

# West Hallam Medical Centre

## Quality Report

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

### Ratings

#### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	14
Background to West Hallam Medical Centre	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Hallam Medical Centre on 28 June 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents. All opportunities for learning from incidents were maximised.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical audit drove quality improvement in all areas of activity. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Resources were deployed to ensure individual patient healthcare needs were optimised. Data showed that the practice was performing highly when compared to practices nationally.

- Patient feedback regarding care and treatment received was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. The practice was involved in a new ways of working project, aimed at maximising GP time and efficiency.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. Staff were passionate about their roles and responsibilities, they felt valued within the practice and feedback regarding leadership was consistently positive.

We saw areas of outstanding practice including:

# Summary of findings

Data which included Quality and Outcomes Framework (QOF) showed the practice consistently achieved high results across the areas of practice. These included those with long term conditions, older people and patients who had a learning disability. The practice did not exception report in some areas of practice or it was low when compared to CCG and national averages.

The practice proactively engaged with their patient population and understood their individual needs and requirements. This was demonstrated in quality monitoring activities such as a mental health audit and the identification of a large number of patients who had carers responsibilities.

The practice had introduced a new model of care in the delivery of its services which represented a move away from traditional GP led care. Staff with specialist skills had been recruited or upskilled within the practice. Patient health care needs were optimised by alignment with staff skill set and expertise. Patients, including those with long term conditions had benefitted from this new model of working and outcomes were evident. These included an increase in reviews being undertaken in 2015/16 for those patients with long term conditions.

Data showed that the practice's emergency hospital admissions had continually decreased from March 2013 to February 2016. The practice had the lowest number of emergency admissions by locality across 18 practices within the CCG.

The practice worked in collaboration with four local practices on a project to drive improvement in care for older people and reduce emergency admissions from care homes. This had resulted in an 8% reduction in emergency admissions in the preceding 12 months.

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

- Consider whether dispensing 'near misses' should be recorded and a system put in place to learn lessons from these events.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. All staff knew how to report incidents and a number of documents we were provided supported this assurance process.
- Lessons were shared to make sure action was taken to improve safety in the practice. Detailed records included analysis of the events and risk assessment to reduce potential reoccurrence. Learning outcomes were shared in practice meetings.
- When things went wrong patients received information, reasonable support, and a verbal or written apology. They 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 patients safe and safeguarded from abuse. This included infection control procedures and appropriate training of staff in safeguarding. Most systems were in place in relation to medicines management, but the systems for recording near misses to ensure learning could be strengthened.
- Risks to patients were assessed and well managed. This included health and safety, ensuring sufficient staff in place to meet patient needs and suitable emergency procedures if a patient presented with an urgent medical condition.

Good



### Are services effective?

The practice is rated as outstanding for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. For example, audits were targeted at improving patient care in population groups which included older people and those with a mental health condition. The practice could demonstrate clear outcomes for these patients.

Outstanding



# Summary of findings

- Data showed that the practice was consistently performing highly when compared to local and national practices. For example, in the Quality and outcomes framework (QOF) the practice received 99% of total points available. This was above the CCG average of 97% and national average of 95%.
- The practice's overall exception reporting was 6.4% which was better than the CCG average of 11.1% and national average of 9.2%. The practice had not exception reported any patients in some areas of activity. The practice staff told us they had identified with their individual patients' needs and proactive engagement resulted in low exception reporting.
- Proactive engagement was also evidenced in other areas such as the high achievement of annual health checks for those patients who had learning disabilities and the high uptake of the flu vaccination programme.
- Staff worked regularly with multidisciplinary teams, including the attached care co-ordinator to understand and meet the range and complexity of patients' needs. The practice had moved away from the traditional model of GP led care and utilised wider clinical resource to meet patient needs, whilst maintaining access to GP expertise when required. An outcome included an increase in the number of patients with long term conditions receiving reviews in 2015/16.

## Are services caring?

The practice is rated as outstanding for providing caring services.

We observed a strong patient-centred culture:

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. This included 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%. Data also showed that 100% of patients had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and national average of 97%.
- Patient comment cards completed showed that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice sought to identify their patients' needs and this was demonstrated in the high number of carers which were held on their register. We spoke with a representative from a local carers association who told us the practice were proactive and keen to provide these patients with additional help and support.

