

# Limes Medical Centre

## Quality Report

Limes Avenue, Alfreton, Derbyshire DE55 7DW

Tel: 01773 833133

Website: [limes-medicalcentre.co.uk](http://limes-medicalcentre.co.uk)

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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?

Outstanding



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 the Limes Medical Centre on 21 March and 21 April 2016. The routine inspection was over two days to include a GP specialist advisor. Overall the practice is rated as good.

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

Feedback generally from patients was consistently positive about the care and services they received. The majority of patients said that they were treated with compassion, dignity and respect at all times, and were involved in decisions about their care and treatment.

Patients told us they were able to access care and treatment when they needed it, and most people said that they could access appointments or telephone consultations in a way, and at a time that suited them.

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. People's needs were central to the

planning and delivery of services. The practice worked in partnership with other services to meet patients' needs, and used innovative ways to improve outcomes for patients.

There was a proactive and innovative approach to seeking out and embedding new ways of working to ensure the services were effective.

The practice team was forward thinking and took part in national and local projects to develop the services. They had led a project, which enabled the practice to offer extended surgery hours on Saturday and Sunday.

The practice were also part of a national project designed to bring clinical pharmacists into the general practice workforce. The new way of working will help improve health outcomes for patients and workload pressures, to enable the GPs to focus their skills where they are most needed.

Comprehensive systems were generally in place to keep patients safe. Information about safety was used to promote learning and improvement, although records kept of safety alerts did not always show that all relevant issues had been actioned.

# Summary of findings

The practice had appropriate facilities and was well equipped to treat patients and meet their needs.

Staff had the skills, knowledge and experience to deliver effective care and treatment. The culture and leadership promoted the delivery of high-quality, compassionate care. The practice had a highly motivated and cohesive staff team to enable them to deliver well-led services.

The commitment to learning and the development of staffs' skills was recognised as essential to ensuring high quality care. The Limes Medical Centre was an established teaching practice and had an active role in training medical students and GP registrars. A third GP had become a trainer to enable the practice to further expand their teaching role.

The practice sought the views of patients and staff, which it acted on to improve the services. Complaints were effectively managed and reviewed to ensure that appropriate learning and improvements had taken place.

We saw several areas of outstanding practice:

- The practice had a high number of patients with learning disabilities and had initiated and led various projects with involvement of other agencies, to improve care, inequalities and access to services for patients. This included a programme to improve the uptake of cancer screening, by ensuring patients were not excluded inappropriately. This had led to increased use of capacity and best interest assessments for patients, and improved access to screening. For example, 53% of eligible patients had attended breast screening, of which 67% had a

capacity and best interest assessment completed (compared to the local screening rate of 43.5% and assessment rate of 48%). The programme had also led to improvements countywide.

- The practice also had a lead role in developing care pathways, templates and information for people with learning disabilities, including an annual health check with involvement of the learning disability team. These were available in picture and easy to read form that patients could understand. Various templates and information had been adopted for use by the CCG and countywide as good practice.
- The CCG had a higher prevalence of patients with asthma. To improve access and enable patients to see a health professional that best meets their needs, the practice had led an initiative with involvement of local pharmacies, to co-ordinate reviews and improve outcomes for patients with asthma. Local pharmacists carried out an annual review of patients who were well controlled. In the first 12 months of the project this had freed up 120 appointments, to enable the GPs to focus their skills where they are most needed, including patients whose asthma was poorly controlled.

The provider should make the following improvement:

- Monitor the system for recording and acting on safety alerts to ensure all relevant issues have been actioned to mitigate risks to patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Good



- There were enough staff to keep patients safe.
- There was a pro-active approach to anticipating and managing risks to patients.
- Records generally showed that safety incidents and concerns were dealt with.
- Staff told us there was an open culture to reporting incidents. They understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Comprehensive systems were generally in place to help keep patients safe and safeguarded from abuse.
- Information about safety was used to promote learning and improvement.
- A robust system was in place for managing significant events and incidents. Lessons were shared to make sure action was taken to improve safety in the practice.

### Are services effective?

Good



- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice participated in audits, research and peer reviews, and actively took part in local and national projects to develop the services.
- The system of clinical audits demonstrated quality improvements made.
- There was a proactive approach to seeking out and embedding new ways of working to ensure the services were effective.
- Importance was placed on supporting people to live healthier lives through health promotion and prevention, by offering regular health reviews and various screening checks.
- Staff worked in partnership with other services to ensure that patients' received effective and personalised care and treatment.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, and were actively supported to further develop their skills and share best practice.
- The Limes Medical Centre was an established teaching practice, and was expanding their training role to offer more placements for GP registrars and medical and nursing students. A third GP had become a trainer to enable the practice to expand their role.

