

Highcroft 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highcroft Surgery on 16 March 2016. Overall the rating for the practice was rated as requires improvement and the practice was asked to provide us with an action plan to address the areas of concern that were identified during our inspection.

A second announced comprehensive inspection was carried out on 3 November 2016 in order to assess improvements and the outcomes from their action plan. The action plan had been fully completed, and the practice was now meeting all legal requirements. The practice was given an overall rating of good, with requires improvement for providing responsive services.

We carried out a third comprehensive inspection on 2 August 2017 which was announced at short notice (two days before the inspection) to assess the areas previously highlighted as requiring improvement and respond to concerns reported by stakeholders about access to the service. The overall rating for this practice is good.

Our key findings were as follows:

- Telephone access had improved since the telephone system was upgraded. However, access to GP appointments remained a problem for patients. The practice continually reviewed their service and subsequently introduced further changes to improve patient experience in terms of access, and some of these changes were still being embedded. We did receive some positive feedback from patients that we spoke with, that indicated that the situation was improving.
- Feedback from patients about their care, and their interactions with all practice staff, was mixed. Whilst patients said they were treated with dignity and respect by clinicians, a number of them expressed difficulties in getting routine appointments to discuss test results.
- The latest national GP survey (July 2017) showed patient satisfaction in respect of GP consultation

Summary of findings

experiences was broadly in line with local and national averages. However, experiences relating to getting appointments remained significantly lower than local and national averages.

- The practice provided primary medical services to patients across three local care and nursing homes. Feedback from the care homes indicated the relationship with the practice continued to improve and meetings between the practice and the homes were ongoing to ensure the service met their needs.
- There were systems in place to support the reporting and recording of significant events. Lessons were shared to ensure action was taken to improve safety in the practice.
- 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.
- The practice used clinical audits to review patient care and we noted several examples of how outcomes had been used to improve services as a result.

- The practice provided modern purpose-built facilities and was well-equipped to treat patients and meet their needs. Its co-location with a large number of other community health providers facilitated good patient access to a range of other services.
- The practice had a proactive patient participation group (PPG) who worked closely with the practice and helped to influence developments.

The area where the provider must make some improvements is:

- The provider should continue to work towards improving patient experience by assessing and monitoring access to appointments.

The area where the provider should make improvements is:

- Consider strengthening the process for the management of alerts received from the Medicines and Healthcare Regulatory Agency (MHRA)

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- The practice had systems for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice.
- The practice followed effective recruitment procedures to ensure all staff had received the appropriate pre-employment checks.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients and staff were assessed and well-managed including procedures for infection control and other site-related health and safety matters. For example, the practice had a designated infection control lead who undertook regular audits and took action to address any issues that were identified.
- Risks to vulnerable patients with complex needs were monitored by multi-disciplinary team meetings to provide holistic care and regular reviews.
- Actions were taken to review any medicines alerts received by the practice to ensure patients were kept safe. However, the process did not demonstrate that actions required had been completed by the relevant clinicians.
- The practice had effective systems in place to deal with medical emergencies.

Are services effective?

Good



- The practice had achieved an overall figure of 93.9% for the Quality and Outcomes Framework in 2015-16. This was in line with local and national averages. Practice supplied data showed overall achievement had improved to 98% in 2016-17; although this data is yet to be verified and published.
- Staff assessed needs and delivered care in line with current evidence based guidance, and had regular clinical team meetings.
- Patients received regular reviews of their condition to ensure their needs were being fully met.
- Clinical audits were used to ensure ongoing quality improvement and patient safety.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a process to support the training and development of all practice staff.

Summary of findings

- The skill mix and capacity of the practice team was kept under review to meet the changing demands upon GP practices. For example, a practice nurse and a health care assistant had commenced working in the practice team since our previous inspection.
- 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.

Are services caring?

Good



- The most recent results from the National GP Patient Survey in July 2017 showed that patient satisfaction with regards to GP consultations had marginally changed since the previous results. This included patients being given sufficient time to explain their problems, being listened to by the GP, and being treated with care and concern, which had all improved on average by less than 10%.
- We observed that staff treated patients with kindness and respect on the day of our inspection.
- The practice team would usually contact bereaved relatives and carers to offer condolences and support, including signposting to appropriate services such as bereavement counselling.
- The practice had a carers champion to assist in the identification and support for carers. The practice had identified % of their registered patients as being carers.

Are services responsive to people's needs?

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing responsive services as the arrangements for access were not conducive to creating a positive experience for patients. These arrangements had improved when we undertook a follow up inspection of the service on 3 November 2016, although we observed that some improvement plans were ongoing, and other changes required longer to become embedded in order to impact significantly on patient experience. The practice was rated as requires improvement for providing responsive services.

At our inspection on 2 August 2017, we observed that:

- There were shorter waiting times on the telephone following another upgrade of the telephone system to handle and

Requires improvement



Summary of findings

manage more calls. This provided options to access different services, and gave information to patients regarding their position within the queue with updates whilst the call was on hold.

