Peverell Park 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?	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 Peverell park Surgery on 14 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was one of the two GP practices with patients who were students at Plymouth University. The practice had a branch surgery at the university. Practice staff attended fresher's week and offered on campus health assessments for students wishing to register. The practice was open every day and saw any student needing to be seen acutely on the day, when their lectures were finished. The practice gave health education talks including topics such as sexual health, giving advice on contraception and advice on general health and wellbeing.
- There was a dedicated part of the practice web site for the students. It was specifically designed for

Summary of findings

younger users and had a wealth of information and advice tailored to their needs: For example, sections on self-care for freshers, emotional wellbeing, contraception and sexual health advice.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- The practice demonstrated creative innovation. For example by the introduction of a "Web GP" system. This additional access to GPs was provided via a web link from the practice website and enabled patients to secure a GP or nurse consultation by email within 24 hours. This service was advertised in the waiting room and significantly improved access to GP advice and treatment. Data showed that since March 2016 136 patients had completed an on line assessment and of these 75 had received an e consultation and the others were signposted to other relevent agencies, such as their pharmacist.

- Every Monday morning a nurse practitioner followed up all patients that had accessed the 111 service, out of hours care (Devon Doctors) or the emergency department at the district hospital. They reviewed their records and either contacted them to offer further support, an appointment and ensured the information was updated onto their records. This approach ensured all patients received prompt and effective access to follow up care and treatment if needed.

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 is rated as good providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and was up to date.
- The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

Good

The practice is rated as good for providing caring services.

- Data from the Quality and Outcomes Framework 2015-16 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with the community nurses, school nurses, social services, other health professionals and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice availability of same day appointments and telephone consultations with a GP and the practice facilitated regular health education seminars for their university students on such topics as managing self-care and sexual health.
- Patients could access appointments and services in a way and at a time that suited them. For example by the introduction of a "Web GP" system. This was a web link from the practice website which enabled patients to secure a GP or nurse consultation by email within 24 hours. The Web GP system automatically picked up key words from the information supplied by patients and identified whether a more urgent response was required. Patient feedback was positive about the system.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice provided enhanced services for near patient testing including in-house International Normalised Ratio monitoring (INR – the monitoring of blood thinning medicines).
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

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

- The practice had a clear vision and mission statement. The mission statement included an emphasis on high quality patient care, maintaining appropriate staffing levels, effectiveness and efficiency and a continued commitment to improvement through innovation, technology and reviewing existing systems. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice had a well-structured meetings system which covered all areas recommended by NICE guidance.
- The practice carried out proactive succession planning.
- Staff told us that there was a high level of constructive engagement between the practice leadership and with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, such as via its Web GP system located on the practice website. In addition to this the practice had a strong online presence with its own social media webpage on the Facebook social media website. The practice social media webpage helped it to engage with young people and other population groups who preferred this method of communication.

The practice had a very active patient participation group (PPG) which influenced practice development. The PPG had conducted surveys which the practice had responded to, to bring about improvements for patients. For example, the PPG had supported a bid helping secure funding for the lift at the practice. The practice placed a bid with NHS England for 66% funding, with the remaining 34% self-funded by 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 is rated as good for the care of older people.

- The practice offered proactive, 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 with enhanced needs. One of the nurse practitioners visited patients at home to review their health care and give annual vaccines as required.
- The Practice had pop-up alerts on the clinical system which highlighted patients who were becoming increasingly frail. GPs and nurses had undertaken end of life training and alongside this the practice had introduced on-line modular training to ensure all staff were kept up to date with this aspect of patient care.
- The practice supported carers. There was a carer's board and all staff pro-actively looked to identify carers. A support group called Timebank visited the practice quarterly, they offered professional advice and social activities for carers of people with mental health Issues such as dementia.
- The practice had employed a pharmacist to assist with polypharmacy (patients who take multiple medicines) reviews in elderly patients. All patients over the age of 75 had an allocated named GP, but were also able to choose which GP they preferred.
- A full vaccination programme was offered at the practice, including flu, shingles and pneumococcal, the nurse practitioner attended housebound patients to ensure vaccines were given.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice worked closely with the community

specialists and held consultant led community based virtual clinics where the consultant worked alongside the practice nurse staff to monitor and manage those patients who required additional care. For example for those patients with diabetes.