# Summary of findings

## Are services caring?

Good



- Data showed that patients rated the practice higher than others for most aspects of care. For example, 92% said the last GP they spoke to was good at listening to them compared with the local average of 87% and national average of 89%.
- Feedback generally from patients was consistently positive about their care and the way staff treated them.
- Patients were involved in decisions about their care and treatment, and they received personal care from staff who were supportive and understood their needs.
- The practice actively engaged with vulnerable patients to ensure they received the care and support they needed.
- Feedback from two care homes, an independent hospital and community based staff was consistently positive with regard to the high levels of care provided by the practice team.
- We observed a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care.
- Relationships between staff and patients were generally very positive and supportive. We saw that staff treated patients with kindness, dignity and respect, and maintained their confidentiality.

## Are services responsive to people's needs?

Outstanding



- People's needs were central to the planning and delivery of services.
- The services were flexible and provided choice and continuity of care.
- The practice took part in new initiatives and worked closely with the local community and other organisations in planning how services were provided, to ensure they meet people's needs. For example, the practice had led an initiative with involvement of local pharmacies, to co-ordinate reviews and improve outcomes for patients with asthma.
- The practice had a lead role in developing care pathways, templates and information for people with learning disabilities, in picture and easy to read form that they could understand. Various templates and information had been adopted by the CCG and countywide as good practice.
- People were able to access appropriate care and treatment when they needed it, and most people could access appointments and services in a way and at a time that suits them.

# Summary of findings

- The practice was involved in initiatives to further improve patient access to the service. They had led a CCG extended hours pilot, which enabled the practice to offer surgery hours on Saturday and Sunday.
- There were innovative approaches to providing integrated care involving other service providers.
- The practice implemented suggestions for improvements and changed the way it delivered services, in response to feedback from patients and the patient participation group.
- Information about how to complain was available and easy to understand. Complaints were reviewed as how they were managed to ensure learning and improvements had taken place.

## Are services well-led?

- The practice actively sought feedback from staff and patients, which it acted on to improve the services. The practice had an active patient participation group, which influenced practice development.
- The practice had a clear vision and strategy to provide high quality care and safe services for patients. A governance framework supported the delivery of the strategy.
- The plans for the services were set out in an annual plan, which reported on the previous year's achievements. A group audit plan was set out across the four practices the partners managed, to ensure consistency of practice and high quality care across all locations.
- The practice had a highly motivated and cohesive staff team to enable them to deliver well-led services. High standards were promoted and owned by all staff.
- Staff felt supported by management. The culture and leadership empowered staff to carry out lead roles and innovative ways of working, to meet patients' needs, and to drive continuous improvements.
- The practice team were forward thinking in seeking out new ways of working to ensure effective services. For example, they were working with several practices on a national project designed to bring clinical pharmacists into the general practice workforce.
- There was a strong focus on continuous development and improvement at all levels. The practice had funded three nurses to attain a prescribing qualification to enable them to prescribe certain medicines.

Good



# 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 the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those who needed them.
- Older people and palliative care patients had a named GP for continuity of care and to oversee their needs.
- Patients over 75 years had access to a health check on request. Records showed that 101 out of 123 patients over 75 years had been seen in the last six months. The remaining patients were sent an invite to attend a health check, which four people attended.
- As part of the care home initiative a named GP carried out regular structured visits to review patients' needs.
- The practice was signed up to the unplanned admissions enhanced services, and maintained a register of over 2% of vulnerable or at risk patients. All vulnerable and older patients at risk had a care plan in place to ensure they received appropriate care and support, to help avoid hospital admissions.
- The practice worked in line with recognised standards of high quality end of life care, and held a palliative care register, which included older people with enhanced needs, at risk of harm or vulnerable.
- End of life care plans were in place for patients where appropriate, which set out their needs and wishes. The practice worked closely with other services, and held fortnightly multidisciplinary meetings to discuss and review patients' needs.
- The 2014 to 2015 flu vaccination rates for the people aged 65 and over were 70%, compared to the national average of 73% and the local average of 74%.

### People with long term conditions

Good



- The practice held a register of people with long term conditions.
- Various clinical staff had lead roles in managing long-term conditions and patient reviews, having received appropriate training.

# Summary of findings

- Patients with long term conditions and other needs were reviewed at a single appointment where possible. Longer appointments and home visits were available where needed.
- Dedicated clinics were held to support patients with conditions such as diabetes to enable them to be treated locally.
- Patients were offered an annual and interim reviews when required, to check their health and medicines needs were being met. Health reviews included education and strategies to enable patients to manage their conditions effectively.
- The number of patients who had received an annual health review in the last 12 months was high. For example, 92% of patients with chronic obstructive pulmonary disease, 98% of patients with coronary heart disease and 96% of patients with rheumatoid arthritis had received a review.
- The CCG had a higher prevalence of patients with asthma (6.3% compared with the national average of 5.9%). The practice was involved in an initiative with local pharmacies to co-ordinate reviews and improve outcomes for patients with asthma.
- The practice was involved in a project, funded by the British Heart Foundation to offer patients with chronic heart conditions and those at risk, extended services and support to improve their care and outcomes.
- The practice provided insulin initiation (teaching patients how to inject and manage their insulin regime) for patients with diabetes, whose body doesn't produce enough insulin to function properly.
- The practice provided an in-house anticoagulation service to monitor patient's blood to determine the correct dose of their medicine. This enabled them to attend local services.

