Giltbrook Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Giltbrook Surgery on 28 January 2016. The overall rating for this practice is outstanding.

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

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, and we saw evidence that learning was applied from events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care, and their interactions with all practice staff, 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 GP. Routine appointments could be booked within a week, with urgent appointments being available the same day. Advanced bookings could be made without restriction on timescales.
- The practice used clinical audits to review patient care and we observed how outcomes had been used to improve services as a result.
- The practice had good facilities and was well-equipped to treat patients and meet their needs. The size of the building limited the number of services provided on site, but the practice were actively exploring opportunities for re-location in the future with service commissioners.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to plan and deliver effective and responsive care to keep vulnerable patients safe. This approach had impacted on unplanned hospital admissions and attendance at Accident and Emergency.

Summary of findings

- There was a strong and proactive leadership structure within the practice, and staff told us that they were well-supported and felt valued by the partners.
  - High standards were promoted and owned by an enthusiastic and motivated practice team with evidence of highly effective team working.
- The practice reviewed the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, it had reviewed its use of the patient name display facility in the waiting area in response to concerns about confidentiality.

We saw several areas of outstanding practice including:

- The practice had commenced a community pharmacy pilot project from November 2015. This placed a prescribing community pharmacist within the practice for two days each week. Although a full evaluation was awaited, the project had already received positive feedback from patients. More than 100 patients had been seen in the first two months and initial outcomes demonstrated improvements in care. For example, a reduction in the number of medications prescribed with between 10-15% patients having at least of one of their prescribed medications stopped.
- A 'homely remedies for minor ailments' system had been developed by the practice in conjunction with the pharmacist for use within a local care home. This enabled the care home to commence agreed drugs for minor ailments such as indigestion and constipation to ensure the patient received treatment at the earliest possible opportunity. This was used with the proviso that the GP was contacted if symptoms persisted beyond 48 hours.
- The practice undertook a comprehensive analysis of the Friends and Family Test (FFT) returns, and had formulated action plans in response to suggestions from patients to enhance patient satisfaction and experience. For example, in response to late running appointments, the practice were informing patients to book longer appointments if they had more than one issue to discuss, and were also auditing waiting times for each clinician.
- The practice had achieved highly in delivering NHS health checks and had consistently overachieved against target figures. For example, current data showed that the practice had achieved 124% of its target in the first three-quarters of 2015-16.
- We saw many examples in which the practice team delivered outstanding care for their patients to keep them safe and well. For example, checking vulnerable patients had access to heat and food during poor weather, and ensuring that patients with a mental health condition were collecting their prescribed medicines.

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

- There was an open and effective system in place for reporting and recording significant events. Lessons were shared to make sure actions were taken to improve safety in the practice. For example, a back-up system had been implemented to ensure that all patients received their scheduled INR test (this is a test used to assess blood clotting, primarily used for patients taking warfarin). This followed an incident when a test was missed.
- When there were unintended or unexpected safety incidents, we saw evidence that people received support, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients and the public were assessed and well-managed including procedures for infection control and other site-related health and safety matters.
- Medicines, including vaccines and emergency drugs, were stored safely and appropriately with good systems to monitor and control stock levels.
- The practice had effective systems in place to deal with medical emergencies.
- The practice ensured staffing levels were sufficient at all times to respond effectively to patient need.

Are services effective?

Good

- Data showed patient outcomes were in line with local and national averages. The practice had achieved an overall figure of 91.6% for the Quality and Outcomes Framework in 2014-15. This was 3.5% below the CCG and 1.9% below the national averages. However, the most up to date figures provided by the practice (but not yet verified and published) demonstrated that the performance had improved.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a clear process to support the training and development of staff.

Summary of findings

- The skill mix of the practice team was kept under review to meet the changing demands of GP practice.
- Annual appraisals and personal development plans were in place for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs, in order to deliver care more effectively. Monthly meetings with wider members of the healthcare team were held to review more complex and vulnerable patients.
- The practice had lower usage of Accident & Emergency (A&E) as a result of good GP access.

Are services caring?

Outstanding ☆

- Data showed that patients rated the practice above CCG and national averages in respect of care provided. For example, 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%, according to the GP Patient survey.
- Patients we spoke with during the inspection and feedback on our comments cards strongly indicated they were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Throughout our inspection, we observed that staff treated patients with kindness and respect, and maintained confidentiality.
- We were informed that the GP partner would sometimes see patients at the weekend with specific needs, for example, patients receiving palliative care. This ensured continuity of care for the patient and their family.
- The practice telephoned patients due to be discharged from hospital to help plan their needs. Vulnerable patients were followed up by the practice if they failed to respond to calls or attend for appointments, and patients were contacted in extreme weather conditions to ensure they were safe.
- The practice monitored patient with mental health problems to ensure they received their prescribed medications, and proactively contacted patients to discuss their care if they had not collected their medicines.
- The practice had a nominated carer's champion who had established links with the Carers Federation to gain up to date information on available support services.

