being active partners in planning their care, shared decision making and consistent information sharing between professionals supporting the person. Multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

Patient feedback and records reviewed showed staff were passionate about giving patients' good end of life care. This included some GPs undertaking home visits during weekends and public holidays; as well as facilitating the patient's wishes to die at home, get married or attend a family member's christening service. Patients and their family members also had telephone access to some GPs when the practice was closed to ensure continuity of care.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 89% of patients said the GP was good at giving gave them enough time compared to the CCG average 88% and national average of 87%.

Patient and carer support to cope emotionally with care and treatment

The practice demonstrated innovative patient participation group (PPG) working to help support the emotional needs of its patient population. Specifically, the practice had supported the PPG in setting up a bereavement self-help group. The aim of the group was "to bring together people who are experiencing bereavement and would welcome the opportunity of sharing their experience and coping strategies with others". This group was open to the whole community and meetings were held every last Tuesday of the month between 10.30am and 12pm in the Keyworth primary care centre.

PPG members we spoke with and records reviewed showed the bereavement group had made a positive impact on patients' mental wellbeing. For example:

- feedback from patients who had accessed this group included praise for the support they had received.
- patients were empowered to explore their emotional needs in a supportive environment with other people experiencing grief and loss.
- The group had provided support for many patients over the years, some of whom had developed friendships and socialised outside of the group.
- The PPG had a small library of useful reading materials in place of which group members could also access.

Families that had experienced bereavement were routinely contacted by their usual GP in line with the practice's procedures for dealing with death notifications. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Patient feedback and thank you cards reviewed confirmed patients who had received this type of support had found it helpful during their bereavement. The practice also used scheduled tasks on the computer system to arrange follow-up for example around the anniversary of a death.

The practice and PPG also engaged with local voluntary organisations to identify support groups and information that patients (including carers) could access to cope with their emotional needs. For example, one of the PPG meetings focused on dementia and a representative from the local dementia café was invited to talk about the service. This information was then shared with other patients in the practice's September 2015 newsletter.

A designated member of staff was a carers champion and their role included supporting carers and being the key contact for carer information within the practice. The practice had identified 220 carers (2% of the practice list) and the computer system alerted staff if a patient was a carer.

A representative from the Carers Federation attended the practice on the first Monday of every month to provide information and support to patients and unpaid carers. Written information was available to direct carers to the various avenues of support available to them.

Patients with long term conditions, physical and sensory impairments were given longer appointments due to the complexity of their conditions which included routine questions around anxiety and depression.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice recognised that people's needs and preferences were the central driver for how services were planned. As a result, the practice had proactively reviewed the needs of its local population and engaged with the NHS England Area Team and Rushcliffe clinical commissioning group (CCG) to deliver services in an innovative way to ensure flexibility, choice and continuity of care for people.

For example, some of the GP partners held strategic roles within the CCG and were members of the clinical cabinet. The benefit of their strategic roles was reflected in the practice's proactive approach in developing and hosting integrated services to ensure patients received care closer to home. For example,

- The practice had led on the design, development and establishment of the community gynaecology service which had been commissioned by the CCG. This service will be hosted at the practice from 18 May 2016; and will be delivered by the senior GP partner, a consultant gynaecologist and a health care assistant. Patients will be offered outpatient appointments, minor procedures and ultrasound scans closer to home.
- The senior GP partner was the CCG lead and had been involved in the initial scoping exercise to identify the need and demand for this service. They had planned and managed the gynaecology triage pilot together with a consultant gynaecologist from the Nottingham treatment centre and two other GPs within the CCG.
- The senior GP partner had has also worked with IT and GP colleagues to develop a referral form and community gynaecology template to enable seamless information sharing with Rushcliffe GP practices
- The practice also offered a service for fitting and removal of contraceptive implants and coils.