- Additional reception staff were available to answer the telephones at busy times, resulting in reduced waiting times on the telephone. This was consistent with feedback received from patients and stakeholders.
- The practice had reviewed the GP telephone triage service with their PPG and concluded it had not resulted in improved access to GPs. Therefore, in June 2017 the practice introduced same day access clinics on Monday, Tuesday and Fridays from 8am to 10.30am with four clinicians available (two GPs, an advanced nurse practitioner and a nurse prescriber). Patients could attend the practice without booking an appointment in advance to see a GP or nurse.
- The service had not yet been evaluated to see if it resulted in improved access for patients. Feedback from patients we spoke to on the day was mixed; whilst some patients were pleased with the service and happy to wait to be seen on the day, others said getting routine pre-bookable appointments was still a problem.
- The practice provided modern facilities and was well-equipped to treat patients. The practice was located on the upper floor of a health centre which offered a range of other services including an independent pharmacy.
- Information about how to complain was available and easy to understand, and the practice responded appropriately when issues were raised. Learning from complaints was shared with staff to improve the quality of service.

Are services well-led?

- The practice had a vision and mission statement accompanied by a practice development plan. Regular business meetings ensured effective oversight of key management issues and practice developments.
- The practice engaged with the CCG and worked with other practices within their locality.
- The practice had developed a range of policies and procedures to govern activity
- The practice had regular clinical and staff meetings evidenced by documented minutes.
- There was a clear staffing structure in place. Staff told us the management were accessible and supportive.

Good



Summary of findings

- The practice had an active patient participation group (PPG) who were influential in championing patient views whilst being supportive to 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

Good



- The practice offered personalised care to meet the needs of older people. 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.
- The practice accommodated the needs of older people, and offered home visits, longer appointments, and urgent appointments for those who needed them.
- The advanced nurse practitioner was experienced in the care of older people and the management of multiple health conditions. The nurse worked with the local community health care of the elderly physician, and undertook regular reviews of patients with complex needs to reassess their treatment plans and needs, including prescribed medicines.
- The practice provided primary medical services to residents living in three local care homes for older people. Following our last inspection,

People with long term conditions

Good



- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had adopted an electronic toolkit called Arden's in March 2017, to use alongside their computer clinical system to aid them in the management of long term conditions. The toolkit provided clinicians with templates which enabled them to view integrated information for patients with multiple conditions and manage them effectively.
- Clinical staff would review patients at home if they were housebound or lived in a residential or nursing home.
- 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.
- The practice worked with the independent pharmacists based in the same building who performed blood pressure checks to promote information sharing and improve their identification of patients with hypertension, in order to manage them effectively.

Summary of findings

- The local diabetes nurse specialist attended the practice to undertake joint clinics with the practice nurse to review patients with more complex needs, and undertook the initiation of insulin treatment in the community. Links were established with other specialist nurses such as the respiratory nurse to access expert advice and support when indicated.
- QOF achievements for clinical indicators were mostly in line with local and national averages. However, the practice achieved 78.5% for diabetes related indicators, which was 9.7% below local averages, and 11.4% below the national average. This was a reflection on the loss of many nursing staff last year. However, we observed that new staff were addressing the situation effectively and that outcomes were on course to show significant improvements by the end of the current year. Practice supplied data showed achievement had improved to 95% in 2016-17, although the data was yet to be verified and published.

Families, children and young people

- Same day appointments were provided for babies or children who were unwell, and
- The practice provided ante-natal care in conjunction with the midwife, and undertook new born and six-week baby checks.
- The practice had an identified lead GP for child safeguarding. The public health practitioner (formerly known as health visitor) attended a monthly meeting with the lead GP to review and discuss any child safeguarding concerns. The practice made use of the close proximity with the practitioner who was based in the same building to share information as needed.
- Immunisation rates were mostly in line with, or above, local and national averages for all standard childhood immunisations.
- Nurse led clinics provided contraceptive services and advice. The community health service provider held evening clinics within the building once a week to enable access to a full range of family planning services.
- The premises were suitable for children and babies. A child's play area was available in the waiting area. The environment provided easy access for young mothers with prams and pushchairs.
- The practice had baby changing facilities, and a play area was available for children. The practice welcomed mothers who wished to breastfeed on site, and offered a private room to facilitate this if requested.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



- Same day access clinics were offered on Monday, Tuesday and Friday from 8am to 10.30am where patients could attend appointments without booking them in advance. The practice also offered telephone advice by the on call GP.
- The practice offered on-line booking for appointments and requests for repeat prescriptions. Participation in the electronic prescription scheme meant that patients on repeat medicines could collect them directly from their preferred pharmacy.
- Extended hours appointments with GPs and the nursing team were available on two evenings each week until 7.30pm.
- The practice provided NHS health checks for 40-75 year olds to identify any potential health problems and promote healthy lifestyles.
- The practice's uptake for the cervical screening programme was 88.3%, which was slightly higher than the CCG average of 86.2% and above the national average of 81.8%. Breast cancer screening rates were however lower in comparison to local and national averages.
- Flu clinics were offered at a weekend and in the evening to improve access to vaccinations for working patients.

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Homeless people and refugees could register with the practice.
- The practice regularly worked with multi-disciplinary teams and external organisations in the case management of vulnerable people. Patients and their carers were informed how to access various support groups and voluntary services.
- There were 62 patients on the learning disabilities register, and 30 had already received an annual review since April 2017, with plans in place to review the remaining 32 patients before the end of the year.
- The practice had a designated lead for safeguarding adults. Staff knew how to recognise signs of abuse in vulnerable adults, and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies during normal working hours and out of hours.
- The practice provided care and support for end of life patients, including advanced care planning to ensure that any care preferences were accounted for. Patients were reviewed in conjunction with the wider multi-disciplinary team and the

Summary of findings

practice worked within high quality standards for end of life care. The practice shared patient end of life care plans with other service providers to promote continuity of care and avoid unnecessary hospital admissions. One of the GPs used his specialist experience in end of life care to influence changes in palliative care protocols used in the local area.