Outstanding



# Summary of findings

- A variety of information for patients about the services available was easy to understand and accessible. This was also included on the practice website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with four other local practices (known as the Belper 5) in planning how its services were provided. The practice had identified areas where they could strengthen their services provided responding to the specific needs of its patient population.
- There were innovative approaches to providing integrated patient-centred care. The practice sought to ensure patient health care needs were optimised by alignment with staff skill set and expertise. This resulted in more GP appointments being made available for those patients with the most complex needs. CCG data we reviewed showed that the practice's emergency hospital admissions had continually decreased from March 2013 to February 2016. The practice had the lowest number of emergency admissions by locality across 18 practices within the CCG.
- Patients said they found it easy to make an appointment, including with a named GP. There was continuity of care, with urgent appointments available the same day. This was reflected in feedback from the national GP patient survey. For example: 97% of patients said the last appointment they got was convenient compared to the CCG average of 93% and national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included disabled facilities, a hearing loop and translation services.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints received was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Outstanding



# Summary of findings

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice undertook collaborative working with four other local practices in a GP cluster to identify where services could be improved. They then planned for new ways of working to maximise GP time and efficiency.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. All staff we spoke with told us they were involved in how the practice was run and that their skills were being fully utilised and developed. They praised the partners for their leadership ability.
- The practice had an active patient participation group who met regularly to discuss the development of the practice and patient feedback obtained through surveys. We saw detailed records of meetings held which supported a collaborative approach to further develop 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

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

- The practice had participated in a CCG project aimed at streamlining the medical care offered to patients living in residential care homes. Identified outcomes included improved end of life care for patients and closer and more effective liaison with other health professionals, including care homes staff.
- The practice undertook additional work which included training of care home staff so they felt confident and empowered to care for their patients' needs with less reliance on the emergency services to assist. The practice also met with relatives of patients to raise awareness of health considerations and other associated issues. Feedback from care home managers was particularly positive. Data also showed an 8% reduction in emergency admissions in the preceding 12 months.
- The practice participated in the 'Belper 5' project to enable collaborative working with other local surgeries to improve community care for patient, especially the frail elderly.
- Quality and Outcomes (QOF) data showed the practice had achieved 100% of available points in osteoporosis indicators. Achievement ranged from 5% to 8% above GGC averages and exception reporting was between 10% and 16% lower than CCG averages.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice had utilised the skills of a trainee advanced care practitioner to undertake these visits under supervision from the GP partner.
- Data supplied by the practice showed that flu vaccination rates in 2015/16 for the over 65s were 82% (CCG average 73%) The practice ran flu clinics at a local community facility to encourage uptake and offer flexibility to patients.

Outstanding



### People with long term conditions

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

Outstanding





# Summary of findings

- National data showed the practice was performing in line with the local CCG average for its achievement within eleven diabetes indicators. The practice achieved 92% of the available QOF points compared with the CCG average of 93%. Achievement was above the national average of 89%.
- 100% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was above the CCG average of 92% and national average of 90%. None of these patients had been exception reported. The CCG exception reporting average was 11.5% and national average was 9.8%.
- The practice had 2,153 patients with chronic diseases registered. All these patients were offered a structured annual review to check their health and medicines needs were being met.
- The practice had adopted a new recall system and new model of working which aligned individual patient healthcare needs with the most appropriate clinician to meet their needs. Practice supplied data showed that 2,079 patients had received structured reviews within the last year although this data had not been verified and published. For those patients with the most complex needs, wider clinical staff worked together with the care co-ordinator to deliver a multidisciplinary package of care with access to a named GP when required. Recent data showed the practice was the lowest in the locality for emergency admissions into hospital.
- The practice had recently recruited a prescribing pharmacist whose role involved the treatment of patients who had COPD and asthma flare ups.
- The practice offered in house warfarin testing and spirometry for those patients who would benefit.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for all standard childhood immunisations ranged from 93% to 98%. This was similar to CCG averages which ranged from 91% to 98%.
- The practice had adopted a policy of following up any childrens missed appointments at the practice or at hospital to identify the reasons for non attendance.