## Families, children and young people

- Priority was given to appointment requests for children; they were seen the same day if unwell. Appointments and telephone consultations were available outside of school and college hours.
- The premises were equipped and suitable for children and young people.
- Systems were in place to identify and follow up children at risk of abuse, or living in disadvantaged circumstances. The practice held a register of children at risk of abuse or harm.
- Children and young people had access to a counselling service.
- The practice worked in partnership with midwives and health visitors, to provide shared maternity and child development care.

Good





# Summary of findings

- The practice provided family planning services, including contraceptive implants and a vasectomy service. Patients from other practices could also access the vasectomy service.
- Patients could be referred to a specialist contraception clinic held at one of the partners other practices, which was led by a family planning consultant. The partners had initiated this service in response to high teenage and unplanned pregnancy rates in the area. Data showed that there had been an increase in the uptake of contraception, and a reduction in the number of pregnancies since the clinic was established in 2011.
- Chlamydia testing kits were available to young people at the practice.
- Immunisation rates for all standard childhood vaccinations were high.

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- Patients were able to book appointments around their working day by telephone or on line. They also had access to telephone consultations.
- Repeat prescription requests were available on line, which patients could collect from their preferred pharmacy.
- Extended opening hours were available on Saturday morning and Sunday afternoon for working people and those unable to attend during the week.
- The practice was proactive in offering online services as well as health checks and screening that reflects the needs for this age group. The uptake for both health checks and screening was high. For example, 78.4% of women aged 25 to 64 had attended cervical screening (compared to the local average of 76% and national average of 74%).

## People whose circumstances may make them vulnerable

Outstanding



- The practice was responsive to the needs of people whose circumstances may make them vulnerable. Patients were offered longer appointments or home visits where needed.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

# Summary of findings

- The practice worked closely with multi-disciplinary teams to meet the needs of vulnerable people, and to safeguard children and adults from abuse or harm.
- All staff had received relevant training on safeguarding vulnerable children and adults. Staff knew how to recognise and respond to signs of abuse and how to contact relevant agencies. All staff had also received training on learning disabilities.
- Patients were informed about how to access various support groups and voluntary organisations.
- The practice had 115 patients on the learning disability register, which was high compared with other practices in the CCG. The practice had initiated and led various projects with involvement of other agencies, to improve care, inequalities and access to services for patients. This included a CCG programme to improve the uptake of cancer screening, by ensuring patients were not excluded inappropriately from this.
- The above programme had led to increased use of capacity and best interest assessments for patients, and improved access to screening. It had also led to improvements countywide.
- Patients with learning disabilities were supported to attend an annual health check. Out of 77 eligible patients 55 had received a health check in the last 12 months. All patients were invited to attend and 22 had declined this.
- The practice supported a care home providing nursing for people with learning disabilities. An established named GP provided continuity of care, and carried out regular visits to review patients' needs. The GP was also involved in various best interest meetings for patients, where appropriate.

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

- The practice held a register of patients experiencing poor mental health, including people with dementia.
- Patients were offered longer appointments or home visits where needed. Patients were invited to attend an annual health check. Out of 79 eligible patients 75 had been reviewed and had a care plan in place to meet their needs.
- The practice worked with multi-disciplinary teams in the case management of people with poor mental health, including those with dementia.
- Systems were in place to follow up patients discharged from hospital or who had attended the accident and emergency department, where they may have been experiencing poor mental health.

Good



# Summary of findings

- The practice was aligned to an independent hospital for people with mental health needs. An established named GP provided continuity of care. Where able, people were encouraged to attend the practice. The named GP also carried out regular visits to review patients' needs, where required.
- Patients had access to counselling and psychological therapies.
- The practice screened appropriate patients for dementia, to support early referral and diagnosis where indicated.

# Summary of findings

## What people who use the service say

We spoke with ten patients during our inspection. We also received CQC comment cards from 76 patients prior to our inspection.

Feedback generally from patients was consistently positive about the service they received; 21 patients referred to the staff or service as excellent, wonderful or brilliant. All patients with the exception of one person said that they were happy with the care and service they received, and felt the staff team were friendly and caring and treated them with dignity and respect.

Most patients were usually able to access appointments or telephone consultations in a way, and at a time that suited them. Although four people said they were not able to get an appointment or see a GP of their choice at times. People found the premises welcoming, clean and accessible.

We also spoke with three members of the patient participation group (PPG). They told us they felt supported in their role to represent the views of patients to improve the service. They also said that they were very happy with the care and service they received.

The national GP patient survey results published on 7 January 2016 showed the practice was mostly performing in line with or above local and national averages. 255 survey forms were distributed and 115 were returned.

- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 84% found it easy to get through to this surgery by phone (CCG average 74%, national average 73%).
- 90% said the GP gave them enough time (CCG average 85%, national average 87%).
- 89% described their overall experience of their GP surgery as good (CCG average 84%, national average 85%).