- Double appointment could be booked to ensure sufficient time was available to discuss individual needs. For example, when patients required access to interpreter services. Subsequent appointments were usually allocated to the same clinician to ensure continuity.
- The practice had appointed a carers' champion and had created a carers' notice board in the waiting area.

People experiencing poor mental health (including people with dementia)

Good



- 72.1% of people diagnosed with dementia had had their care reviewed in a face to face meeting during 2015-16. This compared to a CCG average of 88.5% and a national average of 84%. Practice supplied data showed this had improved to 90.5%, although the data is yet to be verified and published.
- The practice actively screened for memory problems to detect early symptoms of dementia and referred patients to the memory clinic for further investigations. Advance care planning was incorporated into reviews for patients with dementia.
- The practice achieved 74.9% for mental health related indicators which was below the CCG average of 94% and the national average of 92.8%. The achievement in the previous year had been 100%. The practice explained that this was due to changes in staffing establishment, and that one of the newly appointed advanced nurse practitioners was now the nominated lead for mental health and was undertaking work to improve performance. The practice told us achievement for 2016-17 had improved to 97.7%, although this data was yet to be verified and published.
- The practice regularly worked with multi-disciplinary teams in the management of people experiencing poor mental health. This included the dementia outreach team to support patients in a care home setting and a consultant psychiatrist.
- The practice told patients experiencing poor mental health about how to access services including talking therapies and various support groups and voluntary organisations. Patients could self-refer to these services. Information was available for patients in the waiting area and the practice website to facilitate this.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2017 and the results showed that the practice was performing below or in line with local and national averages. The negative responses generally related to access to appointments. A total of 238 survey forms were distributed and 121 were returned which equated to a 51% completion rate, and represented 0.8% of the registered practice population.

- 32% of patients found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 71%.
- 74% of patients found the receptionists at this surgery helpful compared against a CCG average of 87% and a national average of 87%.

- 68% described their overall experience of the surgery as good, compared against a CCG average of 84% and the national average of 85%.
- 42% of patients said they would recommend this surgery to someone new to the area compared to a CCG average of 74% and the national average of 77%.

We spoke with 13 patients during the inspection. We received positive feedback regarding access through the telephone since the change of the telephone system and being treated with care and concern. However, some patients said that they had experienced long waits of up to three weeks to obtain a routine GP appointment to review test results, and they did not receive any telephone calls from the practice after tests had been carried out.

Areas for improvement

Action the service **MUST** take to improve

The provider must continue to work towards improving patient experience by assessing and monitoring access to appointments.

Action the service **SHOULD** take to improve

Consider strengthening the process for the management of alerts received from the Medicines and Healthcare Regulatory Agency (MHRA).

Highcroft 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 second inspector, 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 Highcroft Surgery

Highcroft Surgery is situated in Arnold in the Gedling borough to the north-east of the city of Nottingham. The practice is sited on the first floor within new purpose-built premises constructed in 2013, and is co-located with 21 other community based health care services and clinics. The building also incorporates an independent pharmacy.

The practice provides primary care medical services via a General Medical Services (GMS) contract commissioned by NHS England and Nottingham North & East Clinical Commissioning Group (CCG).

The practice is run by a partnership between three GPs (two male and one female). The partners also employ two salaried GPs. One of the partners is the Registered Manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The practice has one advanced nurse practitioner, one nurse prescriber and two practice nurses. The nursing team is supported by three health care assistants. The clinical team is supported by a full-time practice manager, estates manager and a team of administrative, secretarial and reception staff, including apprentices. The practice employs three cleaning staff and a caretaker.

The registered practice population of 12,100 are predominantly of white British background, and are ranked in the fourth least deprived decile. The practice age profile is broadly in line with local and national averages, but has slightly higher percentages of patients aged 65 and over.

The practice opens from 8am until 6.30pm Monday to Friday. The majority of GP morning appointments times are available from 8.30am until 12.30pm; afternoon GP appointments are available between 3pm and 6pm. There are same day access clinics operated on Monday, Tuesday and Friday with GPs and nurses available. Extended hours surgeries to see a GP or a member of the nursing team are provided from 6.30pm to 7.30pm on Tuesday and Wednesday evenings.

The practice acts as a training practice for GP registrars (qualified doctors who are gaining experience of general practice) and also supports medical students as part of their placement within general practice. There was one GP registrar working at the practice at the time of our inspection.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to NEMS (the out of hour's provider) via the 111 service. Patients could also access the NHS Urgent Care Centre in Nottingham, which opens daily from 7am-9pm.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Highcroft Surgery on 16 March 2016 as part of our new comprehensive inspection programme. The practice was rated as 'requires improvement' for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings applied across all the population groups we inspected.

We issued a requirement notice to the provider in respect of good governance, safe care and treatment and fit and proper persons employed. We informed the partners that they must provide us with an action plan by 10 June 2016 to inform us how they were going to address the issues of concern. An action plan was received from the practice.