The practice had contributed to the design, development and establishment of the community surgical dermatology service in partnership with Circle, the provider of the Nottingham NHS treatment centre. This service is led and provided by one of the GP partners who has a special interest in dermatological surgery and also works in a consultant led service in secondary care.

The GP held two sessions per week and up to 11 surgical dermatological cases were dealt with during these sessions. Appropriate dermatological cases were identified by secondary care professionals. An audit of basal cell carcinoma (a type of skin cancer) excisions was undertaken between 5 January 2016 and 1 March 2016. This showed 13 basal cell carcinomas (a type of skin cancer) and all (10) other skin cancer subtypes were completed excised.

This service promoted a better patient experience for patients by reducing the waiting times for diagnosis and treatment of basal cell carcinoma and non-cancerous skin conditions. The pathway also prevented unnecessary operations into secondary care and contributed to the overall reduction in costs to commissioners.

Other dermatology services offered at the practice included:

- In house dermatology - Three GP partners had received training in dermoscopy and offered advice to colleagues within the practice for patients presenting with suspected skin cancer lesions. This enabled the patient to receive feedback the same day and where appropriate a referral was made in a timely manner. Dermoscopy is a non-invasive, widely used diagnostic tool that aids the diagnosis of skin lesions and is proven to increase the accuracy of cancer diagnosis.
- Teledermatology - GPs took dermoscopy images in-house and these were triaged by a consultant dermatologist within 48 hours. The patient was then offered a two week wait cancer appointment, a routine outpatient appointment or was discharged back to the GP with an action plan. This prevented unnecessary referrals into secondary care.
- A home chemotherapy service was developed following a patient with leukaemia requesting for this service. The practice had worked with community nursing services to develop and implement this service and as a result many other patients have also benefitted from this service.
- The practice has been offering a GP led anticoagulation service since 2015 and 149 patients had accessed this service to date.
- The practice had employed the doctor first model to improve patient access and manage requests for urgent care. In this model, every patient was able speak to, or

see, their doctor on the day that they call or on the day that they chose. Benefits to patients included receiving "right care at the right time in the right place". The success of this model was also reflected in the low numbers of patients accessing hospitals when compared to the CCG average.

The practice was signed up to the care home enhanced service specification and was aligned to two care homes with an identified lead GP.

- The GPs undertook regular visits as agreed with each care home (either weekly or fortnightly) in addition to same day home visit requests. Care planning was carried out with the aim of reducing: unnecessary and unplanned admissions use of emergency and out of hours services. The success of this intervention was reflected in benchmarking data which showed no increase in emergency admissions when compared to the national trend, reduced ambulance call outs and transfers. We received positive feedback from one care home receiving this service.

The senior GP partner had worked with four local GPs and a community matron in the design and provision of the hospital in reach service (into the health care of older people wards) service at Nottingham University Hospital. The service commenced on 1 December 2015 and aims to manage admissions to the older people wards and ensure timely and safe discharges for patients.

- The clinicians had access to the patients' clinical records including the GP and community nursing notes. Electronic task based communication was used to ensure rapid transfer of information with the patient's GP practice. The clinicians delivered three morning sessions a week based on a rota system.
- Records reviewed showed benefits to patient care included reduced length of stay and readmission for some patients; as well as improved holistic care. A total of 53 patients had been reviewed to date and the average length of stay in hospital was 14 days. The majority of patients were discharged home and follow-up care was provided within the community.

The patient participation group PPG was very proactive and committed to supporting the practice in delivering good quality care by bringing patient perspective on services. The PPG had made several achievements to improve patient care and services. This included redesign of the practice website to make it user friendly and informative, purchase of easy to clean books and toys for babies and toddlers, and ensuring a screen was available for mothers to breast feed in private. They had also the reviewed the appointment system with practice staff and produced related information for patients. For example "getting the most out of your appointment" and an article was featured in the local Keyworth newsletter on the importance of cancelling appointments no longer required.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way which meets these needs and promote equality. For example

- There were longer appointments available for patients with a learning disability, those at risk of hospital admission, experiencing poor mental health and or with dementia.
- Same day appointments were available for children and those with serious medical conditions.
- There were facilities for people with a range of disabilities and / or impairments. This included a hearing loop, double doors and use of a lift for wheelchair access and access to a sign language interpreter.
- The practice had a triage system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 11am and from 4pm to 6.10pm daily. Extended surgery hours for GP and nurse appointments were offered between 7am and 8am on some days; and early health care assistant clinic was offered from 7am on Thursdays.