# Limes Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Limes Medical Centre

The Limes Medical Centre is run by a partnership of two GPs. The practice is located in Alferton town centre at Limes Avenue, Alferton, Derbyshire DE55 7DW. The Limes Medical Centre provides primary medical services to approximately 8,000 patients. Alferton is a former coal mining area, and has areas of higher deprivation. The registered practice population are predominantly of white British background.

The partners own the premises, which were purpose built in the 1980's.

The partners also manage three other local practices under a separate registration and locations.

The Limes Medical Centre is an established teaching practice for medical and nursing students and GP registrars in training.

The practice team includes administrative staff, a practice manager, deputy practice manager, four practice nurses, an advanced nurse practitioner, two health care assistants including an apprentice, two salaried GPs and two partners (three male, one female). Four clinical staff also worked at the partners other practices.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are generally available from 8am to 11.30am and 2pm to 6.30pm daily. Extended hour surgeries are available on Saturday from 9am to 1pm and on Sunday from 12 to 4pm. This is jointly run with the partners other local practices.

The practice does not provide out-of-hours services to the patients registered there. During the evenings and at weekends an out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 telephone number.

The practice holds the Personal Medical Services (PMS) contract to deliver essential primary care services.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# 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 21 March and 21 April 2016. During our inspection we:

- Spoke with a range of staff including the practice manager, assistant practice manager advanced nurse practitioners, practice nurses, GP partners, a salaried GP, a registrar, the practice's new pharmacist and reception and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where people shared their views and experiences of the service.
- Obtained feedback from several external staff who worked closely with the practice, including senior staff at the two main care homes and an independent hospital for people with mental health needs the practice supported.

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

- The majority of patients we spoke with told us they felt safe when using the service.
- Staff told us there was an open culture to reporting incidents and near misses. They were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.
- A system was in place to manage medicine and National Reporting and Learning System (NRLS) alerts. The NRLS is a central database of patient safety incident reports.
- Staff told us they received information relating to incidents and patient safety alerts and these were actioned. We reviewed safety records, alerts, incident reports and minutes of meetings where these were discussed.
- The records generally showed that risks to patients were assessed and appropriately managed, and that safety incidents were dealt with. Although records of safety alerts did not always show that all relevant issues had been actioned. Senior managers agreed to address this issue.
- A report showed that 25 patients participated in the Royal College of General Practitioners Patient Safety research project in 2015, which looked at people's experiences of safety at the practice. The practice's safety scores and patient feedback was positive and above average in most areas, compared with 44 other practices that completed the project.
- An effective system was in place for reporting and managing significant events. The practice carried out a thorough analysis of all events.
- Lessons were shared to make sure action was taken to improve safety in the practice. For example, in response to a medicine prescribing issue the incident was discussed with the staff team, and all patients prescribed the medicine were reviewed. Action was taken to ensure that clinical staff used the latest British National Formulary (the standard reference book on prescribing in the UK), to check medicines and recommended doses prior to prescribing. The practice also sent a medicines alert to the local medicines management team, which was circulated to all local practices.

- When there were unintended or unexpected safety incidents, patients received an apology, and were told about any actions taken to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had systems and procedures in place to keep patients safe, which included:

- Arrangements in place to safeguard children and vulnerable adults from abuse and the risk of harm that reflected relevant legislation and local requirements.
- The safeguarding policies were accessible to all staff, and outlined who to contact if staff had concerns about a patient's welfare.
- Systems were in place to ensure that vulnerable patients were clearly identified and reviewed, and that all staff were aware of any relevant issues when patients contacted the practice or attended appointments.
- One of the GP partners was the lead for safeguarding. The GPs provided reports for other agencies concerning safeguarding matters where required. Staff demonstrated they understood their responsibilities and had received training relevant to their role. All clinical staff were trained to Safeguarding level 3.
- Records showed that relevant clinical staff and partner agencies regularly met to share information about vulnerable children and adults.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Two senior nurses shared the lead role for infection control, and liaised with the local infection prevention team to keep up to date with best practice. There was an infection control policy in place and staff had received refresher training. Annual infection control audits were undertaken, and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines in the practice, including vaccinations and emergency

## Are services safe?

medicines kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, robust arrangements were not in place to ensure that the GP registrars in training carried an appropriate supply of emergency medicines when they undertook home visits. Senior managers agreed to immediately address this issue.

- The practice carried out regular medicines audits, with the support of the local CCG medicines team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff handled blank prescription forms in accordance with national guidance and the practice kept them securely. A procedure was in place to track prescription forms through the surgery.
- There was a system in place for the management of high-risk medicines, and we saw examples of how this worked to keep patients safe.
- Three of the nurses had qualified as an Independent Prescriber and could therefore prescribe certain medicines to patients. They received mentorship and support from the GPs for this extended role.
- Patient Group Directions were in place to allow nurses to administer certain medicines in line with legislation. Patient Specific Directions were also in place to allow health care assistants to administer certain vaccinations after specific training.
- On our first visit we reviewed three staff personnel files and found that appropriate recruitment checks had generally been undertaken prior to their employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and a DBS check. The recruitment policy did not clearly state when a new DBS check was obtained when appropriate, and in what circumstances a check from a previous employer was accepted and for what period.
- On our second visit, we received information to show that the practice had updated their DBS and recruitment policy, to ensure that robust procedures were followed when employing new staff.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety.