Summary of findings

- Views of external stakeholders were very positive in respect of the high level of care provided by the practice team and aligned with our findings.

Are services responsive to people's needs?

Outstanding ☆

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had been approached by the CCG to pilot the impact of co-locating a prescribing community pharmacist based within the practice and they had agreed to be involved.
- 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, the practice had renewed the upholstery and changed seating in the waiting area further to feedback received via the PPG.
- People could access appointments and services in a way and at a time that suited them. Urgent appointments were available on the day, and routine appointments could be booked in less than a week.
- Comment cards and patients we spoke to during the inspection were very positive about their experience in obtaining both urgent and routine appointments. This was reinforced by the national GP survey in January 2016 which found 91% patients described their experience of making an appointment as good. This was in comparison to a CCG average and national average of 73%.
- The practice had implemented a system within a care home to use agreed drugs for minor ailments to ensure the patient received treatment at the earliest opportunity
- The practice had good facilities and was well equipped to treat patients. The practice had a desire to provide more on site services and was exploring future opportunities for their site with their CCG and NHS England.
- Staff in two care homes told us the practice responded promptly to their clients' needs, and worked with the care home staff and family members to deliver the best care for their patients.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues

Summary of findings

were raised. Learning from complaints was shared with staff to improve the quality of service, and we saw examples of this including making sure that patients were proactively included in agreeing decisions about their care.

Are services well-led?

Good

- 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 strong and clear leadership structure and staff felt supported by management.
- The practice engaged well with the CCG and other practices within their locality.
- The CCG acknowledged the achievements of the practice. Their confidence in the practice was demonstrated by the CCG selecting the practice as a pilot site for the ongoing community pharmacy project. The CCG had also nominated the practice for an award for their commitment the Family and Friends Test (FFT).
- The practice had a range of policies and procedures to govern activity, and standard operating procedures had been devised for all tasks to ensure these could be covered during absence of key individuals.
- The practice held regular meetings to discuss clinical issues, and wider staff meetings were arranged for other issues. Staff put forward the items for discussion at their meetings.
- 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 sought feedback from staff and patients, which it acted on. A recent staff survey had been completed demonstrating a high level of satisfaction across the practice team.
- The Patient Participation Group (PPG) was active and influential in informing practice developments. For example further to concerns being raised about displaying patient names in the reception area, a system had been implemented to restrict this where deemed appropriate. This had raised an important issue in respect of the need to protect confidentiality for particular patients including children in foster care.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

- All staff had received inductions and had received regular performance reviews, and attended staff meetings.
- Effective succession planning ensured continuity of service and underpinned practice development.

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 offered proactive and personalised care to meet the needs of older people. Care plans were in place for older patients with more complex needs. Monthly multi-disciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those who needed them.
- The practice provided primary medical services to 14 residents at a local care home for older people. We spoke with a manager of this home who was very satisfied with the care provided by the GPs, and described the relationship with the practice as being extremely positive and responsive. They had quarterly meetings with the partners and had liaised with the community pharmacist based within the practice for advice and support.
- A 'homely remedies for minor ailments' system had been developed for use within the care home. This enabled the home to use agreed drugs for minor ailments such as indigestion and constipation to ensure the patient received treatment at the earliest possible opportunity. If symptoms persisted for more than 48 hours, the GP would be contacted.
- Flu vaccination rates for the over 65s were 75.4% which was slightly higher than the national figure of 73.2%.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages
- The practice prioritised older patients with no social support during adverse weather conditions and made sure they had access to food and heat.