Good



# Summary of findings

- 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 were available outside of school hours and the premises were suitable for children and babies.
- We saw that joint working took place with midwives and health visitors, and any safeguarding concerns were routinely discussed at practice management meetings.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Appointments could be booked from 8am to 6.30pm weekdays with an extended hours surgery on Wednesdays until 8.30pm.
- As a result of the practice's new model of working, GP appointment availability had increased, waiting times for urgent appointments decreased and the practice had noted a 50% reduction in those requesting a telephone consultation.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- 88% of women aged over 25 but under 65 had received a cervical screening test in the previous 5 years. The practice was performing above the CCG average of 84% and national average of 82%.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 30 patients on the learning disability register, and all of these had received an annual health check in the last twelve months.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals including the care co-ordinator in the case management of vulnerable patients.

Outstanding



# Summary of findings

- The practice had identified a high number of patients with carers responsibilities, 25% of the practice list size. The practice had engaged with a local carers organisation and provided a monthly clinic in the practice to offer help and support to carers.
- 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.

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

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

- 91% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was similar to the CCG average of 92% and above the national average of 88%. None of these patients had been exception reported. CCG average for exception reporting was 20.9% and national average was 12.6%.
- The practice had undertaken an audit to identify any patients with serious mental health problems who were not already included on the mental health register. Patients who were recorded on the register were highlighted for additional advice and treatment including various annual screenings. The audit identified 7 patients who were not included on the register and these patients were therefore included. A further 7 patients were highlighted for additional reviews.
- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 85% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. This included patients with dementia residing in care homes and the CCG project that the practice participated in also directly benefitted these patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A variety of information was provided to patients at the practice.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was generally performing above local and national averages. 232 survey forms were distributed and 121 were returned. This represented 52% response rate.

- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. A number of the comments made reference to patients being registered with the practice for many years. The majority of the comments included that an excellent service was provided, that all staff listened, cared, were respectful and kind. Some comments included that clinical staff went the extra mile to make things better for patients. Four comments made reference to it being difficult at times to obtain an appointment.

We reviewed recent data the practice had collated from the NHS Friends and family test. 27 responses were received from December 2014 to June 2016. Of these, 25 patients stated that they would be extremely likely to recommend the practice, 2 said they were unlikely to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Consider whether dispensing 'near misses' should be recorded and a system put in place to learn lessons from these events.

## Outstanding practice

Data which included Quality and Outcomes Framework (QOF) showed the practice consistently achieved high results across the areas of practice. These included those with long term conditions, older people and patients who had a learning disability. The practice did not exception report in some areas of practice or it was low when compared to CCG and national averages.

The practice proactively engaged with their patient population and understood their individual needs and

requirements. This was demonstrated in quality monitoring activities such as a mental health audit and the identification of a large number of patients who had carers responsibilities.

The practice had introduced a new model of care in the delivery of its services which represented a move away from traditional GP led care. Staff with specialist skills had been recruited or upskilled within the practice. Patient health care needs were optimised by alignment with staff skill set and expertise. Patients, including those with long

# Summary of findings

term conditions had benefitted from this new model of working and outcomes were evident. These included an increase in reviews being undertaken in 2015/16 for those patients with long term conditions.

Data showed that the practice's emergency hospital admissions had continually decreased from March 2013 to February 2016. The practice had the lowest number of emergency admissions by locality across 18 practices within the CCG.

The practice worked in collaboration with four local practices on a project to drive improvement in care for older people and reduce emergency admissions from care homes. This had resulted in an 8% reduction in emergency admissions in the preceding 12 months.

# West Hallam Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a pharmacist specialist adviser.

## Background to West Hallam Medical Centre

West Hallam Medical Centre is located in West Hallam, a large village close to Ilkeston in the County of Derbyshire. There are local bus routes into the village and the surrounding areas. Parking is available on site and free public parking within close walking distance of the practice.

The practice currently has a list size of approximately 4850 patients.