- The practice had employed a pharmacist to help manage the patients' medicines and related issues. This appointment had improved medicines reviews for patients, helped ensure medicines alerts were communicated promptly amongst clinical staff and ensured the latest prescribing guidance was followed.
- Patients with long term conditions benefitted from continuity of care with their GP or nurse. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the nurse practitioner undertook reviews of housebound patients within their own homes. This could include mobile spirometry (a test to monitor lung function).
- The practice worked with external agencies in other aspects of long-term condition management such as diabetic retinopathy screening and podiatry ensuring appropriate support was provided promptly.

The practice was actively involved in research regarding the management of some long term conditions and patients who may benefit from exercise and activity as part of their condition management. This was ongoing research and no preliminary results were available at the time of the inspection.

Families, children and young people

Outstanding ☆

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- All doctors offered ante-natal care and mothers and babies were given 30 minutes each for post-natal checks to ensure their health and wellbeing. The practice had a good working,

effective relationship with the appointed health visitor and midwife, having quarterly multi-agency meetings to discuss caseloads and families of concern. The midwife held a weekly clinic at the practice and shared concerns about patients with the GPs to ensure appropriate follow up appointments were made. For example, if post-natal depression was indicated.

- Women could access a full range of contraception services and sexual health screening. Two female GPs had specialist interests in this area and were trained in sexual health and family planning. The nurse practitioner was also trained in sexual health and female health to a higher level. These skills and services had helped minimise the prevalence of sexually transmitted diseases and unwanted pregnancies in this patient group at the practice.
- All staff had been trained at the appropriate level for safeguarding adults and children. Reception staff and nurses had an alerting system in place to be able to inform GPs or the practice manager of any children who did not attend immunisation appointments. Where safeguarding concerns were identified referrals were made to relevant agencies.
- The Practice operated a 'C-card' scheme where young people were able to access free condoms. The practice had a dedicated notice board for teenager's which was positioned in a discreet area of the practice that had up-to-date, age appropriate information which was relevant and practical. In response to younger patients comments, over 11 year old children were offered their own on-line access which was password protected, to allow them privacy when asking for information, advice or an appointment.

Working age people (including those recently retired and students)

Outstanding ☆

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Peverell Park Surgery provided GP services to approximately half of the University of Plymouth's students. Data showed that the practice population for working people including those patients in full or part time education was 78.2% which was

significantly higher than the local average of 60% and national average of 61.5%. The practice had responded to this by improving access to appointments or GP advice for these patients.

- An important need of this patient group was the type of appointments required by students. There was a proportionately lower demand for future appointments for chronic problems and a proportionately higher demand for same day (or more immediate) appointments. In 2014 the practice changed the mode of access and improved appointment availability. They also recognised that many of the consultations were about seeking advice, requests for documentation or other problems which did not necessarily require a face to face appointment. Consequently the practice switched to telephone consulting as the first mode of access. Patients were able to speak to a GP on the day. There was flexibility about the call back time to work around lectures or work commitments and patients could be brought into the practice for a face to face appointment if required.
- The practice also provided alternative forms of GP access through systems such as"Web GP". This system allowed patients to complete an on-line consultation at any time of the day and night and guaranteed a response within two working days.
- There was a dedicated area on the web site for the students. It was specifically designed for younger users and had a wealth of information and advice tailored to their needs: For example, sections on self-care for university fresher's, contraception and sexual health advice.
- The Practice offered a varied appointments service including able to book routine appointments three weeks in advance, accessing same day telephone triage and an appointment if required. Extended hours were provided 7am to 8am twice a week, along with Saturday morning appointments 9am to 1pm, once a month. Full on-line access was available for appointments, prescriptions and test results.
- The surgery had an active patient participation group (PPG) and they had set up a virtual PPG to allow patients to stay engaged and receive information and give feedback on current issues, topics.
- The Practice provided an NHS health check scheme for its own patient group, offering cardiac health checks to patients aged 45 and over. In addition it was one of five practices in Plymouth