The practice offered 48hour appointments (each doctor provided four to five extra appointments each day that were made available from 8am, two days before) to meet the demand of routine appointments needed at short notice

A same day "doctor first" service was offered to a patient if they could not wait for a routine appointment or a 48 hour appointment and this formed part of a triage service led by the oncall GP. Records reviewed showed the practice audited the availability of appointments to ensure they met patient demand.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Patients we spoke with told us they were able to get appointments when they needed them and telephone access was good.

The national GP patient survey results showed that patient's satisfaction with how they could access care and treatment was above or in line with local and national averages. For example:

- 93% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 92% and national average of 85%.
- 89% of patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 80% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 70% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 61% and national average of 59%.
- 68% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national averages of 65%.

Staff felt this positive outcome was achieved through offering same day access for patients and ensuring their health needs were initially assessed at the practice before attending urgent care centre facilities.

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.
- Information was available to help patients understand the complaints system and this included display of posters within the practice, information on the practice website and information booklet for patient's summary leaflet.

The practice had investigated 13 complaints received in the last 14 months. We reviewed five of these in detail and found they were satisfactorily handled and dealt with in an open and transparent manner. All complaints were reviewed annually and there was an active review of complaints in staff meetings. For example, the practice's protocol for when a patient dies had been updated to ensure deceased patients were not invited for health reviews following a complaint that had been made by a family member.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

- The practice had a mission statement and it stated "we aim to provide the best primary care services possible working within local and national governance guidelines and resources".
- This was reflected in our inspection findings and most staff knew and understood the values.
- The practice had a strategy and supporting development plan which reflected the vision. Some of the practice objectives for 2016/17 included recruitment of a practice manager and staff development, GP registrar training and collaborative working with a neighbouring practice.

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 and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and the delegation of lead roles amongst the GPs ensured accountability for the practice's performance.
- Information and analysis was used proactively to identify opportunities to drive improvements in care. For example, the intelligent monitoring data for the practice rated four clinical indicators for diabetes as representing risk or serious risk to patient outcomes. The practice devised an action plan to address this and data reviewed showed an increase in the practice's performance. An in house training session led by a senior podiatrist on the importance of appropriate diabetic foot care was attended by all doctors, nurses and healthcare assistants and more patients had been referred to the diabetes structured education programme.
- A programme of robust and continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP partners had the experience and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.

The practice manager had resigned in December 2015 and the leadership acknowledged this had created a challenge. However this was being addressed through increased GP involvement in leadership and seeking external professional advice and support as an interim arrangement. The recruitment of a new practice manager was in progress at the time of our inspection.

- Staff felt these changes had enabled the GP partners to be more visible within the practice. Staff said they felt respected, valued and supported by the leadership. Some staff also felt they were now offered more opportunities for development and were actively empowered to identify opportunities to improve the services delivered by the practice.

Some of the GP partners held external leadership roles and were members of the CCG clinical cabinet. This enabled them to have strategic oversight of the health priorities within the local area, the quality of services provided and the use of available resources. For example, some of the contributions made by the GP partners included:

- The design and provision of specialist elective care services in surgical dermatology (for the greater Nottingham health district) and gynaecology (for Rushcliffe residents). These services were delivered from the practice.
- The senior GP partner was the gynaecology lead and provided advice to GP colleagues within the area and was involved in the updating of the two week wait gynaecology template used by Nottingham GPs.
- The design of the extended support to care home service model which includes providing scheduled case management of care home residents and planned

Are services well-led?