The practice holds a General Medical Services (GMS) contract which is a locally agreed contract between NHS England and a GP to deliver care to the public. The practice provides GP services commissioned by NHS Southern Derbyshire CCG.

The practice is situated in an area with very low levels of deprivation. It has a higher than national average adult population who are of working age and retired. A higher number of those of working age registered at the practice are employed or in full time education compared with the local CCG average. There are less younger people registered at the practice than the national average.

The practice is managed by two partners. One is a GP (male) who works on a full time basis and one is the managing partner (male) who also works on a full time basis. The practice also has three salaried GPs (female) who

work part time. They are supported by clinical staff; a trainee advanced nurse practitioner (female), nurse manager who is an independent prescriber (female), practice nurse and two healthcare assistants (females). The practice has a pharmacy on site and employs a dispensary manager and two dispensing assistants. The practice also employ a team of reception, clerical and administrative staff.

The practice is open on Monday, Tuesday, Thursday and Friday from 8am to 6.30pm. On Wednesdays, the practice is open from 8am to 8.30pm. Appointments are available Monday, Tuesday, Thursday and Friday from 8am to 6.30pm. On Wednesdays, appointments are available from 8am to 8.30pm. The practice is closed during weekends.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are currently provided by Derbyshire Health United.

## Why we carried out this inspection

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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 June 2016. During our visit we:

- Spoke with a range of staff (GPs, managing partner, dispensary staff, nurses, administrative staff, a residential care home manager and the attached care co-ordinator)
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### 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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information, reasonable support, a written apology or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events which was documented.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, it was identified that a patient consultation had not been updated promptly on the practice's computer system. This led to a discussion held with a member of staff involved and direction issued for all staff to complete particular documentation as defined by management. This documentation had been approved by management in managing risk and therefore reduce such errors from occurring.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 member of staff for safeguarding. The GPs attended

safeguarding meetings and provided reports where necessary for other agencies. Issues regarding safeguarding were routinely discussed at practice meetings and documented. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to an appropriate level to manage safeguarding children and vulnerable adult concerns.

- 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 (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 adopted a policy which stated that only clinical members of staff could undertake chaperone duties.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We reviewed an audit undertaken in May 2016 which identified the removal of toys from the practice waiting area and increased signage in the practice regarding handwashing. We saw that these actions had been taken.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for



## Are services safe?

specific clinical conditions. One of the other nurses employed was also undertaking training as an advanced nurse practitioner. These staff received mentorship and support from the medical staff for these extended roles. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- There was a lead GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewarded practices for providing high quality services to patients of their dispensary. We looked at the system for recording medicine near miss incidents. We did not see evidence that near miss incidents were recorded for learning purposes. The practice did however have a procedure in place to record any serious medicine errors. These were reported to practice management and raised as significant events for further investigation and analysis. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed two personnel files of most recently appointed staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had received training during their induction programme. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment

was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We looked at legionella testing information which was undertaken in December 2015.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had used locum doctors within the practice; one had been appointed to cover for planned leave. The practice had recently recruited a clinical pharmacist and we were informed that this role would enhance the quality and range of medicine management services provided to patients at this practice. The practice had also recruited an additional trainee advanced care practitioner. The advanced care practitioner had been recruited through funding aligned with the Belper 5 project and whose role mainly involved working with the frail elderly.

### 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 annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice had an agreement

## Are services safe?

with four other local practices to assist them in the event of the practice's building becoming unfit for use. The plan, last reviewed in January 2016, included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- The practice discussed new NICE guidelines routinely at clinical meetings held. They also monitored that these guidelines were followed through risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with 6.4% overall exception reporting. The practice's overall exception reporting was better than the CCG average of 11.1% and better than 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 92% which was similar to the CCG average of 93% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 89% which was higher than the CCG average of 85% and national average of 84%. Exception reporting was 3.2% which was better than CCG average of 4.1% and better than national average of 3.8%.
- 100% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis.

This was above the CCG average of 92% and national average of 90%. None of these patients had been exception reported. CCG average for exception reporting was 11.5% and national average was 9.8%.

- 91% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was similar to the CCG average of 92% and above the national average of 88%. No patients had been exception reported. CCG average for exception reporting was 20.9% and national average was 12.6%.