offering health checks to non-registered patients. The practice also offered in-house near patient testing to make it convenient for patients for such things as INR testing, fasting blood tests and ECGs.

- The practice offered in-house minor surgery clinics for toe nail removal, joint injections and minor surgical procedures, as well as in house contraceptive procedures.
- The Practice offered electronic prescribing to all patients enabling prescriptions to be sent to a chemist of their choice.

The practice had two GPs with special interests including clinical areas of sexual health and family planning.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a lead nurse practitioner in charge of learning disabilities, who undertook home visits and in-house clinics for these patients.
- All staff had been trained in the principals of the Mental Capacity Act.
- Data showed the practice had carried out 91% of the annual reviews for patients with learning disabilities in 2105/16.
- The Practice actively promoted 'Active Plus', a veteran exercise programme set up to help ex-service personnel to cope when exiting the services and used the skills, experience and expertise of injured military veterans to deliver unique programmes that built confidence, motivation and self-belief. These programmes unlocked the potential of participants, all of whom were from vulnerable or potentially vulnerable groups.

Veterans were also given priority for treatment and referrals in line with the military veterans covenant, particularly those who had become disabled. For example, through referrals to rehabilitation services.

- The practice had a policy in place which gave homeless people and traveller's full access to the services provided at the practice.
- The practice had a growing group of transgender patients. The practice used the patients preferred name and gender and always offered a safe, non-judgemental environment. The GPs had recognised that the number of transgender patients was increasing and had undertaken further learning to enable them to keep updated and provide good care. The practice had access to information such as the South West Lesbian, Gay, Bisexual and Transgender (LGBT) Directory which GPs could use to signpost these patients to local support groups.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had a lead GP for dementia and had started working to becoming a Dementia Champion practice with a member of the administration team training towards being the 'champion'. The practice proactively identified patients more at risk of dementia using a specialist assessment tool called the EMIS Dementia Quality Toolkit to aid with early diagnosis. A pop up alert was added to the patients records where dementia was indicated to allow the GP to start having an early conversation with the patient about the condition and carry out a full medicines and health review if necessary.

Summary of findings

- The practice had close working links with Plymouth University Mental health team, meeting regularly with the university mental health workers, and had a system in place whereby students once assessed as needing extra support were able to get immediate advice from the GP and have an urgent appointment if needed.
- Regular meetings were held with the local community psychiatric nurse (CPN) to discuss patients of concern, all patients with mental health concerns were discussed at weekly clinical meetings, to encourage safe case management and shared learning.
- The practice used social media and their website to send information out to patients regarding latest health campaigns, and actively looked to post relevant information such as exam stress, dementia awareness week and mental health awareness.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 . The results showed the practice was performing in line with local and national averages. 329 survey forms were distributed and 92 were returned. This was a response rate of 28% and represented 0.65% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards, 41 of which were entirely positive about the standard of care received, describing their care as 'excellent' and 'first rate'. Five other cards received expressed dissatisfaction with more individual concerns.

Feedback from three local care homes, was positive, citing a responsive GP practice and good professional relationships.

We looked at comments patients had made about the practice on the NHS Choices website. The feedback was overwhelmingly positive. Were there was a negative comment from an anonymous correspondent, the practice had tried to engage with the person who posted the comment to resolve their grievance.