We undertook a further comprehensive inspection of Highcroft Surgery on 3 November 2016 to check that the actions had been completed to address the requirement notice, and confirm that the provider was compliant with legal requirements. The practice was rated good overall, but remained rated as 'requires improvement' for providing responsive services.

A further comprehensive inspection was undertaken on 2 August 2017 to follow up on the 'requires improvement' rating for responsive services, and to assess whether the practice's ratings could be reviewed. All of our reports are published at www.cqc.org.uk.

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.

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 inspection on 2 August 2017 announced at short notice (two days before the inspection) and during our inspection:

- We spoke with staff including GPs, the practice manager, the estates manager, a practice nurse and reception and administrative staff. We spoke to some members of staff (advanced nurse practitioner and practice nurse) by telephone because they were not present on the day of inspection.
- In addition, we spoke with representatives from three local care homes regarding their experience of working with the practice team, and also with representatives from the local medicines management team and community matron/district nursing team.
- We also spoke with 13 patients who used the service on the day of the inspection.
- 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 feedback from NHS Choice website and Healthwatch 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

Detailed findings

- 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)

Are services safe?

Our findings

Safe track record and learning

- We observed that there was an effective system in place for the reporting and recording of untoward events and near misses, and the management of significant events.
- There was an incident reporting form available on the practice's computer system.
- Staff were able to explain the procedure they would follow to report an incident or near-miss. The practice team were encouraged to report incidents within a supportive 'no blame' culture.
- Completed forms were sent to the practice manager to assess the potential severity of the incident, and determine whether any urgent or remedial action was indicated to protect patients or staff.
- Completed incident forms were regularly reviewed at clinical and general staff meetings. Actions that were undertaken in response to an incident were discussed and learning was shared with the practice team. Forms included a three month review to ensure that all actions had been completed.
- Patients received an apology and appropriate support when there had been an unintended or unexpected incident. The practice informed us they would either meet with the individual concerned or write to them, depending on the particular circumstances involved.
- We saw evidence of learning that had been applied following significant event. An example where learning had been applied included an occasion where a prescription for controlled drugs that was issued without being signed by the practice. This led to a review of the process which was tightened to ensure it did not happen again.
- The practice's approach to information received from the Medicines and Healthcare Regulatory Agency (MHRA) was observed to be safe and we saw evidence through carrying out searches that recent alerts had been actioned appropriately. However, the systems in place required strengthening, as the process did not demonstrate that actions required had been completed by the relevant clinicians.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local guidance. Practice safeguarding policies were accessible and up-to-date, and codes and alerts were used on the patient record to identify vulnerable children and adults. There were designated lead GPs for safeguarding both children and adults, who had received training at the appropriate level in support of their lead role.
- A public health practitioner (formerly known as a health visitor) attended a monthly meeting with the lead child safeguarding GP, nurse and practice manager to discuss any child safeguarding concerns. These meetings were documented and were accessible to other clinicians within the practice.
- Vulnerable adults were monitored by the practice team and were reviewed as part of a monthly multi-disciplinary meeting.
- Staff demonstrated they understood their responsibilities for safeguarding and all had received training relevant to their role.
- A notice in the reception and the consulting rooms advised patients that a chaperone was available for examinations upon request. Members of the reception and administration team had received training in support of this role, and staff who undertook chaperoning duties had received an enhanced disclosure and barring check (DBS check)
- We observed that the practice was maintained to high standards of cleanliness and hygiene. A practice nurse was the identified infection control clinical lead. The nurse had completed annual infection control e-learning but had not undertaken any additional specialist training to support the lead role. However, this was because of ongoing training commitments, and we were assured that appropriate training would be sourced in the near future. The nurse had completed quarterly infection control audits since their appointment in March 2016, and we saw that action plans had been developed and completed to address any areas that required improvement. The practice had established links with their local Infection Prevention and Control Team (IPCT), and the IPCT had undertaken a comprehensive infection control audit in August 2016. This resulted in a further action plan and we observed

Overview of safety systems and processes

Are services safe?

that the practice had successfully completed most of these actions, whilst others were still in progress. A range of infection control policies were in place including the storage and management of vaccines and the management of sharps injuries. Staff received information on infection control as part of new starter inductions, and on-line training was available. The practice nurse had arranged training on effective hand-washing techniques for the practice team later in the year.

- The practice directly employed their own cleaning staff and had developed cleaning schedules with monitoring in place to ensure high standards were maintained.
- We saw evidence that clinical staff had received vaccinations to protect them against hepatitis B.
- We reviewed four staff files of staff recruited since January 2017 and found that the necessary recruitment checks had been undertaken prior to commencing work with the practice. For example, proof of identification, qualifications, registration with the relevant professional body and the appropriate checks through the DBS.

Medicines management

- The arrangements for managing medicines in the practice, including emergency medicines and vaccinations were safe.
- Prescription pads were not used in the practice and arrangements for the control of electronically produced prescriptions were safe.
- There was a process in place to support the safe issue of repeat prescriptions. The designated prescriptions clerks would process prescription requests and check for any issues using a specific checklist available on the computer. If there were no issues, the prescription request would be generated and passed onto a GP for authorisation, but if concerns were identified these were notified immediately to the GP to make a decision about whether to authorise prior to being printed. We viewed this system and saw that it was being used effectively. Effective systems were in place to monitor patients prescribed high-risk medicines. We viewed nine records of patients being monitored under shared care guidance and observed they were being managed appropriately in accordance with protocols.