- Records showed that essential health and safety checks were carried out to ensure the services were safe. For example, all electrical equipment was regularly checked to ensure it was safe to use, and clinical equipment was checked to ensure it was working properly.
- The practice carried out regular fire drills and fire evacuation procedures were displayed around the building for patients and staff.
- Records showed that the fire safety risk assessment was reviewed on 21 March 2016. Weekly fire alarm testing was carried out to ensure the systems worked in the event of a fire. The emergency lighting was serviced annually, although records were not available to show that interim checks were carried to ensure it continued to work properly. On our second visit, the practice manager had sought advice from Derbyshire Fire and Rescue Service, and had put a log in place to record monthly checks of the emergency lighting.
- The practice had a variety of other risk assessments in place to monitor safety of the premises including the control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice manager assured us that NHS Estates team had recently carried out the required Legionella remedial checks to minimise risks. The records were due to be sent to the practice to show this.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an alert 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. Emergency medicines and equipment were accessible to staff in a secure area of the practice. All the medicines we checked were in date.



## Are services safe?

- The practice had a defibrillator and oxygen available on the premises with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The majority of patients told us they received appropriate care and treatment. Senior staff at the two main care homes and an independent hospital where patients were registered with the practice, also told us patients received effective care and treatment.

The practice considered relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

### 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 QOF results showed that the practice had achieved 96.6% of the total number of points available, which was 1.7% above the CCG average and 1.9% above the national average. The QOF data from 2014-2015 showed:

- Performance for 15 out of the 19 clinical areas featured were 100%, including heart failure, hypertension, asthma, dementia, cancer palliative care, depression and learning disability.
- Performance for mental health related indicators was 99.5%, which was 5.5% above the CCG and 6.7% above the national average.
- Performance for diabetes related indicators was 85.5%, which was 3.9% below the CCG and 3.7% below the national average. The practice data for 2015-16 (which had yet to be published) showed that the performance for diabetes related indicators had increased to 99%, which was above the national average.

- The percentage of patients with hypertension whose blood pressure reading in the preceding 12 months was 150/90 mmHg or less was 82.1%, which was 0.8% below the CCG and 1.5% below the national average.

The practice's exception reporting rate at 10.5%, was slightly above the local average of 9.5% and national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients had repeatedly failed to attend a review meeting or certain medicines could not be prescribed because of side effects.

The practice was able to demonstrate that they followed guidance in respect of exception reporting, and continued to strengthen the call and recall processes to ensure the information was accurate, and that patients received appropriate reviews and follow up. Checks carried out during the inspection showed that the practice was following a robust process, and made all attempts to engage with patients.

Records showed that QOF performance was discussed at staff meetings, and that the practice put plans in place to further improve the performance, where appropriate.

High importance was placed on clinical audits. Clinical staff planned what audits needed to be completed in the next year. We saw that a group audit plan was set out across the practices the partners managed, which provided an overview of all planned audits.

Several clinical audits we looked at demonstrated quality improvement:

- There had been 18 clinical audits completed in the last two years, including 11 completed audits where the improvements made were implemented and monitored. For example, following an initial audit in response to low cancer screening rates for patients with a learning disability, a plan was put in place to improve the screening for patients, by ensuring they are not excluded inappropriately from this. A re-audit showed that the practice's use of capacity and best interest assessments had significantly increased.
- The practice actively took part in local and national projects to develop the services. For example, there were some variations in the prescribing practices and referrals to secondary care across the practices the partners managed. The partners had commissioned

# Are services effective?

## (for example, treatment is effective)

Derby University to review the prescribing and referral patterns for muscular-skeletal problems across their three sites, to identify ways to improve consistency and the effectiveness of practice.

- The practice participated in local and national audits, research and peer reviews. At monthly clinical meetings the clinicians discussed referrals from the various specialities, to determine whether anything differently could have been done with each referral made.

CCG benchmarking data showed that:

- Referrals to the top ten specialities were mostly low compared to CCG averages.
- Whilst emergency admissions to cardiology and gastroenterology were high compared to CCG averages. The practice had explored the reasons for the higher rates with the CCG, and had completed action plans to help reduce the rates, where appropriate.

### 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. An induction pack was also available for locum staff online.
- Relevant staff had attended role-specific training and updates, including those reviewing patients with long-term conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. They could also demonstrate how they remained up to date with changes, by accessing on line resources, external courses and discussion at meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews. Staff made use of e-learning training modules and in-house and external training to cover the scope of their work.
- All staff we spoke with praised the level of training, support and development they received, and said that they had had an appraisal in the last 12 months. Records we looked at supported this.
- The practice was expanding their training role to offer more placements for GP registrars and medical and nursing students. Three GPs were now trainers. Doctors who were training to be qualified as GPs were offered extended appointments, and had access to a senior GP

throughout the day for support. We spoke with a registrar who was on placement at the practice. They spoke highly of the level of support and supervision they received.