The practice took part in the Friends and Family Test survey. During 2015 a total of 121 patients completed survey responses. 92% of patients advised they would be extremely likely / likely to recommend the practice to family and friends. The practice displayed the Friends and Family survey results and any responses to patient comments about how to improve the practice via the practice website and on notice boards in the practice patient waiting areas.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- The practice demonstrated creative innovation. For example by the introduction of a "Web GP" system. This additional access to GPs was provided via a web link from the practice website and enabled patients to secure a GP or nurse consultation by email within 24 hours. This service was advertised in the waiting room and significantly improved access to GP advice and treatment. Data showed that since March 2016 136 patients had completed an on line assessment and of these 75 had received an e consultation and the others were signposted to other relevant agencies, such as their pharmacist.
- Every Monday morning a nurse practitioner followed up all patients that had accessed the 111 service, out of hours care (Devon Doctors) or the emergency department at the district hospital. They reviewed their records and either contacted them to offer further support, an appointment and ensured the information was updated onto their records. This approach ensured all patients received prompt and effective access to follow up care and treatment if needed.

Peverell Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Peverell Park Surgery

The practice is situated in the city of Plymouth. The practice provides a primary medical service to approximately 14,800 patients of a diverse age group.

The practice has a considerably higher proportion of patients under the age of 65 when compared to the England average. For example, currently there are 5419 patients registered at the practice that are between the ages of 17 to 24 years old. Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

There is a team of eight partners, six are GP partners the other two are a practice manager partner and a nurse practitioner partner. There are three male and three female GPs who work the whole time equivalent is 4.75 GPs. There are also and three salaried GPs, two female and one male who work the whole time equivalent was two GPs. They are supported by a practice manager, two nurse practitioners, four practice nurses, three health care assistants, and a team of administrative staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors. Other health care professionals visit the practice on a regular basis.

The practice is a training practice for medical students and nursing students. The practice is looking forward to becoming a teaching practice in November 2016.

The practice is open between theNHS contracted opening hours of8am and6.00pm Monday to Friday. Extended hours are offered on Tuesdays and Thursdays 7am until 8am and from 9am until 1pm very fourth Saturday.

In addition to pre-bookable appointments can be booked up to three weeks in advance, telephone consultations are offered as the first mode of access, and same day appointments are made as required. Outside of these times patients are directed to contact the Devon Doctors out of hour's service by using the NHS 111 number.

The practice has a Personal Medical Service (PMS) contract and provides additional services, some of which are enhanced services; for example, extended hours and minor surgery.

The practice provides regulated activities from its primary location at The Stables, Outland Road, Plymouth and at a branch surgery at University Medical Centre, 27 Ensleigh Place, Plymouth, PL4 9DN. We did not visit the branch surgery as part of our inspection.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 8 October 2015. During our visit we:

- Spoke with a range of staff (insert job roles of staff) and 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 patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a child was mistakenly given the same immunisations twice. The parent and patient were immediately informed and checks were carried out to ensure no harm occurred to the child. Immediate safeguards were put into place to prevent such an incident happening again including reminders to clinical staff to look at the child's 'red book' before giving immunisations. Additionally a copy of the immunisation schedule was made available on each fridge that contained vaccines as a visual reminder.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last being in April 2016. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a dedicated member of staff who was the health and safety representative. The practice had up to date fire risk assessments and carried out regular fire drills. There was a detailed practice evacuation plan in place which included two members of staff that were fire wardens. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty..

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, 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 random sample 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 practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available, with 7.64% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

Performance for diabetes related indicators was similar to the national average. For example:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 80% which was the same as the national average of 80%.
- The percentage of patients with hypertension having regular blood pressure tests was 90% which was better than the national average of 84%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk clarification within the preceding 12 months (01/04/2014 to 31/03/2015) was 88% similar to the local average of 89% and the same as the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last year, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result included an audit carried out patients prescribed with certain medicines; it highlighted poor compliance of patients on shared care medicines. Actions were immediately put into place including a monthly list check by the practice employed pharmacist and a letter sent to patients who were overdue a review. The practice wrote to all its existing patients to remind them of monitoring needs. A new letter was created and sent to new patients on these medicines which outlined their monitoring needs. Also, software for safety alerts was updated to have visual pop up messages for these patients to remind GPs to take action. A further re audit was planned within six months to review the actions taken to ensure reviews took place.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Every Monday morning a nurse practitioner followed up all patients that had accessed the 111 service, out of hours care (Devon Doctors) or the emergency department at the district hospital. They reviewed the patient's records and either contacted them to offer further support or an appointment and ensured the information was updated onto their records.