Outstanding ☆

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

anticipatory medicines by an integrated team comprising of GPs, community nurses, prescribing advisors, community geriatrician and care home staff as well as support from Age Concern.

- The design and provision of the hospital in reach service (into the health care of older people wards) service at Nottingham University Hospital. In this service, GPs work alongside a community matron, hospital consultants and ward staff to manage the inpatient episode and ensure timely and safe discharge home.
- The design and implementation of the Rushcliffe Principia five year forward view multi speciality community provider (MCP) new care model as an integrated population health organisation.
- The implementation of Partners Health LLP, a Rushcliffe CCG led partnership model of collectivised general practice to ensure the adoption of best business practices, improve the quality and range of the general practice services offered to Rushcliffe residents. The Senior GP partner has been appointed a governor member.

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

The practice encouraged and valued feedback from patients, staff and other services. 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 surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG comprised of 10 members who attended the face to face meetings and 157 members participated via email (virtual PPG). We spoke with two members of the PPG and they spoke positively of the achievements made and challenges they were looking to address. For example,

- The PPG had actively liaised with the CCG and NHS England regarding the unused rooms, reception and dental suite in the primary care centre building and questioned the accountability of the waste of expensive equipment. Plans are now in place for the community dermatology service to be provided from some of these rooms and the reception area is to be used by the practice.
- The PPG produced newsletters and distributed copies around the village, in shops and the community library. They also wrote "news bites" for entries in the village newsletters to communicate any key issues about the practice.
- Recent changes to the management structure had enabled the GP partners to actively gather feedback from staff. The partners acknowledged their current challenges included empowerment of staff and offering opportunities for development.
- Staff told us they felt a lot more involved and engaged to improve how the practice was run and they would not hesitate to give feedback. Some staff told us where they had discussed concerns or issues with colleagues and management these had been addressed.
- A range to staff meetings were held which included fortnightly meetings for nurses and health care assistants, daily informal meetings for GPs and monthly GP partner meetings.

Continuous improvement

This practice demonstrated its ability and success in developing and providing community based services within a primary care setting; therefore reducing the burden on secondary care (hospital) services. This included the development and provision of the community services for gynaecology and dermatology.

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice team was forward thinking and actively involved in research, teaching and contributed to the design, development, implementation and evaluation of pilot schemes to improve outcomes for patients in the community.

- The practice worked closely with the National Institute for Health Research and had a GP lead for primary care research and a dedicated team who were trained to oversee the clinical trials.

Staff felt being a research practice enabled patients to make a vital contribution to the NHS, empowered them to take control and manage their health needs. For example in November 2015, 58 patients were recruited to take part in research. The research focused on monitoring and comparing morning and evening dosing of

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anti-hypertensive therapy. Positive benefits to patients included being informed about their treatment plan. Their blood pressure was also monitored and if it was out of range it was highlighted and treated appropriately.

Representatives from the East Midlands drug clinical research network had engaged with the PPG to obtain patient feedback to inform their process of undertaking a research.

- The practice was a teaching practice and provided placements to medical students in their first, second and fourth year.
- Some of the GPs provided training and learning opportunities to internal and external clinicians. For example, training was provided to nurses working at the urgent care centre, informal gynaecology advice was given to GP colleagues within the CCG and a physiotherapist completing a prescribing course had been mentored by one of the GPs.
- One of the GPs also taught on skin lesion recognition and basic dermoscopy skills to GPs and allied health groups across the nation.
- The senior GP partner and another Nottingham City GP had recently established a gynaecology group with representatives from the other CCGs, Nottingham University hospitals and the Nottingham treatment centre. The aims of the group are to update and expand the current gynaecology guidelines and to look at opportunities for collaborative working. The first meeting is planned for in April 2016.