- Signed and up-to-date Patient Group Directions were in place to allow nurses to administer medicines in line with legislation, and healthcare assistants administered medicines against a patient specific prescription or direction from a prescriber.
- Uncollected prescriptions were monitored on a quarterly basis (or monthly for controlled drugs). Prescriptions were destroyed after this time and marked as uncollected on the patient's record. If an uncollected prescription was deemed as being significant, the prescription clerk would liaise with a GP to see if any follow up actions were required with the patient concerned.

Monitoring risks to patients

- 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 a completed fire risk assessment 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 had risk assessments in place to monitor safety within the premises such as the control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice were using locum GPs as needed and had safe systems in place to accommodate them.

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.
- Staff had received annual basic life support training. This had last been undertaken in October 2016.

Are services safe?

- 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.
- The practice had a comprehensive business continuity plan, last updated in June 2017, in place for major incidents such as power failure or building damage. Copies were kept off site and with neighbouring practices should the premises become inaccessible.

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, including a monthly clinical staff meeting. The practice considered 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 had adopted an electronic toolkit called Arden's in March 2017, to use alongside their computer clinical system to aid them in the management of long term conditions. The toolkit provided clinicians with templates which enabled them to view integrated information for patients with multiple conditions and manage them effectively. Additionally, the toolkit linked with NICE guidelines and the local prescribing optimisation system to ensure clinicians worked in line with best practice.

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 for 2015-16 were 93.9% of the total number of points available (which was comparable to the CCG average of 95.9% and the national average of 95.4%, with 8.8% exception reporting which was in alignment with average and national averages (exception reporting rate is the number of patients which are excluded by the practice when calculating their achievement within QOF). Practice supplied data showed overall achievement had improved to 98% in 2016-17; although this data is yet to be verified and published.

QOF data from 2015-6 showed;

- The practice achieved 100% for indicators relating to atrial fibrillation (an irregular heart rate). This was 2.9% above the local average and 3.2% higher than the national average.
- Performance for diabetes related indicators at 78.5% was below the CCG average of 88.2% and the national average of 89.9%. Exception reporting rates for the

eleven individual indicators within diabetes were generally in alignment with local and national averages. The practice had achieved 92.8% in 2014-15 and the decrease was explained by the loss of nursing staff towards the end of the year. New nursing staff were now in post and were working well to increase the achievement within the current year.

- The achievement of 74.9% for mental health related indicators was below the CCG average of 94% and the national average of 92.8%. However, the practice had lower levels of exception reporting for patients. The practice had achieved 100% in 2014-15 and the decrease was explained by the loss of nursing staff towards the end of the year.
- 72.1% patients with a diagnosis of dementia had their care reviewed in a face to face consultation in the preceding 12 months. This was 16.4% lower than the CCG average and 11.7% below the England average. Exception reporting rates were marginally lower than local and national averages.

Following our inspection, the practice provided us with QOF data from 2016-17 which showed significant improvements in the above indicators and overall QOF performance, suggesting the increased staffing team had enabled them to see more patients resulting in improved outcomes. This data is yet to be verified and published.

Clinical audits demonstrated quality improvement.

- A number of audits had been undertaken in the last 12 months, including six full cycle audits. Improvements were implemented following audit and monitored to improve services. An example of an ongoing two cycle audits included compliance with Nottinghamshire Osteoporosis guidelines on the prescribing of bisphosphonates, a group of medicines that help in the treatment and prevention of osteoporosis. The first cycle undertaken in July 2016 was established with well set out criteria, the rationale for the audit, and the potential benefits this presented for patients. The audit found 47% of the sampled eligible patients had been reviewed after five years of taking the medicines. The results were shared with clinicians who were reminded of the guidelines and a review of all eligible patients was initiated. A repeat of the audit showed a 100% achievement, and recommendations such as entering recalls on the clinical system had been adopted by the practice.

Are services effective?

(for example, treatment is effective)

- Other two cycle audits included those triggered by changes in NICE guidelines in the management of cardiovascular disease, chronic kidney disease, impetigo (infection of the skin), and those triggered by MHRA alerts on medicine interactions.
- The practice continued to participate in regular antibiotic prescribing audits instigated by the CCG medicines management team and other local audits and benchmarking to assess their performance against other practices.

Effective staffing

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

- Since our last inspection in November 2016, the practice had experienced significant changes in the team following the departure of a practice manager and GP at short notice. A new practice manager had been recruited internally, who was supported by an estates manager. Additional staff recruited included a practice nurse, reception supervisors, a receptionist and an apprentice. At the time of our inspection, there was an active vacancy advert for a clinical systems support administrator. This created additional capacity within the team to ensure continuity and adequate cover for staff leave and absence. One of the practice nurses had recently completed a prescribing course. An additional full time health care assistant had been recruited to enable the nurses to focus more on clinical work specific to their roles.
- There was an induction checklist for newly appointed staff but there was limited documentation to evidence that all topics and work areas had been signed off. Recently appointed staff told us that they had received good support upon their appointment and mentorship arrangements were in place.
- Staff had received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules as well as in-house training and training organised with external speakers or with the CCG.
- The practice ensured role-specific training with updates was undertaken for relevant staff including for those reviewing patients with long-term conditions,

administering vaccinations and taking samples for the cervical screening programme. Reception staff used a protocol with practitioner competencies to enable them to assign patients to the appropriate clinician.