People with long term conditions

Good ●

- All clinical members of the practice team had lead roles in chronic disease management. For those patients with the most complex needs and associated risk of hospital admission, the practice team worked with health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- All patients with a long-term condition had a named GP and received a structured annual review to check their health and medicines needs were being appropriately met.
- Whilst the practice had performed well in most QOF clinical indicators, the achievement was below average for diabetes, chronic kidney disease and coronary heart disease. The overall achievement for diabetes indicators was 65% which was 22% below the CCG average and 24% below the national average. However, the practice were aware of this and had developed actions to address this. We saw practice data for the current year (which was not yet verified or published) but this demonstrated an improvement in QOF performance for diabetes indicators.
- The practice nurse worked closely with the local Diabetes Nurse Specialist. Monthly joint clinics were organised between the two nurses, which included the initiation of insulin for patients with diabetes.
- The practice had signed up to the 'Year of Care' programme for patients with diabetes from April 2016. This scheme aids the patient to self-manage their diabetes to a much greater extent, and facilitates a more constructive dialogue between the patients and clinicians with regards to the ongoing management of their condition.
- Ongoing liaison with the local respiratory nurse provided an expert resource for patients with chronic obstructive pulmonary disease and asthma. Patients were referred into the 'Breathe Easy' self-management programme, and for pulmonary rehabilitation when indicated. Self-management booklets produced by the CCG were available for these patients, and used to inform patients what to do if their symptoms worsened.
- QOF indicators for asthma were higher than CCG and national averages. For example, 85.7% of patients with asthma received a review in the preceding 12 months, compared to the CCG and national averages of 76.2% and 75.3% respectively.
- An ongoing pilot project in which a community pharmacist was working within the practice had allowed greater opportunities to review repeat medications for patients with more than one long term condition, or review patients who were receiving multiple medications.

Summary of findings

Families, children and young people

Good

- Urgent appointments were available every day to accommodate children. The practice had a policy that all children under the age of five years old would be seen on the same day.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children who had a high number of A&E attendances. We were informed of examples when practice staff had referred children where safeguarding concerns had been identified. Effective liaison was in place between the practice and the health visiting team and school nurse.
- Immunisation rates were relatively high for all standard childhood immunisations, and in line with local averages. For example, vaccination rates for children under two years old ranged from 93.5% to 100% compared against a CCG average ranging from 91.7% to 100%. A named member of the practice team monitored uptake of childhood vaccinations to enable those who did not attend to be notified promptly.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments with the practice nursing team were available outside of school hours, and the premises were suitable for children and babies. Toys were provided for children attending the surgery.
- Teenagers presenting at the surgery were seen on attendance whenever possible to ensure they were seen at the time of need.
- Family planning advice was available on site, and the practice referred patients requiring the fitting of coils and contraceptive implants to a local clinic in Nottingham.
- There were no dedicated baby changing facilities or room for breast feeding, but patients would be directed to an appropriate room to enable some privacy.

Working age people (including those recently retired and students)

Good

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included good access to GP appointments and extended hours surgery were provided each week, including occasional Saturday mornings when required.

Summary of findings

- A nurse practitioner held daily telephone triage consultations which often meant patients' concerns could be dealt with without the need for a face to face consultation at the practice.
- The practice was proactive in offering online services to book GP appointments and repeat prescriptions.
- Health promotion and screening was provided that reflected the needs for this age group. The practice had over-achieved its target for 40-74 year old patients' health checks.
- Flu clinics were held on a Saturday morning to improve access to vaccinations for working patients.
- The practice's uptake for the cervical screening programme was 87.4% which was above the CCG average of 86.2% and the national average of 81.8%.

People whose circumstances may make them vulnerable

Outstanding

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Homeless people could register with the practice.
- The practice informed us how they had arranged appointments specifically to meet individual needs – for example, by ensuring a patient with a learning disability could be seen when no other patients were waiting in the surgery, as this created anxiety for them.
- The practice provided care for residents in a local residential unit for patients with a learning disability. We spoke to staff at the home who praised the practice for being highly responsive to their clients' needs, and also reported the high level of care and support that was provided.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided good care and support for patients nearing the end of their life. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team, and a GP informed us that additional visits had been provided at the weekend to ensure continuity of care.

Summary of findings

- The practice had carried out annual health checks for people with a learning disability, and 90% of patients had received an annual review in the last 12 months. It offered longer appointments for people with a learning disability.
- Annual training in learning disability awareness helped staff understand and respond to the needs of patients effectively.
- The practice was registered as a 'safe house' whereby any vulnerable individual could come into the surgery, until they could be collected by a family member or carer.

People experiencing poor mental health (including people with dementia)

Outstanding 

- The practice achieved 100% for mental health related indicators in QOF, which was above the CCG average of 93.8% and the national average of 92.8%
- 93.3% of patients diagnosed with dementia had had their care reviewed in a face-to-face consultation during 2014-15. This compared to a CCG average of 87.7% and a national average of 84%
- 86% of patients on the practice's mental health register had received an annual health check during 2014-15.
- The practice regularly worked with multi-disciplinary teams in the management of people experiencing poor mental health, including those with dementia. The practice closely monitored patient compliance with their prescribed medications and took action to review any patients who were did not take them as prescribed.
- It carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health and patients with dementia about how to access services including talking therapies and various support groups and voluntary organisations. Some information was available for patients in the waiting area including a self-help directory.
- Health checks were offered to carers and contingency plans were considered in case the carer became unwell.

Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published on 7 January 2016. The results showed the practice was performing above local and national averages. 266 survey forms were distributed and 115 were returned, which was equivalent to a 43% completion rate.

- 99% of patients found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 96% of patients found the receptionists at this surgery helpful compared to a CCG average of 87% and a national average of 87%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- 96% of patients said the last appointment they got was convenient compared to a CCG average of 91% and a national average of 92%.
- 91% of patients described their experience of making an appointment as good compared to a CCG average of 73% and a national average of 73%.
- 83% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 63% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 147 comment cards of which 98% were positive about the standard of care received, and emphasised the level of care provided by the practice team. Patients commented that the environment was clean, that staff treated them with dignity and respect, and that they were very happy with the care provided. The three negative comments related to access to a particular GP, the availability of appointments, and accessing the computer for information during a consultation. We also saw two emails received by the practice that week from patients thanking the practice for helping them.

We spoke with seven patients during the inspection. All seven patients said that they were happy with the care they received and thought that staff were committed and caring. They told us that GP and nurse appointments were easy to book, and that they would always be seen on the day if urgent and in less than a week for a routine appointment. Patients told us that they were seen on time and consent was sought where appropriate. The effects of any medicines were explained and agreed with patients. One patient who was a carer explained they were offered advice and signposted to sources of support.

Giltbrook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service

Background to Giltbrook Surgery

Giltbrook Surgery is situated approximately ten kilometres north-west of Nottingham, close to junction 26 of the M1 motorway.

The practice is run by a partnership between a GP and the practice manager.

The practice has two GPs (one male and one female), one of whom is a partner, and the other doctor is a part-time salaried GP. The practice has a nurse practitioner and a part-time practice nurse, and part-time health care assistant. The clinical team is supported by a full-time practice manager (who is also a partner) and a team of six administrative, secretarial and reception staff. The practice also currently have an apprentice in post to support the administration team.

The registered practice population of 4,297 are predominantly of white British background, and are ranked in the third least deprived decile. The list size is gradually increasing creating challenges in terms of their existing premises, which are being utilised to full capacity. The practice age profile is broadly in line with national averages but has slightly higher percentages of patients aged 40-74 years old, and slightly lower percentages of patients aged under 40.

The practice opens from 8am until 6.30pm Monday to Friday. GP morning appointments are available from 8.30am to between 11.30am and 1pm depending on which day, and afternoon surgeries run from 1.30pm to 6pm on a Monday and Thursday, and from 3pm to 6pm on Tuesday, Wednesday and Friday. Extended hours GP surgeries are provided from 7.30am to 8.30am on a Wednesday morning, and from 6.30pm until 8.15pm on a Monday evening. Occasional Saturday morning clinics are also provided in response to need, for example, when there is a bank holiday. The practice are considering the potential to extend the availability of Saturday clinical sessions.

The practice supports medical students as part of their eight week placement in general practice. It does not currently act as a training practice for GP registrars.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Nottingham Emergency Medical Services (NEMS) via the 111 service.

The practice holds a Personal Medical Services (PMS) contract to provide GP services which is commissioned by NHS England. A PMS contract is one between GPs and NHS England to offer local flexibility compared to the nationally negotiated General Medical Services (GMS). The practice also offers a range of enhanced services, including the monitoring of blood tests for patients with stable prostate cancer, which are commissioned by NHS Nottingham North and East CCG.

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

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England and NHS Nottingham North and East CCG to share what they knew.

We carried out an announced inspection on 28 January 2016 and during our inspection:

- We spoke with staff including GPs, the practice manager/partner, the practice nurse and a number of reception and administrative staff. In addition, we spoke with the pharmacist and the project manager of the community pharmacy project, a manager of the local community health services teams, managers and carers at two local care homes regarding their experience of working with the practice team. We also spoke with seven patients who used the service, and a representative from the practice patient participation group.
- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.
- We reviewed 147 comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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)

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 told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

The practice carried out a thorough analysis of the significant events. We were informed that actions were implemented to address issues at the earliest opportunity, and the findings were regularly discussed at clinical and wider staff meetings. We reviewed ten significant events which had been recorded over the last 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, medicine had been prescribed to a patient on the recommendation of a hospital doctor which was incorrect for their specific needs. Following the incident advice on new medications received from other clinicians was always reviewed to check dosages and regimes were correct.

The practice had also worked with a GP from a neighbouring practice who shared outcomes from one of their own significant events to facilitate wider learning. This included the sharing of practice protocols to ensure consistency and best practice.

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

The practice had a robust approach to information received from the Medicines and Healthcare Regulatory Agency (MHRA). We observed evidence of patient searches for each alert received and follow up actions being taken and documented to keep patients safe. A clear audit trail was maintained to demonstrate the effectiveness of the system in place.