### 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 and intranet system.

- This included risk assessments, care plans, medical records and investigation and test results.
- Systems were in place to ensure that the practice promptly followed up abnormal test results and investigations.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had strong links and worked in partnership with other services to ensure that patients' needs were met, 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.
- The health care assistants were funded to carry out a care co-ordinator role as part of their work. The role included working with a wide range of services, to co-ordinate the care of patients at risk of un-planned admission to hospital, and those who were housebound, vulnerable or had high level needs. A new full-time community matron had also been appointed to work with the practice 0.8% of their working week to support patients.
- We saw evidence that regular multi-disciplinary team meetings took place, and that care plans were reviewed and updated.

### 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. A GP at the practice with a specific interest was the lead in the

# Are services effective?

## (for example, treatment is effective)

Mental Capacity Act, best interest and Gillick and Fraser guidance (guidelines which help balance a child's rights and wishes with the responsibility to keep children safe). They provided training and support to staff.

- The practice had led a CCG programme to improve the uptake of cancer screening for patients with learning disabilities, by ensuring they were not excluded inappropriately from this. This had led to increased use of capacity and best interest assessments for patients, and improved access to screening. The programme had also led to improvements countywide. Healthwatch Derbyshire were appointing a full-time worker to further support this work.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through record audits.

### Supporting patients to live healthier lives

The practice website and waiting area displays were well set out and included various health promotion information for patients and carers.

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.

A patient registration form requested essential information about a person's health and needs. New patients also received an information booklet about the practice.

The practice used a range of alerts to ensure all staff were aware of patients who may need extra care and attention, including those receiving palliative care, were vulnerable, at risk of harm or had a visual or hearing impairment. Patients were supported and signposted to relevant services.

High importance was placed on patient empowerment, education and self-management of their conditions. For

example, care plans were in place for patients with certain long-term conditions to enable them to self-manage changes in their health. The practice had submitted a request for funding to the CCG to purchase self-monitoring height, weight and blood pressure equipment for patients to access at the surgery.

The clinical staff were pro-active in using their contact with patients to help improve their health and wellbeing, including offering opportunist screening checks. Data showed that:

- 78.4% of women aged 25 to 64 had attended cervical screening (compared to the CCG average of 76% and national average of 74.3%). The practice sent reminders to patients who did not attend their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 83.2% of women aged 50 to 70 years had been screened for breast cancer (compared to the CCG average of 75.5% and national average of 72%)
- 59% of people aged 60 to 69 years had been screened for bowel cancer (compared to the CCG average of 59% and national average of 58%).

The practice actively screened appropriate patients to support early referral and diagnosis where dementia was indicated. An alert system was in place, which highlighted patients at risk.

Immunisation rates for standard childhood vaccinations were mostly above the CCG averages. The rates for the vaccinations given to under two year olds ranged from 98.2% to 100% and five year olds from 97.3% to 100%. A robust system was in place for following up children who did not attend their vaccine.

The 2014 to 2015 flu vaccination rates for the people aged 65 and over were 70%, which was slightly below the local and national averages. The flu vaccination rates for the under 65 years at risk group was 52.6%, which compared with the local and national averages. The systems had been strengthened to further increase the vaccination rates and ensure the data was accurate.

# 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.

Feedback from patients was generally consistently positive about the care they received and the way staff treated them. Virtually all patients felt that the staff were very caring, and treated them with kindness, dignity and respect; although two people said that certain staff were not polite and helpful at times.

We also spoke with three members of the patient participation group. They told us they were very happy with the care provided by the practice, and said their dignity and privacy was respected. Feedback from two care homes, an independent hospital and community based staff we spoke with was consistently positive with regard to the high levels of care provided by the practice team.

Five people had completed a review of the practice on NHS Choices in the last 12 months; three positive comments referred to the friendly caring approach of staff, whilst two negative comments referred to the lack of care and attitude of certain staff.

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found positive examples of staff going the extra mile to provide a caring service. For example, a nurse was allocated a set day to visit patients at home to carry out essential checks and tests. They also visited certain patients on their way home from work, if they were not available during the day.

The national GP patient survey results showed that patient satisfaction scores on consultations and how they were treated were mostly above local and national averages. For example:

- 92% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90 said the GP gave them enough time (CCG average 85%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

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

We found positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Patients told us they felt involved in decisions about the care and treatment they received. They also told us they felt listened and had sufficient time during consultations, to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also very positive and aligned with these views. easy to read form that patients could understand.

The practice actively engaged with vulnerable patients to ensure they received the support they needed, and were involved in decisions about their care and treatment. For example, they had produced various information including care plans and health checks in picture and easy to read form, that patients with learning disabilities could understand.

The national GP patient survey results showed patients responded positively to questions about their involvement in planning, and making decisions about their care and treatment. Results were mostly above local and national averages. For example:

## Are services caring?

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)
- 96% said the last nurse they saw was good at involving them in decisions about their care (CCG average 90%, national average 85%)

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

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

Several external providers held services at the premises to provide support and advice. For example, Citizen's Advice held a weekly surgery at the practice. A well-being worker also attended the practice each week to support patients with a wide range of issues to improve their welfare. Patients also had access to a counselling service.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 149 patients (approximately 2%) of the surgery list as carers. The system was being updated to ensure that the information was accurate and clearly identified all carers.

