

# Peak & Dales Medical Partnership

## Inspection report

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Date of inspection visit: 7 February 2020  
Date of publication: 31/03/2020

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 location

Outstanding 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Outstanding 
Are services well-led?	Outstanding 

# Overall summary

We carried out an announced comprehensive inspection at Bakewell Medical Centre (Peak & Dales Medical Partnership) on 7 February 2020 as part of our inspection programme.

We carried out an inspection of this service due to the length of time since the last inspection. The previous inspection took place in May 2015 and the report can be found on our website at . The practice was previously rated as outstanding overall. All five domains and six population groups were also individually rated as being outstanding.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

**At this inspection in February 2020, we have again rated the practice as outstanding overall.** The practice was rated as outstanding for providing responsive and well-led services, and good for providing safe, effective and caring services. The population group of people whose circumstances make them vulnerable was also rated as outstanding. The population groups of older people, long term conditions, working age people, and people experiencing poor mental health (including dementia) were rated as good. The population group families, children and young people was rated as requires improvement.

We rated the practice as **outstanding** for providing responsive services because:

- The practice had built on the areas identified at the previous inspection to respond to the needs of their registered population. In particular, the practice could demonstrate how the needs of families, children and younger people, and those whose circumstances made them vulnerable, were paramount to how they adapted service delivery and fulfilled the needs of these population groups.

We rated the practice as **outstanding** for providing well-led services because:

- There was evidence of proactive, effective and strong leadership.

- There was evidence of external networking at local, regional and national level. This helped to drive internal improvements and facilitated the sharing of best practice.
- The change programme associated with the merging of two practices had been handled sensitively with the support and commitment of the practice team, and without any interruption to continuity at the practice.
- The practice championed quality initiatives and all opportunities for learning. Audit processes were embedded within the practice and we saw how this drove service improvements and patient safety.
- There was a continual drive to further improvement with flexibility to redesign service delivery to meet new challenges. We saw innovation and a commitment to engage with others to highlight and share best practice.
- The features which had been identified as contributing to the outstanding rating for well-led at the previous inspection, had continued to evolve and strengthen in the intervening five-year period.

We rated the practice as **good** for providing safe, effective and caring services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff treated patients with kindness and respect and involved them in decisions about their care.

In addition, we identified the following outstanding features:

We saw outstanding practice in relation to the end of life care. This included:

- A designated GP lead was able to demonstrate their role in influencing local and national developments in end of life care. This included lead external roles as well as examples we saw of working with the coroner, emergency care providers, and charitable organisations to continually improve services for patients at the end of life.
- All new cancer diagnoses were reviewed and individual patients were provided with appropriate levels of support and ongoing review. The practice could demonstrate the impact of their approach in that none of their patients with a cancer diagnosis attended

# Overall summary

Accident & Emergency in 2018-19 whilst research shows that over one third of patients with the eight most common cancers types in England have to access emergency care services in the last 12 months of life.

- There was a high percentage of home deaths to support the patient's preferred place of death. The practice undertook death analysis reviews to ensure that they considered any learning to help coordinate future end of life care planning arrangements. The most recent audit showed that 72% of patients died in their home/place of residence. A Macmillan Cancer Support report from December 2017 indicated that whilst 64% of patients had expressed a desire to die within their own home, only around 30% achieved this.

The areas where the provider **should** make improvement are:

- Improve uptake rates for childhood immunisations to deliver the target percentage for 2019-20.
- The practice should improve the process for responding to official complaints. This includes revising some of the content in both acknowledging the complaint initially, and within the final response letter.
- Non-clinical staff should update their child safeguarding training to level two in line with updated guidance.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care.

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser, a nurse specialist adviser, and a second CQC inspector.

## Background to Peak & Dales Medical Partnership

Peaks & Dales Medical Partnership is registered with the Care Quality Commission as a GP partnership. It is registered to carry out the following regulated activities - diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures, and the treatment of disease, disorder or injury.

The practice has a contract with NHS Derby and Derbyshire CCG to provide General Medical Services (GMS) and offers a range of local enhanced services.

The practice, Bakewell Medical Centre, is situated in the town of Bakewell in the Derbyshire Dales district. The practice's catchment area incorporates a predominantly rural community. Agriculture, tourism and quarrying are the major employers in the area. The surgery's premises date back to the 1960s but were extended to the current footprint in 2008.

The partners also have another CQC registered location at Tideswell Surgery, Parke Road, Tidewell, Buxton. SK17 8NS. The partners at Bakewell joined with the partners at Tideswell in October 2017 to form the Peak & Dales Medical Partnership. Tideswell Surgery was inspected in September 2018 and received an overall rating of outstanding. Tideswell Surgery is approximately eight miles from Bakewell on the edge of the Dales, about six miles from Buxton in the High Peak.

The plan is for the two practices to be fully merged with one registered patient list and integrated IT systems from May 2020. Tideswell Surgery will then be removed as a location with the CQC and be termed as a branch site.

Bakewell Medical Centre has approximately 5,866 registered patients. This is stable as new housing developments are restricted in the Peak District area. The age profile demonstrates a higher proportion of older patients, and lower numbers of younger patients compared to local and national averages:

- The percentage of people in the 65+ year age group at 30.4% is above the CCG average of 20.8%, and the national average of 17.3%.
- The percentage of people in the under 18 age group at 15.7% is below the local average of 19.2%, and the national average of 20.6%.

Average life expectancy is 80.5 years for men and 84.4 years for women, compared to the national average of 79.3 and 83.2 years respectively.

The general practice profile shows that 58.7% of patients registered at the practice have a long-standing health condition, compared to 54.4% in the wider CCG and 51.4% nationally. This is reflective of the nature of the higher proportion of older patients.

The practice scored nine on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. Levels of unemployment are low at 0.5% (CCG 3.2%, national 4.2%)

The National General Practice Profile describes the practice ethnicity as being predominantly white at 99.1% of the registered patients, 0.5% mixed race, 0.3% Asian, and 0.1% black. There are a cohort of patients from Eastern Europe who mostly work in the local agricultural economy.

There are four GP partners (one male GP and three female GPs), three associate (salaried) GPs (two males and one female) and there are also two female GP retainer posts. In addition, the practice hosts GP registrar placements and medical students. At the time of our inspection, three GP registrars were working at the practice.

The nursing team consists of a community matron and three practice nurses. There is a practice nurse who is the nurse manager, based at the Tideswell site, but manages the nursing team across both sites. There are four health care assistants one of whom also works as the practice care coordinator.

Most clinicians work across both Bakewell and Tideswell.

There is a pharmacist and two dispensers. The practice provides a medicines dispensing service to approximately 30% of registered patients (those patients who reside one mile or more from an independent pharmacy)

The non-clinical team is led by a partnership manager, who commenced their role the week prior to our inspection. Other members of the management team includes a project manager, an assistant partnership manager, a clinical information manager, and a reception supervisor.

There is a team of 12 administrative and secretarial staff.

The practice opens Monday to Friday from 8am until 6.30pm with extended opening hours on a Tuesday evening until 8pm, and a Wednesday morning from 7.30am. Patients can also access a local extended access scheme which provides appointments until 8pm on weekdays and also provides some appointments on Saturdays, Sundays and bank holidays.

The surgery closes on a Wednesday afternoon on most months for staff training. When the practice is closed, out of hours cover for emergencies is provided by Derbyshire Health United (DHU).