The practice nursing staff told us that they sought to ensure exception reporting was kept consistently low and achieved this by proactively contacting patients by other ways such as telephone calls if they did not respond to written invitations to attend for health reviews. Data provided by the practice (which we had not validated) showed:

- There were 30 patients on the learning disability register, and all of these patients had received an annual health check in the last twelve months.

The practice had focused its efforts on a new recall system for its patients with long term conditions and ensured these patients had access to the most appropriate clinician to meet their health care needs. This was part of a new model of working by the practice which moved away from traditional GP led care. Data provided by the practice (which we had not validated) showed an increase in the number of annual reviews undertaken from 2015 to 2016.

- The number of patients receiving reviews for asthma had increased by 123%
- The number of patients receiving reviews for chronic obstructive pulmonary disease (COPD) had increased by 20%.
- The number of patients receiving reviews for diabetes increased by 250%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years. These included an audit of patients with a particular medical condition which put them at risk of stroke. The audit was undertaken as a result of national guidance which recommended review of these patients to ensure they were receiving the most appropriate medicine(s). Outcomes included that all patients were



# Are services effective?

## (for example, treatment is effective)

identified and reviewed and changes to medicines made where required. This was in line with the guidance issued. Another outcome included a significant event being raised which led to subsequent investigation by practice clinicians.

- The practice had undertaken an audit to identify any patients with serious mental health problems who were not already included on the mental health register. Patients who were recorded on the register were highlighted for additional advice and treatment including various annual screenings. The audit identified seven patients who were not included on the register and these patients were therefore included. A further seven patients were highlighted for additional reviews.
- The practice had undertaken a full audit cycle of antibiotic prescribing as a result of it being identified as a high prescriber of a particular medicine in 2014. The audit involved reviewing the records of all patients receiving a prescription for the medicine and assessing whether local guidelines had been followed in all cases. Positive outcomes included a reduction in the prescribing of the medicine when it was re-audited.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The nurse manager was currently undertaking an update in spirometry. Spirometry is a test of how well you can breathe and can help in the diagnosis of different lung diseases. The nurse manager had also recently completed diabetes update training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. We reviewed a sample of anonymised care plans completed.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We met with attached staff who worked with the practice; this included the care coordinator who was based at the practice. The care co-ordinator's role included the review of admissions and discharges from hospital and making contact with those patients recently discharged. Documented structured meetings took place, led by the care co-ordinator and attended by other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.



# Are services effective?

## (for example, treatment is effective)

We reviewed data provided by the CCG which showed that the practice's emergency hospital admissions had continually decreased from March 2013 to February 2016. The practice had the lowest number of emergency admissions by locality across 18 practices within the CCG.

We discussed low admissions data with the practice management. We were informed that a number of initiatives had impacted on its achievement of low admissions. This included an enhanced service provided by the practice to care homes where some of their patients were living. The initiative sought to identify patients' care needs at an early opportunity and maintain regular review of their needs as well as building communicative relationships with care homes staff. Practice management told us that this involved providing educational awareness to staff so they felt empowered and confident when dealing with individual patient care needs. We were informed that the senior GP had also met individually with family members of patients to raise awareness of health considerations and other associated issues. The practice also attributed their new recall system and ensuring that patients with long term conditions had access to the right clinician had impacted in the reduction of unnecessary hospital admissions.

### 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff we spoke with were able to provide examples to demonstrate their application of knowledge.
- 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.
- The process for seeking consent was monitored through patient records audits. We reviewed a full cycle audit undertaken into the recording of patient consent for joint and soft tissue injections administered. A small

number of patient records had been identified as not having information regarding consent recorded. Following re-audit, outcomes included that all patient consent had been recorded.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring health advice for diet, smoking and alcohol cessation. Patients were signposted to the relevant service. For example, a free local health and wellbeing service, Live Life Better Derbyshire, was promoted to patients who wanted to lose weight, stop smoking and undertake a programme of exercise. Staff we spoke with told us they had information readily available on their computer system to make referrals when appropriate. This included dietician and diabetic retinopathy referrals.