Written information was available to direct carers to the various avenues of support available to them. As part of their care-co-ordinator work a health care assistant had recently taken on a carers champion role to further raise awareness and improve the support available to carers. They had developed a resource pack to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP provided advice and support on an individual basis. A bereavement policy and systems were in place, to ensure the relevant GP was notified of a patient's death to enable them to contact the relatives, if appropriate.





# 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.

People's needs were central to the planning and delivery of services. The services were planned with involvement of other organisations and the local community to ensure they meet people's needs.

The CCG had a higher prevalence of patients with asthma (6.3% compared with the national average of 5.9%). To improve access and enable patients to see a health professional that best meets their needs, the practice had led an initiative with involvement of local pharmacies, to co-ordinate reviews and improve outcomes for patients with asthma. Local pharmacists carried out an annual review of patients who were well controlled.

The first 12 months of the above project had freed up 120 appointments, to enable the GPs to focus their skills where they are most needed, including patients whose asthma was poorly controlled.

The practice took part in new initiatives, and provided additional in-house services including dementia screening, hospital admission avoidance, and an anticoagulation service to monitor patient's blood to determine the correct dose of anti-coagulant medicine. This enabled patients to be treated locally.

The CCG had a high prevalence of patients with cardiovascular disease (CVD) and had been awarded a grant and support from the British Heart Foundation, to drive an improvement project focusing on patients at risk of developing CVD or who had the condition. The practice was taking part in the project, which was due to start on 20 April 2016 after staff had completed various training. The project will provide extended services and support to patients to improve their care and outcomes.

The practice had 115 patients on the learning disability register, which was high compared with other practices in the CCG. A GP at the practice had a lead role for learning

disabilities, and as chair of the Countywide Learning Disabilities Clinical Reference Group led the practice on various projects to improve care and access to services for patients, with involvement of other agencies.

For example, the practice had a lead role in developing various care pathways, templates and information for people with learning disabilities, in picture and easy to read form that patients could understand. Various templates and information had been adopted by the CCG and countywide as good practice.

We spoke with a member of the learning disability team. They told us that the practice was very responsive to the needs of people with learning disabilities, and worked in partnership with them and other agencies to improve the care and services.

The practice was aligned to an independent hospital for people with mental health needs and three local care homes. Where able, people were encouraged to attend the practice. All four services had a named GP who carried out regular structured visits, reviews and telephone consultations, where required.

We spoke with senior staff at two of the care homes and the independent hospital. They told us that the practice was very responsive to their patients' needs, including requests for urgent visits. Their named GP provided continuity of care and had a good understanding of patients needs.

To ensure effective communication and help minimise the number of blood tests patients received, the manager of the independent hospital and named GP had produced a notification form, to share information such as test results and changes to a person's medicines or treatment. The GP also completed a consultation summary when people attended the practice, which the hospital staff received a copy of.

The practice had limited space and facilities to meet the increasing list size and expansion of the services, necessitating the use of consultation rooms on the first floor, which were accessed by stairs. We saw that the first floor rooms were used for people who were able to access them. The GP partners were submitting an application for funding to the CCG to support the future needs of the service.

### Access to the service



# Are services responsive to people's needs?

## (for example, to feedback?)

The majority of patients told us they were usually able to access appointments or telephone consultations in a way, and at a time that suited them. Although four people said they were not able to get an appointment or see a GP of their choice at times.

We found that the services were delivered in a way to ensure flexibility, choice and continuity of care. The practice was involved in initiatives to further improve patient access to the service.

- Data showed that A & E attendance rates were relatively high. The practice had explored the reasons for this, and had completed various audits and action plans to help reduce the rates, where appropriate.
- To improve access to services the practice had led on a CCG extended hours pilot, which was jointly run with the partners other local practices. This enabled the practice to offer extended surgery hours on Saturday from 9am to 1pm and on Sunday from 12 to 4pm, for patients with urgent health needs or unable to attend during the week. The pilot had been recognised as an exemplar model compared to pilots in other areas; 82% of available nurse and GP appointments were taken up by patients. In response to demand and the success of the pilot, the practice had submitted a request for further funding to the CCG to extend and continue the scheme a further year.
- An external company carried out a recent review, which looked at ways of improving patient access to the service. The practice had agreed a number of changes to improve access, which they had made. The company planned to carry out an audit to assess how the changes had improved access to the service.
- The practice was open between 8am and 6.30pm Monday to Friday.
- Appointments were generally from 8am to 11.30am and 2pm to 6.30pm daily. Patients also had access to telephone consultations.
- Same day appointments were available for children and those with urgent health needs.
- In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.
- Longer appointments were available for patients where required, including people with complex needs, who were vulnerable, frail or elderly.