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 practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, the percentage of females, 50 to 70, screened for breast cancer within 6 months of invitation was 79% compared to the CCG percentage of 71% and the national percentage of 73%. The percentage of patients 60-69, screened for bowel cancer within 6 months of invitation was 61%, compared to the CCG percentage of 61% and the national percentage of

Good

Are services effective?

(for example, treatment is effective)

55% There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice had a robust system to ensure all the patients with a learning disability had their care reviewed annually. There was a good system in place to follow up those patients who failed to attend appointments, if after two invites the patient did not attend, the practice made a direct referral to the Community Learning Disabilities Team who then made contact with the patient to offer support and remind them of the benefits of annual care reviews.

The practice had nurse practitioner responsible for patients with a learning disability. They saw patients in the practice or at their home or care setting. They carried out the annual review on the patient using a 'health action plan' that had been developed over previous years and in which the patient assisted the nurse in its completion. The review was based around patient choice and allowed the patient the time and facility to make a decision about their health. The nurse also used aids to help the patient understand what might be involved in the screening, such as pictorial slides. For 2015/16 the practice had 43 registered patients with a learning disability, 39 patients (91%) received an annual review.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 84% to 100% compared to the local CCG average 82%-98% and five year olds from 95% to 100% compared to the local CCG average of 91% to 97%.

Due to a large International student base at the University Medical Centre (UMC), GPs gave Fresher talks to International students at the start of the new academic year. The talk was based on how to use the NHS, what services were available through the NHS and how to access a GP. They also provided all student accommodation blocks with fridge magnets to enable the University medical centre (UMC) telephone number to be on hand and all new students received a practice leaflet in their University welcome pack. Each year the practice wrote a piece which was included on the universities Well Being portal that all new students had access to and each year they promote positive sexual health, offering free condoms in Fresher week. Vaccinations were also offered during this week.

The UMC worked closely with Plymouth University to help promote health campaigns throughout the year, in the past the UMC had promoted and recruited patients to partake in cardiac checks through CRY Cardiac Risk in the Young. They also regularly worked with the university student union promoting chlamydia screening, offering free testing packs via promotional stands available on campus manned by the practice reception staff.

At the UMC there were two rooms available each week to allow an outside community counselling service access to primary care, enabling patients to be seen on site in a convenient safe environment.

The practice offered two sexual health clinics per week at the University Medical Centre for all students of Plymouth University even if not registered with the practice. These were run by a GP and nurse practitioners with specialism in this field.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We were told of examples where staff had gone over and above to ensure their patients were well cared for and received the help they needed in a timely way. One example was that any student who needed hospitalisation following their consultation and could not get there themselves, the practice paid for a taxi so they could be sure the patient arrived there safely.

The majority of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91.5% and the national average of 89%.
- 89.5% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%).
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%)
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the (CCG) average of 90% national average of 85%).
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the (CCG) average of 93% and the national average of 91%).
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

Good

Are services caring?

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

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 152 patients as carers (About 1% of the practice list). This number was relatively low due to the high number of younger patients and students of the practice population group. The practice were working towards one member of staff becoming a carer's champion. There was a notice board dedicated to carers in the practice which was displayed lots of information to direct carers to the various avenues of support available to them.

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice offered extended hours for mostly working patients who could not attend during normal opening hours. These were offered on a Tuesday and Thursday between 7 and 8am and also on a Saturday between the hours of 1pm and 4pm.