Overview of safety systems and processes

- 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. There was a lead GP for safeguarding, with the appropriate safeguarding training at level 3. Meetings took place every 6-8 weeks between the GP safeguarding lead and practice manager/partner with the health visitor and school nurse to discuss any children at risk, and these meetings were documented and shared with the practice team. The health visitor attended the practice weekly to ensure effective liaison with regards to any concerns. Staff demonstrated they understood their responsibilities for safeguarding and all had received training relevant to their role. We were informed of an event where the team took prompt and effective action to protect children at risk of harm.

  Learning had been applied from a concern raised by a patient about displaying their name on the patient call screen in reception. This issue had been explored by a PPG audit and whilst most patients were happy with the system, it did raise the need to protect the identity of patients such as those at risk of domestic violence or children in foster care.

- A notice in the waiting room and on the door of each consulting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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).
- The practice was clean and maintained to a high standard. The practice nurse was the identified infection control clinical lead. There was an infection control policy in place and staff had received training relevant to their role. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice employed their own cleaner and had developed cleaning schedules with robust monitoring to ensure high standards were maintained.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions were in place to allow nurses

Good

Are services safe?

to administer medicines in line with legislation, and there was a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations when appropriate.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a health and safety policy available and there were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire training including trial evacuations. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was validated to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. We saw evidence that clinical staff had received vaccinations to protect them against hepatitis B.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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 and patient areas which alerted staff to any emergency.
- All staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had an up to date comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to keep all clinical staff up to date. The practice assessed needs and delivered care and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) guidelines, and local guidance, for example, in relation to prescribing. The practice monitored that these guidelines were followed through clinical discussions and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 showed the practice had achieved 91.6% of the total number of points available (compared against a CCG average of 95.1% and a national average of 93.5%, with a 9.5% exception reporting rate which was in line with local and national averages. Data from 2014-5 showed;

- Performance for diabetes related indicators at 65.1% was below the CCG average of 87.3% and the national average of 89.2%. The practice had developed actions in response to this such as ensuring the more effective recall of patients, and performance was improved at the time of our inspection and practice supplied data showed the performance had improved on these indicators.
- Data for 2014-15 showed the practice as being an outlier at 57.8% for patients with diabetes with a blood pressure reading of 140/80mmHg or less. The national average was 78% for this indicator. This issue had been discussed at a clinical meeting with measures agreed to address this. The practice's own data demonstrated that their performance on this indicator had improved to 66% in the current year to date. It was also noted that they had a marginally lower exception rate compared to local averages for this indicator.
- The percentage of patients with hypertension having regular blood pressure tests at 82.8% was slightly above the CCG average of 80.1%, but in line with the national average of 82%
- The achievement of 100% for mental health related indicators was above the CCG average of 93.8% and the national average of 92.8%
- 93.3% patients with a diagnosis of dementia had their care reviewed in a face to face consultation in the preceding 12 months. This was 5.5% higher than the CCG average and 9.3% above the England average.

Clinical audits demonstrated quality improvement.

- There had been three full clinical audits completed in the lastyear, where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a recent full cycle clinical audit was completed on prescribing the contraceptive pill for specific patients with a potential risk of cardiovascular complications. The outcome was to reduce those at risk from specifically identified factors being prescribed the contraceptive pill from 13 to five patients.
- A completed audit cycle demonstrated that patients with atrial fibrillation (an irregular heart rate) were reviewed in line with NICE guidance to stop the prescribing of aspirin to reduce the risk of stroke, and to prescribe appropriate anticoagulation medication where this was indicated.
- The practice participated in applicable local audits and benchmarking. The CCG medicines management team had undertaken five medicines audit in the last year and helped the practice to identify actions to improve safety. For example, an audit into a recent increase in antibiotic prescribing recommended actions including shorter courses of antibiotics for specific conditions. The medicines management team reported a good relationship with the practice and said they were responsive in resolving any identified issues. The practice had identified one of their administrators to be a medicines management facilitator to work with the CCG team on issues such as cost effectiveness alternative prescribing.
- The practice had also contributed to a research project on gout with Nottingham University

Good

Are services effective?

(for example, treatment is effective)

We observed that the practice's rate of attendances at the A&E department was low and they achieved the second lowest rate amongst the 21 GP practices across the CCG area. Some patients had accessed a nearby walk-in centre but the practice was auditing those who attended A&E and the walk-in services during GP surgery hours to determine their reasons for not coming to the practice. The practice were using this as an opportunity to educate patients about the appropriate use of emergency and walk-in services.