- Staff told us that they received an annual appraisal. The appraisal included a review of the previous year's performance, and the setting of objectives and the identification of learning for the forthcoming year. The nursing team used the Royal College of Nursing approved competency framework for their appraisals. We spoke to members of the team who informed us of how learning opportunities had been discussed during their appraisal and had been supported by the practice. The practice manager told us she planned to undertake a practice management course which was supported by the partners.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinicians in a timely and accessible way through the practice's electronic patient record system. This included care plans, medical records, and investigation and test results. We viewed examples of patient care plans and saw that these were appropriate.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis to discuss vulnerable patients, including those at risk of hospital admission. Representation included the district nursing team, community matron, Age UK, Red Cross, the care home team and a physiotherapist, who met with members of the practice team. Discussions and outcomes were documented in the form of minutes.

The practice held monthly meetings to discuss new patients with end of life care needs, and reviewed current patient concerns with the palliative care team. This meeting included representation from the Macmillan nurse, district nurses, the care home team, and the lead for end of life care. The practice used the electronic palliative care co-ordination systems (EPaCCS) to share details of people's care preferences and key details about their care at end of life with the aim of improving the quality of end of life care, and avoid unnecessary hospital admissions and distress for patients and their families.

Monthly clinical meetings provided an opportunity to review clinical significant events and complaints, to discuss new policies and guidance, to consider audit programmes

Are services effective?

(for example, treatment is effective)

and outcomes, and to review new ways of working. A medical secretary and a prescription clerk also attended this meeting. We saw that these meetings were documented. Nursing staff also held their own meetings to focus on specific issues for their team, for example, changes to the immunisation programme. One-to-one sessions had also been introduced for the nursing team to provide dedicated time for support and to assist with clinical supervision and revalidation.

Informal lunchtime catch up sessions took place on most days between clinical staff and the practice manager.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients were referred into locally based services to help them stop smoking, and into community based schemes to support weight loss. Self-referral information was available on the practice website and details were provided within the surgery.

The practice's uptake for the cervical screening programme was 81.7%, which was slightly above the CCG average of 80.3% and above the national average of 72.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake was in line with the CCG average and slightly higher than the national percentages.

Childhood immunisation rates for the vaccinations given to children aged up to five years of age were mostly above or in line with local and higher than national averages. The overall childhood immunisation rates for the vaccinations given to under two year olds averaged at 94%, higher than the national standard of 90% and five year olds averaged at 97%, compared to the national average of 91%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- If patients wanted to discuss sensitive issues, or appeared distressed, they were offered a private room next to the reception to discuss their needs.

Patients told us that they felt they were mostly treated with compassion, dignity and respect by practice staff. Results from the national GP Patient Survey in July 2017 showed the practice was in line with local and national averages on satisfaction scores for consultations with doctors and nurses. This area had not changed significantly for most indicators since our previous inspection in November 2016. For example:

- 82% of patients said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 77% of patients said the last GP they saw gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 92% 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%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 90%, and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients told us that they were involved in decision making about the care and treatment they received. A caring and patient centred attitude was demonstrated by all staff we spoke with during the inspection.

Results from the national GP patient survey showed patient feedback was mostly in line with local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. We observed these figures changed marginally since our inspection in November 2016. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 76% 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%.

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 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, an increase of 0.2% since our last inspection, and identified new carers upon registration. Carer packs were available to direct carers to the support services available to them. The practice had an identified carer's Champion to develop the identification and support of carers, and a dedicated notice board displayed carer information in the reception area.

The practice team usually made arrangements to contact relatives who had experienced a bereavement to offer condolences and support, including signposting to appropriate services where required. Information on bereavement support was available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection on 16 March 2016 we rated the practice as requires improvement for providing responsive services as the arrangements for access were not conducive to creating a positive experience for patients.

These arrangements had improved when we undertook a follow up inspection of the service on 3 November 2016, although we observed that this was ongoing and changes required longer to become embedded in order to impact significantly on patient experience. Therefore, the rating of requires improvement remained unchanged.

At our inspection on 2 August we observed that further significant changes had recently been made to improve responsiveness, but these had not yet been evaluated in order to observe their impact on patient experience and subject to change.

Responding to and meeting people's needs

- The premises were situated on the upper floor of the health centre building. The practice offered good facilities to patients who had reduced mobility, and the practice was fully accessible for patients with a wheelchair. Two patient lifts were available, although patients could be seen on the ground floor should this be required. Alerts were placed on records of patients with a hearing or visual impairment to ensure they received the necessary assistance. A hearing loop was available and access was providing to signing services.
- The practice had a number of registered patients who resided in three local care and nursing homes. They participated in a project led by the CCG to align each care home to a GP practice, and arranged formal meetings with the homes as part of the implementation of the project. Feedback from the homes remained the same as per our previous inspection in November 2016: one home manager was pleased that good improvements had taken place with regards communications and service delivery over the last six months, whilst one stated that the improvement was not significant at this stage.
- The practice provided a range of services that ensured these were easily accessible for their patients. There were up to 19 services hosted by the practice provided by community health service providers. These included phlebotomy (taking blood); 24 hour blood pressure

monitoring; spirometry (a test to assess lung function); ECGs to test the heart's rhythm; monitoring of patients prescribed medicines to thin their blood; travel vaccinations; some minor surgery including joint injections, diabetic retinopathy screening for patients with diabetes, ultrasound screening clinics, consultant-led psychiatric clinics and an independent pharmacy which facilitated easier access to services for practice patients.