There were longer appointments available for patients with a learning disability.

Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Same day appointments were available for children and those patients with medical problems that require same day consultation. Patients were able to receive travel vaccines available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately. There were disabled facilities, a hearing loop and translation services available.

Patients individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. For example,

- The practice demonstrated creative innovation in managing appointment demand. For example, by the introduction of a "Web GP" system. This system was accessed via a web link from the practice website which enabled patients to secure a GP or nurse consultation by email within 24 hours. This service was also advertised in the waiting room. The Web GP system automatically picked up key words from the information supplied by patients and identified whether a more urgent response was required. Patient feedback was positive about the system and about the advice they received. Data from the practice showed that since March 2016, 136 patients had completed an on line assessment and of these 75 had received an e-consultation and the others were signposted to other relevent agencies, such as their pharmacist.
- For specific groups of the working population or for those recently retired the practice actively promoted 'Active Plus', a veteran exercise programme set up to help ex-service personnel to cope when exiting the services and used the skills, experience and expertise of injured military veterans to deliver unique programmes that built confidence, motivation and self-belief. These programmes unlocked the potential of participants, all of whom were from vulnerable or potentially vulnerable groups. Veterans were also given priority for treatment and referrals in line with the military veterans covenant, particularly those who had become disabled. For example, through referrals to rehabilitation services.
- For vulnerable patients there was a proactive approach to understanding the needs of different groups of patients. and to deliver care in a way that meets these needs and promotes equality The practice had a policy in place which gave homeless people and traveller's full access to the services provided at the practice. The practice had a growing group of transgender patients. The practice used the patients preferred name and gender and always offered a safe, non-judgemental environment. The GPs had recognised that the number of transgender patients was increasing and had undertaken further learning to enable them to keep updated and provide good care. The practice had access to information such as the

Access to the service

The practice was open between theNHS contracted opening hours of8am and6.00pm Monday to Friday. Extended hours were offered on Tuesdays and Thursdays between 7am and 8am and from 9am to 1pm every fourth Saturday.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, telephone consultations were offered as the first mode of access, and same day appointments made as required. Outside of these times patients were directed to contact the Devon Doctors out of hour's service by using the NHS 111 number.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the local (CCG) average of 82% and the national average of 78%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 93% of patients said they could get through easily to the practice by phone compared to the local (CCG) average of 85% and the national average of 73%.

The practice looked at the types of appointments needed by younger patients, specifically university students. They found there was a proportionately lower demand for future appointments for chronic problems and a proportionately higher demand for same day (or more immediate) appointments. The practice offered telephone consulting as the first mode of access, and same day appointments to GPs and nurse practitioners and these are tailored around lecture times.This also met the need of patients who were seeking advice, requests for documentation and other problems which did not necessarily require a face to face appointment. Patients were able to speak to a GP on the day. There was flexibility about the call back time to work around lectures and they could be brought in to the practice for a face to face appointment if required.

The practice constantly reviewed the skill mix required to best meet student's needs. A simple audit of appointment types was carried out in January 2016 to assess the type of requests being presented at the university practice. From this audit it was identified that more health care assistant time was required to assist with simple dressings and taking blood samples. Additional hours were put into place, this in turn freed more appointments for the nurse practitioner, which in turn freed the GP to have more available appointments for patients with complex needs. Appointments types were under constant review.

It was identified in the National Patient Survey 2015 that patients required more telephone access to their GP; the same result was also identified by the in-house patient telephone consultation survey carried out by the practice PPG in 2014. Findings showed that the practice needed to provide an additional two telephone slots each working day for each GP. Different actions had been put into place to allow this to happen. A recent example was a review of the mail received daily by the practice. It was calculated that each GP spent at least an hour a day reading letters received from third parties. A pilot was put in place using one GP each day to spend an hour every morning sorting through and allocating correspondence to the correct person or place. The practice had found the process allowed them to become more responsive to the mail received. Additionally patient safety had improved as each GP had more clinical time to be able to call patients or answer patient queries via booked telephone calls. Additional training had been provided to develop telephone triage skills; team meetings and constant feedback were used to reflect on the improvements made to ensure the changes made were still responsive to patients needs.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention.