Effective staffing

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

- The practice had reviewed the skill mix within their team and had introduced a nurse practitioner role in 2013.This helped to improve access for patients by implementing a triage system, as well as being able to see patients that otherwise would have needed to see the GP. The practice had also recruited a salaried GP in late 2014 directly from the GP Vocational Training Scheme. A new practice nurse appointment in the last eighteen months had completed the clinical team and created stability to enable team development.
- The practice team had been enhanced from November 2015 by the addition of a community pharmacist within the practice team as part of an ongoing pilot project to site community pharmacy advice within GP practices. Despite this project being in its early stages, the pharmacist had undertaken a range of medication reviews, advised the nurse on any prescribing concerns for those patients attending for a review of their diabetes, instigated cost effective drug switches, provided pharmacy advice to the local care home, and had seen some patients presenting with a minor illness. This role helped to give the GPs additional capacity to see more complex patients, and offered patients a more responsive service with regards to keeping their medicines under close review. The pharmacist was also making a valuable contribution to QOF achievements – for example by reviewing the medication of patients with chronic kidney disease and ensuring these were in accordance with NICE guidelines. An audit was planned to be undertaken to measure the impact of this.
- We saw evidence of completed induction programmes for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to and made use of e-learning training modules as well as in-house training and training organised by their CCG. Staff had received mandatory training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff also received annual training to raise their awareness of learning disabilities.
- The practice ensured role-specific training with updates was undertaken for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- All staff had received an appraisal within the last 12 months, and mid-year reviews were in place to assess each individual's progress with agreed objectives. The practice manager/partner had arranged their own appraisal with the Local Medical Committee (LMC) due to their particular circumstances as a partner.

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 electronic patient record. This included care plans and risk assessments, medical history, and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring people to other services. The practice had developed their own comprehensive guide on referrals listing where and how to refer to different services, and this was updated as new information was received. This meant referrals were sent to the right place in a timely manner to enhance patient experience and care. It also provided a useful reference guide for new and temporary staff members.

Practice staff worked with other care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included patients at risk of hospital admission, and those at end of life. We saw an example of the electronic palliative care co-ordination systems (EPaCCS) used to

Good

Are services effective?

(for example, treatment is effective)

share details of people's care preferences and key details about their care at end of life, for example, if they were admitted to hospital. This had meaningful and useful information included to ensure the best care for the patient if needed by other providers.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis, including the community matron, district nursing team and Macmillan nurse, and these discussions were well documented, with care plans being reviewed and updated accordingly.

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. An easy information guide was available for staff if they had any queries about their responsibilities.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Care home staff informed us how GPs had contributed towards best interest assessments and actively listened to the views of staff and relatives.

Health promotion and prevention

The practice provided smoking cessation support and advice on weight management. Patients could also be referred into a local service to help them stop smoking, and into community based schemes to support weight loss. Clinicians from the practice had agreed to give a presentation on prostate cancer to members of the Rotary Club, and also undertake opportunistic blood pressure monitoring to identify any individuals who may need to attend their GP for a more formal clinical assessment.

The practice's uptake for the cervical screening programme was 87.4%, which was comparable to the CCG average of 86.2% and above the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake was again generally in line with the CCG average and slightly higher than the national percentages.

Childhood immunisation rates were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.5% to 100% and five year olds from 87.9% to 97%, and these were comparable to CCG averages. Flu vaccination rates for the over 65s were 75.4% compared to a national average of 73.24%, and at risk groups were 50.68% compared nationally to 55.97%.

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. During 2014-15, the practice had exceeded its health check targets. They had invited 299 patients (against a target of 255) and had completed 179 checks (against a target of 142) and this was delivered by the proactive approach undertaken by the practice by encouraging patients to attend. The first three-quarters of 2015-16 showed this was being maintained in that the practice had achieved 124% of its target. This was recognised by the CCG who were considering the potential of the practice being able to provide this service for other local practices who were struggling to meet targets. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We observed that consultation and treatment room doors were closed during consultations to ensure patient confidentiality.
- Reception staff offered patients a private room to discuss sensitive issues, or if they appeared to be distressed.
- Clinicians came into the reception area to call and greet patients and offered assistance with mobility if this was required.

The vast majority (98%) of the 147 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with a member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses and interactions with receptionists. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG and national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition.

Notices in the patient waiting room told patients how to access a number of support groups and organisations, and a wide range of literature was available for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.6% of the practice list as carers, and identified new carers upon

Are services caring?

registration. Written information was available to direct carers to the support services available to them. The practice offered a more flexible approach in dealing with carers, for example, they saw carers at short notice if there appeared to be signs that they were struggling to cope. Health checks were offered to carers and contingency plans were considered in case the carer became unwell. The practice manager/partner was identified as the practice Carer's Champion and had established links with a local carers' charity.