- Home visits were available for people who required these.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Disabled facilities and a hearing loop was available.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 84% patients said they found it easy to get through to the surgery by phone (CCG average 74%, national average 73 %).
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 94% of patients said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 55% patients said they usually get to see or speak to their preferred GP (CCG average 56%, national average 56%).

### Listening and learning from concerns and complaints

Patients said they felt listened to and were able to raise concerns about the practice as the staff were approachable.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was responsible for handling complaints in the practice.
- We saw that information was available to help patients understand the complaints system, in the form of a complaints and comments leaflet.
- We checked several records of complaints received in the last 12 months; these showed that they had been acknowledged, investigated and responded to, in a timely and transparent way in line with the practice's policy. The records showed that patients received an apology when mistakes occurred.





## Are services responsive to people's needs? (for example, to feedback?)

- There was an active review of complaints and how they were managed and responded to, and improvements were made as a result.
- The learning points from complaints received, were shared with the staff team. For example, having received concerns from a patient about been given incorrect information and the attitude of staff, the concerns were followed up and discussed with the staff team. Relevant procedures were also re-affirmed with all staff to ensure they were aware and followed these.
- Staff told us that the practice was open and transparent when things went wrong, and that patients received an apology when mistakes occurred. Where possible, concerns were dealt with on an informal basis and promptly resolved. Records we looked at supported this.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

- The practice had a clear vision to deliver high quality care and safe services for patients. The strategy was regularly reviewed and discussed with staff.
- Staff we spoke with knew and understood the aims and values of the service, and what their responsibilities were in relation to these.
- The partners also managed three other local practices under a separate registration and locations. The partners had made improvements to ensure consistency of practice, and high quality care across the four locations. For example, a group audit plan was set out across the practices the partners managed.
- The partners were clear as to the short and long-term plans for the services they managed, and were able to demonstrate a commitment to on-going improvements.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and high quality care. This outlined arrangements in place and ensured that:

- There was a clear staffing structure and that staff were aware of their roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A wide range of meetings took place to aid communication and continuously improve how the practice delivered services to patients.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was in place, which was used to monitor quality and to make improvements.
- Robust arrangements were generally in place for identifying, recording and managing risks and implementing mitigating actions.

### Leadership and culture

There was a clear leadership structure in place and staff felt supported by management. The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care.

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, people were given reasonable support, truthful information and an apology.

- The practice had a highly motivated and cohesive staff team to enable them to deliver well-led services. There were high levels of staff satisfaction and engagement.
- 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 that a recent team building event had been held.
- All staff were involved in discussions about how to run and develop the practice, and they were encouraged to identify opportunities to improve the service delivered by the practice.
- Staff we spoke with told us they felt respected, valued and supported by the senior managers.
- The culture and leadership empowered staff to carry out lead roles and innovative ways of working to meet patients' needs, and to drive continuous improvements.

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

Nearly all feedback from patients was consistently positive about the way the service was managed.

The practice encouraged and valued feedback from patients, the public and staff. It actively sought patients' feedback through:

- The patient participation group (PPG), surveys and complaints received.
- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice, which influenced practice development. For example, the practice had obtained funding from the CCG to provide extended surgeries on Saturday and Sunday, in response to feedback from patients and the PPG.
- In response to suggestions from the PPG the practice had recently purchased a monitor to display in the waiting area, which will provide various health information and messages for patients. The practice planned to involve the PPG in designing the information displayed.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through meetings, appraisals and a recent survey. Staff told us they would not hesitate to give feedback, and discuss any concerns or issues with colleagues and senior managers.

## Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels within the practice. The partners and practice manager held regular meetings to discuss the business and review on-going improvements. Their plans for the services were set out in an annual plan, which reported on the year's achievements and set out the aims for the coming year.
- The commitment to learning and the development of staffs' skills was recognised as essential to ensuring high quality care. Staff told us that they were actively supported to acquire new skills and further qualifications to improve the services. Records we looked at supported this. For example, the practice had funded three nurses to attain a prescribing qualification to enable them to prescribe certain medicines for patients.
- The Limes Medical Centre was an established teaching practice, and had an active role in training medical students and GP registrars. The practice had been awarded funding to further expand their training role. They were part of a local working group to share and co-ordinate training, and support more practices to take medical students. The practice was developing a pack to support other practices to take medical students. A third GP had become a trainer to enable the practice to further expand their teaching role.
- One of the GPs was the chair of the Derbyshire Research Forum, which promoted research across the County. Their lead role ensured that high importance was placed on research within the practice. For example, the practice obtained a place and funding from the Clinical Research Network, East Midlands to become a leadership site for a pilot scheme for 2015 to 2016, which further enabled the practice to take part in clinical research.
- The practice team were innovative and forward thinking in seeking out new ways of working to ensure effective services. For example, they were working with several practices on a national project designed to bring clinical pharmacists into the general practice workforce. The new way of working will help improve health outcomes for patients and workload pressures, to enable the GPs to focus their skills where they are most needed.
- The partners had appointed a full-time prescribing pharmacist to work across their three practices, which they were jointly funding. Initially they will complete medication reviews, with a view to extending their role with further training.