The practice's uptake for the cervical screening programme was 88%, which was above the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and they were also invited to attend the practice to discuss any concerns about the procedure. The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 67% which was above the CCG average of 61%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 79% which was similar to the CCG average of 78%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% within the practice. The CCG rates varied from 94% to 98%. Five year old vaccinations ranged from 96% to 98% within the practice. The CCG rates ranged from 91% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice provided data that showed they had undertaken 70



## Are services effective? (for example, treatment is effective)

healthchecks from April 2016 to date. Appropriate follow-ups for the outcomes of health assessments and

checks were made, where abnormalities or risk factors were identified. The practice told us they had referred 13 of these patients for other intervention. We had not validated this data.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Comments included that patients considered the practice to offer an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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 GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 95% 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 average of 91%.
- 100% of patients had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and national average of 97%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Some of the comment cards reviewed made particular reference to patients feeling involved in decision making about the care and treatment they received. They also included statements that 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.

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 above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language, although the practice informed us they had a very small number of patients who would benefit from this.



## Are services caring?

- The practice's website was able to be translated by patients in a number of different languages.

### **Patient and carer support to cope emotionally with care and treatment**

A number of patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This included the Samaritans, dementia support organisations and help and support for veterans. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified a very high number of patients as carers, 1229 in total. (25% of the practice list). The practice worked closely with a local carers association and carers were invited to attend a monthly carers clinic at the practice. The clinic offered carers help and advice for matters including the completion of carers assessments,

available funding information and access to respite services. The practice had nominated a member of staff as a carers champion. We were provided with anonymised examples by the practice management where they had actively referred carers to their clinic based on their identification of their patients' needs. Information was also included on the practice website as well as being made available within the practice. The practice told us that they also had plans to invite carers for flu vaccinations this season.

Staff told us that if families had experienced bereavement, their usual GP would make a decision regarding contact depending on personal circumstances. This may involve contact by telephone and invitation to attend the practice to discuss their needs and providing advice on how to find a support service. We also saw signposting information for patients who had experienced bereavement displayed in the practice.



# 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.

- The practice offered an extended hours clinic on a Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours. On other weekdays appointments were available until 6.30pm.
- There were longer appointments available for patients with a learning disability and all vulnerable patients had markers placed on their records to inform staff.
- The practice offered double appointment slots to any patient who requested these.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice cared for patients living in residential care homes and routine visits were undertaken by clinical staff.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. As well as GP led clinical care, a nurse prescriber and trainee nurse practitioners were available to assist patients who had particular health care needs.
- A diabetes clinic was provided by the practice. A diabetic specialist nurse also visited the practice monthly to assist those patients who had complex and multiple needs.
- The practice provided a clinic for those patients with chronic obstructive pulmonary disease (COPD).
- The practice offered in house warfarin testing, spirometry and phlebotomy services for those patients who would benefit.
- A baby immunisation clinic was provide to patients twice monthly.
- Patients were able to receive travel vaccinations available on the NHS. Those requiring vaccinations only available privately were referred to other clinics.
- The practice provided a flu vaccination service at a local community facility to encourage take up and provide increased flexibility for patients.

- The practice had a dispensary so medicines could be provided directly to around 20% of its registered patients.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open on Monday, Tuesday, Thursday and Friday from 8am to 6.30pm. On Wednesdays, the practice was open from 8am to 8.30pm. GP appointments were available daily from 8.30am to 10.30am and 4pm to 5.30pm. On Wednesdays extended hours appointments were available from 6.30pm to 8.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was at or above local and national averages with one exception.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 93% and national average of 92%.
- 69% of patients were usually able to get to see or speak to their preferred GP compared to the CCG average of 55% and national average of 59%.

The practice told us that they had acknowledged feedback in relation to the practice's opening hours and were constantly reviewing its appointment times and clinical sessions to provide more flexible options. They stated that this would align with their high demographic of retired patients.