We were informed of circumstances in which the GP had visited patients at the weekend to ensure continuity of care. The practice also told us that visits had been arranged on occasions when vulnerable patients had failed to attend for appointments or did not answer the telephone.

The practice made telephone contact with patients who were in hospital when possible to help plan their needs at discharge. During bad weather conditions in winter, vulnerable patients were contacted to ensure they had access to essential needs such as food and heating. A patient informed us they had received a call from the practice to check how their spouse was, even though the spouse was not a patient at the practice themselves.

The practice closely monitored patients with mental health related-problems to ensure they were taking medication as prescribed, and took action to follow this up to ensure patient safety. For example, this included checking if medicines were being received from another source if they had not been collected, or to ensure the patient continued to take any necessary medicines until they had been assessed by a clinician. Staff told us that if families had experienced bereavement, they were contacted to offer condolences. This call offered a patient consultation if this was required. The GP would also visit relatives following a bereavement when this was deemed appropriate.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the community pharmacy pilot project aimed to develop new models of care to test if the quality of patient care could be improved by utilising the skills of a community pharmacy prescriber within a GP practice. The practice was also in liaison with their commissioners regarding the development of their premises in order to expand and deliver a wider range of services from their site to enhance patient care and experience.
- The community pharmacy pilot project had ensured patients had their medication needs were reviewed regularly, whilst also improving access for those with minor ailments. The pharmacist role had already produced benefits to patients through liaison with the practice team – for example, the nurse told us that a patient could not take their tablets due to the size, but discussion with the pharmacist initiated an immediate change to two smaller tablets.
- The practice offered extended hours GP appointments which were intended mainly for working patients who could not attend during normal opening hours. These were available on a Wednesday morning from 7.30am and a Monday evening between 6.30pm and 8.15pm. Occasional Saturday morning clinics were also offered, for example, when there was a Bank Holiday impacting on appointment availability during the week.
- There were longer appointments available for people, including those with a learning disability. The practice informed us how they had arranged appointments specifically to meet individual needs – for example, by ensuring a patient could be seen when no other patients were waiting in the surgery, as this created anxiety for them.
- Home visits were available for patients who would benefit from these, including older people.
- Same day appointments were available for children and those with serious medical conditions.
- There were facilities for people with limited mobility on site. The practice was reviewing the ramped access to the main entrance as one wheelchair user was encountering difficulties in using this safely. There was no hearing loop available, although the practice had assessed the needs of known patients with hearing difficulties and formulated an individual plan to address this.
- A private area was available away from reception for sensitive or confidential discussions to take place.
- Care home staff told us that the practice provided a highly responsive service to older patients, and those with learning disabilities. This included visiting on the same day when this was required. A ward rounds had been established at a local care home on a fortnightly basis to review the ongoing needs of these patients.
- Translation services were available for patients who needed them. A log in screen was available in English, Polish and Mandarin. The PPG had surveyed ethnicity to select the languages used on the log in.
- The PPG undertook fundraising events for the practice in order to fund additional equipment for patients. This included a pulse oximeter (to measure oxygen levels in blood), and a new chair for patients in the treatment room.
- A community phlebotomist (a clinical support worker who takes blood samples from patients) attended the practice for three hours each week. The health care assistant and practice manager/partner provided a phlebotomy service for patients at other times.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. GP appointments were available from 8.30am to between 11.30am and 1pm depending on which day, and afternoon surgeries ran from 1.30pm to 6pm on a Monday and Thursday, and from 3pm to 6pm on Tuesday, Wednesday and Friday. Extended hours GP surgeries were provided from 7.30am to 8.30am on a Wednesday morning, and from 6.30pm until 8.15pm on a Monday. In addition to pre-bookable appointments that could be booked in advance without restriction, urgent appointments were also available on the day for people that needed them.

On the day of our inspection, we observed that an appointment was available with either of the GPs or the nurse practitioner within five working days.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 99% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 91% of patients described their experience of making an appointment as good compared to the CCG and national average of 73%.
- 83% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

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.
- The practice manager/partner was the designated responsible person who handled all complaints in the practice.
- We saw that information was available in a folder within the waiting area to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found these were satisfactorily handle and dealt with in a timely way in an open and transparent manner. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, further to the receipt of a complaint regarding a consultation, the patient was invited to re-attend the practice to discuss their concerns in more depth. On reflection, the clinician felt that the opportunity to share the decision making with the patient had not been utilised to the best effect during the initial consultation, and emphasised the importance of involving the patient fully in decisions about their care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on their website and in the waiting areas and staff knew and understood the values
- The practice had formulated a strategy and a supporting business plan was under development which reflected the vision and values.