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

There was a lift within the practice to enable patients with mobility difficulties to access services on the first floor.

Listening and learning from concerns and complaints

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

Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This included leaflets in the waiting room and information on the website.

We looked at 28 complaints received in the last 12 months. We found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained about the delay in getting the results of a urine test back in a timely way. It was found that the sample had been put in the wrong box and had been lost; a re-test was arranged. An apology was given to the patient and learning was undertaken by staff to ensure they all knew the correct procedures when dealing with samples. Incidents of this type had not re-occurred.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The plan covered both practice sites..

Governance arrangements

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The leadership drove continuous improvement and staff were accountable for delivering change. On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice was a teaching practice for medical students and student nurses and was preparing to become a teaching practice for trainee GPs in November 2016. Two GP trainers would be sharing the role. Practice staff had received specific training in mentoring trainees.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received The PPG met regularly, carried out patient surveys and submitted proposals for improvements

to the practice management team. For example, changing the access arrangements and appointment system to better suit patients and securing funding for improvements at the practice including a passenger lift. The PPG supported a bid and helped secure the funding for the lift by writing letters and speaking with stakeholders when the practice was requesting 66% funding from NHS England. 34% of the equipment and installation costs was self-funded by the practice. The benefit of this improvement was welcomed by all patients, particularly those with reduced mobility.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion as well as through informal discussion and emails. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had signed up to several pilot schemes or clinical trials to help improve patient care and be responsive to service improvements. These included;

- NHS Healthchecks for patients and patients of five other practices who were partaking in the pilot scheme. The healthcheck pilot had the potential to reduce the prevalence of heart disease, kidney disease, Stroke and diabetes for 40-74 year olds. The aim was to increase up take numbers in health checks and assist in reducing the risk of patients developing serious health complications.
- Peverell Park was one of three practices that offered an insulin initiation enhanced service in Plymouth and South Devon to their patient population. The aim was to improve all areas of diabetes management, simplify processes for patients, and reduce referrals to secondary care. The scheme allowed the nurses to advance their skills in diabetes and gain additional specialist knowledge. Anecdotal evidence indicated a reduction in patients being referred to hospital for similar care and treatment and improved self-management of their condition by patients.
- WebGP was a pilot scheme set up by the practice to improve patient access at the University Medical Centre. Students had 24 hour access to a self-help section of WebGP or were able to complete a medical assessment form that was sent directly to the practice to be reviewed and actioned within 24 hours on a working day.
- The practice used E-coachER, (a trial to investigate the effects of adding web-based coaching (e-coachER) to an exercise referral scheme as a way to increase uptake and sustained health enhancing physical activity for patients with chronic physical and mental health conditions) in support of exercise referrals. They recruited eligible participants who had obesity, type 2 diabetes, hypertension, osteoarthritis and a history of depression. The exercise pilot scheme aimed to help assist with weight loss, diabetes type 2 management, encourage pre-diabetes action, help reduce high blood pressure, reduce lower limb pain and improve low mood. Peverell Park Surgery had 22 patients accepted for the scheme out of 26 who expressed an interest. The trial was ongoing and was expected to end in 2018.
- The practice identified there was a lack of information available for patients recently diagnosed with coeliac disease. The Practice had started work by offering these patients information, additional support and a package of care. A patient record system template had been created to ensure patients were receiving the correct level of care. Diagnosed patients were sent a letter to invite them in for a yearly check-up, with a recommended blood test performed. The practice planned to set up a local coeliac support group through Facebook and through their website, and had identified a nurse to take the lead on this project.