- The practice had developed a patient booklet on 'how to get the most out of your appointment' in an attempt to use their ten minute appointment to the greatest effect. This provided advice and prompts, and information to assist with planning future appointments.
- The practice had access to support for their patients from specialist nurses including respiratory and Parkinson's disease nurse specialists. A specialist diabetes nurse attended joint clinics with the practice nurse to review some patients with diabetes, and provide the initiation of insulin for patients with poorly controlled symptoms.
- Longer appointments were available for people, including those with a learning disability or patients with complex or multiple health needs.
- A display board notified patients of their appointment, and also gave information on waiting times and the name of the duty doctor for that day.
- A television the waiting area provided some background noise which assisted in managing confidentiality at the reception desk. There were two patient self log-in screens to help avoid patients queuing at the reception.
- Translation services were available for patients who needed them.
- There were a range of information leaflets available providing advice on a number of health conditions and details of local services available.

Access to the service

The practice opened between 8.00am and 6.30pm Monday to Friday. GP appointments were available from 8.30am to approximately 12.30pm and afternoon surgeries ran from 3pm to 6pm. Extended hours surgeries with appointments to see GPs, an advanced nurse practitioner, the practice nurse, or a health care assistant were provided between 6.30pm and 7.30pm on Tuesday and Wednesday evenings.

Are services responsive to people's needs?

(for example, to feedback?)

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, there were same day access clinics for urgent appointments on Monday, Tuesday and Friday. Urgent appointment slots were also available with the on call GP on Wednesday and Thursday. Telephone appointments were also available for patients who may not be able to attend the surgery due for example, to working commitments.

Results from the July 2017 National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment remained mostly significantly below local and national averages. For example:

- 32% of patients found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 71%.
- 72% 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 84%.
- 54% of patients described their experience of making an appointment as good compared to a CCG average of 71% and a national average of 73%.
- 28% of patients usually got to see or speak to their preferred GP, which was higher than both the CCG average of 49% and the national average of 56%.
- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national averages of 76%.
- 39% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 61% and a national average of 64%.

These were broadly similar to the results from the National GP Patient Survey in July 2016, which showed that:

- 37% of patients found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 80% 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 84% and a national average of 85%.
- 42% of patients described their experience of making an appointment as good compared to a CCG average of 69% and a national average of 73%.

- 37% of patients usually got to see or speak to their preferred GP, which was higher than both the CCG average of 52% and the national average of 59%.
- 70% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.
- 35% 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%.

Since our last inspection in November 2016, there had been 21 comments posted on the NHS Choices website and 15 of these stated continued dissatisfaction with accessibility to GPs and telephone access. This was consistent with two comments received by Healthwatch since January 2017. However, there were some more recent positive comments regarding changes within the practice.

The practice were fully aware of the ongoing problems their patients had experienced with regards to the difficulties associated with obtaining an appointment to see a GP. In response;

- The practice upgraded the telephone system to handle and manage more calls. This provided options to access different services, and gave information to patients regarding their position within the queue with updates whilst the call was on hold.
- Additional reception staff were available to answer the telephones at busy times, resulting in reduced waiting times on the telephone. This was consistent with feedback received from patients we spoke to on the day and some stakeholders.
- Practice supplied data showed a steady decline in telephone calls received by the practice from 9142 in May to 6564 in July 2017. This was attributed to the upgraded telephone system which enabled the practice to manage trends and increase staff answering the phones during busy periods, and the same day access clinics.
- The practice reviewed the GP telephone triage service with their PPG and concluded it had not resulted in improved access to GPs. Therefore, in June 2017 they introduced same day access clinics on Monday, Tuesday and Friday from 8am to 10.30am with four clinicians available (two GPs, an advanced nurse practitioner and a nurse prescriber). Patients could attend the practice without booking an appointment in advance to see a GP

Are services responsive to people's needs?

(for example, to feedback?)

or nurse. When patients presented to the reception staff, they were booked in on the computer system with a brief description of their problem in order to enable the clinicians to prioritise those presenting with urgent problems. Patients were made aware they may not be seen in order of their arrival to accommodate those with more urgent needs.

- We observed on the computer system that patients attending the same day access clinics were seen up to 2pm in the afternoon. Staff told us that patients arriving at the practice after 10.30am could book routine appointment slots, and any urgent requests were seen by the on call duty doctor who was available alongside the same day access clinics. However, some patients told us they had been asked to go to the walk in centre/urgent care centre when there were no appointments available at the practice.
- Feedback from some patients on the NHS Choices website and some patients we spoke to on the day was positive about improved access as a result of the same day access clinics. Some patients told us they were willing to sit and wait provided they were seen. One of the four patients who completed Friends and Family Test responses received between January and July 2017 said they were extremely likely to recommend the practice because of the same day access clinics. Staff told us they had received anecdotal positive feedback from patients about the clinics and that patients attending the clinics were more appropriate with urgent needs, resulting in more pre-bookable slots available for advance appointments.
- However, the service was yet to be evaluated to obtain patient feedback on whether it had a significant positive impact. Staff told us the PPG had plans to undertake a patient survey of the service.