Feedback we obtained and other information we reviewed showed that patients were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice recruitment of an additional advanced care practitioner was utilised to enhance the practice's responsiveness to addressing patient healthcare needs. In particular, this included addressing the needs of those patients who were frail and who required home visits. (Including residential homes) The practice told us they undertook a higher number of home visits because of its geographical location and more limited public transport links. The care practitioner was therefore assigned to undertake urgent visit requests overseen by the senior partner. This had resulted in a reduction of waiting time for treatment of these patients. Feedback we received from a care home manager was extremely positive regarding the approach adopted by the practice.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice had trained its reception staff to allocate appointments for its patients with the most skilled clinician to meet their needs. They had also promoted its services available with particular clinical staff to its patients. Alignment of staff skill sets with individual patient healthcare needs resulted in increased GP appointments being made available for those patients with more complex needs. We were provided with data by the practice which showed on average, 80 more appointments had been made available per week as a result of patients being allocated appointments with the most appropriate clinical staff. Information also showed that at the time of our

inspection, there was no waiting list for patients who required urgent but non emergency appointments and 50% less patients had requested a telephone consultation with their GP.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was given to patients which included information on how to report concerns to the practice as well as to external organisations. We also saw information on the practice's website.

We looked at two complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, a complaint received regarding appointment availability and patient experience led to staff training to ensure their knowledge was updated and detailed communication with the complainant.

# 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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice objectives were innovative and achievable. They included the commitment to providing the very best primary healthcare services working in collaboration with the patient participation group (PPG) to ensure these were continually reviewed. Staff we spoke with knew and understood the practice values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were proactively monitored and reviewed.

### Governance arrangements

The systems to enable good governance and oversight were highly effective allowing partners to assess quality and identify and mitigate risk whilst driving improvements in services.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were supported through regular one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented and were available to all staff. Discussion of policies took place through induction, training and staff meetings.
- A comprehensive understanding of the performance of the practice was maintained. This was demonstrated in the practice's management of patients at risk of hospital admission and ongoing assessment of its performance against QOF data and CCG statistical information.
- The practice continuously monitored its effectiveness when new ways of working were implemented. This ensured resources were allocated accordingly, patient healthcare needs met and patient experience maximised. As a result of the practice's new model of working, GP appointment availability had increased, waiting times for urgent appointments decreased and the practice had noted a 50% reduction in those requesting a telephone consultation.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Audit data focussed on patient safety and identified improved patient outcomes across population groups.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Staff worked in collaboration to deliver an effective and responsive service.

### Leadership and culture

The partners in the practice had a shared aim to drive the practice forward and motivate their staff to succeed. All staff we spoke with told us the partners were approachable and always took the time to listen to all members of staff. The majority of staff had worked within the practice for many years and one staff member told us they would not choose to work anywhere else.

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

- The practice gave affected people information, reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. We reviewed documented minutes which included practice management meetings where all staff were invited to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days had been held twice annually.
- Staff were proud of the organisation as a place to work. They said they felt respected, valued and supported, particularly by the partners in the practice. There were

# Are services well-led?

Outstanding



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

consistently high levels of staff engagement. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff were consulted with for their opinions prior to decisions being made on recruitment of new posts.

- A number of practice staff had received promotional and developmental opportunities. This included reception staff, nursing staff and practice manager.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had installed a bell outside of its reception area for patients who had mobility problems. Staff were then able to assist any patient requiring help.
- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would

provide feedback and discuss any issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous Improvement

The practice worked collaboratively with four other local practices by way of a GP cluster. The practice was innovative and was involved in a 'New ways of Working' for general practice project. This was developed in-house after funding was received for the advanced care practitioner post.

The project identified that the right person should undertake the right job at the right time to better utilise GP time and efficiency. The practice had worked to identify their patients' care needs and aligned them with the resource and expertise required to deliver good quality care. This had also impacted in the overall reduction of admissions which was evidenced in CCG statistical data.

The practice management had implemented a new IT system which also acted as a training tool for non GP clinical staff. The tool provided diagrams and prompts to assist clinicians in delivering care. The system also provided documentation to assist patients in understanding their conditions. This impacted on the overall patient experience. Feedback from staff was positive regarding the system used.

Practice management had attended local events to share its vision and planning regarding future working with other clinicians working within the primary care environment.