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 that staff were aware of their own roles and responsibilities. The practice had reviewed their skill mix to deliver services more effectively, for example the introduction of the nurse practitioner role provided greater opportunities for patient access and alleviated some pressures on GP appointments.
- The practice had implemented a comprehensive range of policies and these were up to date and readily available to all staff.
- The practice manager/partner had devised clear standard operating procedures to ensure continuity of tasks during the absence of key members of the team. Information was well organised, easy to read and readily accessible. The practice manager/partner had created alarms on their calendar to ensure that when tasks were due, a prompt was received to ensure things did not get missed. For example, renewal of professional registrations for clinicians.
- The practice had an established programme of clinical and internal audit, which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, and these were kept under regular review. The practice partners understood their performance and continually sought to improve this. For example in relation to the achievement for diabetes care within QOF indicators for 2014-15, the practice had assessed ways to improve their performance and were showing improvements at the time of our inspection.
- The practice had worked with a local practice to share outcomes and learning from an external significant event to improve safety and quality in the wider health community.
- Clinical staff received ongoing support for their role within the practice. For example, the pharmacist had a weekly debrief with the GP partner to discuss cases, and the health care assistant had a weekly meeting with the practice nurse.
- The practice engaged well with their CCG. The GP partner attended CCG Clinical Cabinet meetings and fed back relevant issues to the team. These meetings provided a valuable opportunity to benchmark the practice and gain a comprehensive understanding of the performance of the practice within their CCG. This ensured the practice were aware of any issues that they may have to address. The partners also engaged in locality meetings with other practices, and the practice manager/partner attended the practice manager forums. A practice nurse forum was under development in the locality.

Leadership, openness and transparency

Following unanticipated changes in the leadership of the practice approximately six years ago, the practice had undergone a turbulent period. However, this was addressed with great resilience and strength to ensure continuity of the service for patients and used as an opportunity to reshape the service. This change instigated the new partnership which over the recent years had redesigned and built an effective and passionate team with a record of achievement. The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that 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 felt supported by management.

Are services well-led?

Good

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

- Clinical staff meetings were held monthly, and full staff meetings took place approximately every six to eight weeks.
- Staff told us that there was an open culture within the practice and they were able to select the issues for discussion at the team meetings. Staff told us they felt confident and supported to raise issues, and that these were acted upon.
- Staff said they felt valued and supported by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

- The practice encouraged and valued feedback from patients and staff and used this to continually evaluate their service and improve care for patients.

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a quarterly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had surveyed patients regarding the choice of background music used in the waiting area following a criticism of the radio station used by the practice. The 141 responses showed that only 9% of patients agreed with the patient who raised the concern and had expressed their own preferred station, and it was decided to use the station that the majority of patients had opted for. There was a notice board to inform patients about the PPG's work and to encourage new members to join them.

- The practice routinely audited monthly feedback from the Family and Friends Test (FFT). The most recent returns indicated that 98% of patients who responded would recommend the surgery to others. The feedback in respect of "if we could change one thing" was analysed and actions were implemented in response to the feedback received. The CCG had nominated the practice for an award for the FFT work in recognition of their commitment to this programme.
- The practice had also gathered feedback from staff through a staff survey, and generally through staff meetings, appraisals and discussion. The staff survey demonstrated a high level of satisfaction. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management - for example, the practice nurse informed us that when she commenced her role, the layout of fixed furniture in the room was not effective either ergonomically or functionally. When this issue was raised with the partners, alterations were made in order for the nurse to work more easily.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and actively engaged in schemes to improve outcomes for patients in the area**.** The practice was part of a pilot practice with NHS England on their project "Unlocking the potential of Unlocking the Potential of Community Pharmacy: A Challenge Fund for Community Pharmacy Transformation". They had a pharmacist working at the practice two days a week supporting the agreed category of patients. The CCG had invited the practice to be involved in this project due to their history of achievement and willingness to consider new ways of working. There were only six GP pilot sites chosen across the counties of Derbyshire and Nottinghamshire. Whilst the project was awaiting a formal evaluation from Nottingham University, the project had already achieved:

- Reductions in the number of medications prescribed with between 10-15% patients having at least of one of their prescribed medications stopped
- Reductions in dosages of medicines by approximately 5%
- An improved understanding by patients of their medication
- Effective support and advice to practice team staff to enhance patient care and experience

The practice were aware that their existing premises limited their future vision for growth and the ability to host more services on site for their patients. There was also likely to be increased demand from planned new housing in the local vicinity. An infrastructure bid was in progress with a potential to develop new purpose-built and enhanced premises in the future.