- Since our previous inspection in November 2016, the practice had recruited a full time practice nurse and a health care assistant in response to increased demand for wound dressing appointments.
- The practice had updated patient about these developments on the practice website and regular newsletters, and had also engaged support from their PPG.

Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at 3 complaints received since January 2017 and found these were satisfactorily handled in an open and transparent manner, and were dealt with in a timely way. Complaints were reviewed at regular meetings and the practice applied learning from complaints. For example, when a patient reported they felt reception staff were rude when dealing with patients, they were invited for a meeting to discuss the specific interactions and how their experience could be improved. This resulted in additional training for reception staff which included role play, and the patient was pleased with the outcome.

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 partners had a vision for the practice and had a mission statement to deliver high quality care and promote good outcomes for patients.

- The practice had formulated a practice development plan which reflected the practice values. This formed the basis of a short, medium and long term strategy for the practice.
- The partners held a monthly evening meeting which also included the chief nurse and the practice manager as part of an inclusive managerial approach to decision-making. Minutes were produced from these meetings. These were supported by informal weekly meetings and daily 'catch-up' meetings.
- We observed that the meetings were being used constructively to discuss key business matters and developments such as staff recruitment and training capacity for trainee GPs and practice nurses.

Governance arrangements

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

- There was a clear team structure in place, and staff were aware of their own roles and responsibilities. GPs and nurses had defined lead clinical areas of responsibility.
- Systems were in place for identifying, recording and managing risk, and implementing mitigating actions.
- A range of practice specific policies had been implemented, and were available to all staff.
- An understanding of the performance of the practice was maintained which included the analysis and benchmarking of QOF performance and referral and prescribing data. Actions were undertaken when any variances were identified. However, performance on patient experience remained poor as reflected by the national patient survey results, although the practice was taking steps to improve access to appointments.

Leadership, openness and transparency

- Since our last inspection in November 2016, the practice had experienced significant changes in the team following the departure of a practice manager and GP at short notice. A new practice manager and reception supervisors had been appointed internally, with all staff given the opportunity to apply and be interviewed for the positions to maintain transparency and fairness. Clinicians had defined areas of lead responsibility and acted as a resource to support colleagues.
- The practice had introduced a regular structure of formal meetings, although some of these had been affected by the changes in management and had not taken place until the recruitment was completed. Meetings were documented and available to staff.
- The practice proactively engaged with their CCG and worked with them to enhance patient care and experience. A GP sat on the CCG's Clinical Cabinet Meeting which acted as the clinical decision making forum within the CCG. A GP partner attended locality meetings, and was keen to progress collaborative working arrangements in the future, building upon established relationships with other practices in the area. The newly appointed practice manager had not yet attended any local practice managers' meetings, but was aware of how to access support from other practice managers if needed.
- The practice was a training practice for both trainee GPs and nurses, and the partners had recruited a salaried GP upon completion of their registrar placement. They had hosted two nursing student placements from January 2017 with positive feedback about their training experience.
- Staff told us there was an open culture within the practice and said the GPs and practice manager were visible within the practice and were approachable, and always took the time to listen to all members of staff. Staff said they felt respected, valued and supported by the GPs and the practice manager.
- The practice team met outside of work occasionally for social events, and the partners made efforts to acknowledge their work and achievements.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff.

- It had gathered feedback from patients through the National GP Patient Survey, NHS Choices, the Family and Friends Test, and via suggestions and complaints received. However, there was minimal feedback obtained from the Friends and Family Test; only four completions were received from January to July 2017.
- A total of 21 comments had been posted on NHS Choices since our visit in November 2016, with the majority stating continued dissatisfaction with accessibility to GPs and telephone access; although we noted that some recent positive comments had been made about the availability of urgent appointments through the same day clinics and shorter waiting times on the telephone following an upgrade of the telephone system. The practice manager had responded to some of the comments told us they were working through acknowledging all of the comments.
- Staff told us the practice held regular staff meetings within their staffing groups during which they had the opportunity to raise any issues. Staff told us that they felt confident and supported in doing so. Minutes from this meeting were documented.
- The practice had a patient participation group (PPG) with a core membership of between six and ten members who regularly attended monthly meetings. An extended virtual group increased membership to approximately 40 active members. A member of the

practice team was available at every meeting. A GP would also often attend meetings. The practice had a dedicated PPG noticeboard within the reception area, which displayed minutes from PPG meetings. There was evidence of continued positive engagement by the PPG for the benefit of registered patients. For example, the PPG had met with a local carer's support agency to discuss how services could be improved for carers. As a result, there were plans to involve the carer's agency at the annual flu vaccinations event in order to identify more carers and offer them appropriate support.

Continuous improvement

- Since our last inspection, the practice adopted the 'Arden's' electronic toolkit in March 2017, to use alongside their computer system to aid them in the management of long term conditions. The toolkit provided clinicians with templates which enabled them to view integrated information for patients with multiple conditions and manage them effectively. Staff told us they were the first practice in their CCG to use the toolkit's functionality fully, and subsequently supported four other practices who had since adopted the system on a trial basis.
- Training on a new workflow optimisation system was planned to start in October 2017 for staff to enable them to manage clinical correspondence better to free up time for clinicians which is spent managing letters they did not need to action.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The provider must continue to work towards improving patient experience by assessing and monitoring access to appointments.
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	
	Regulation 17 (2) (a)