The University of Nottingham Health Service

Quality Report

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

Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at the University of Nottingham Health Service on 18 June 2015. Overall the practice is rated as outstanding.

Specifically, we found the practice to be outstanding for providing effective, responsive and well led services. It was also outstanding for providing services for older people, people with long term conditions, families, children and young people, working age people and those recently retired, and people experiencing mental health.

The practice was good for providing safe and caring services. It was also good for providing services for people whose circumstances may make them vulnerable.

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

- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with staff. There was a genuine commitment to continually evolve and improve services for the patients registered at the practice.
- The practice had a strong commitment to learning and improving from internal and external incidents. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice worked closely with other organisations and the local community in planning how services were provided to ensure that they promoted person centred and coordinated care.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice was dedicated to supporting pilot projects and research within primary care and was supported by the clinical commissioning group (CCG) to provide mentoring to other practices interested in becoming accredited for research.
- Information was provided to help patients understand the care available to them in formats they were comfortable with and used extensively. This included the use of social media, facebook, twitter, you tube videos as well as mobile phone health applications.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a robust triage and appointment system which enabled patients to access the right care at the time. Urgent appointments were available on the same day.
- 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 (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.

We saw several areas of outstanding practice including:

- The practice had excellent access to appointments and could demonstrate the impact of this by reduced use of secondary care services (specifically accident and emergency) and positive patient survey results.

Data showed 100% of patients could get through easily to the surgery by phone and the last appointment they got was convenient. This was above local and national averages. Additionally, the practice patients were the second lowest user of A&E services in the county and the lowest in the CCG according to E- Healthscope data.

- The leadership team and the practice had won several national and local awards in recognition of their innovative approaches to delivering high quality care.

For example, an in-house musculoskeletal, physio and sports medicine service was developed in response to sports injuries linked to the student population and a dermatology and nurse led acne service was offered and funded by the practice at an additional cost to them. This allowed patients to access local services within the community reducing a burden on secondary care or travelling distance for patients.

- We saw excellent examples that demonstrated the practice was fully committed to working in partnership with the University of Nottingham and other health and social care providers to address the social and emotional needs of their patients' and families. Specifically, the practice took a proactive role in multi-disciplinary working and undertaking education and research linked to improving the well-being of patients experiencing poor mental health.

For example, as part of an innovative pilot, the practice offered a weekly drop in clinic to signpost and provide brief interventions for patients with mild to moderate eating disorders; and a series of six sessions of cognitive behaviour therapy (CBT) specifically for students.

This service was extended to another local university and is currently provided as part of the eating disorders in students service (EDISS). The practice won a national award in recognition of the work involved in commissioning this service.

- In conjunction with the University of Nottingham and Public Health England, the practice undertook a two year study on the mental health needs of international students specifically Chinese and Malaysian students. The findings were presented at a number of conferences across the UK and recommended changes to service provision including complementary culturally based services.
- The practice proactively promoted patient education and control over their care needs through the use of social media and written literature.

Examples included access to a series of You-tube short videos offering instructions on self-management techniques; designing and implementing the NHS Nottingham City Health application: a guide to choosing the right NHS service locally; as well as adapting booklet guides (in collaboration with another provider) to include information on local health services and when to access them and on common childhood illnesses. Over 30,000 copies were distributed to local practices, health visiting teams, maternity units, libraries and leisure centres. The guides are also available online and in several languages.

- The practice had various systems in place to engage and communicate with its student population including: a personalised feedback system named "Tell Dan" whereby the practice manager encouraged direct patient feedback to him and an automated text and email messaging service to allow a fast and easy stream of communication.
- The practice was proactive in its approaches to sexual health screening and prevention in collaboration with

Summary of findings

the University of Nottingham, CCG and Public Health. For example, a level two sexual health clinic was offered which is similar to that of a genito-urinary medicine (GUM) community clinic.

Services were for symptomatic patients and included treatment and contact tracing for gonorrhoea; cryotherapy for genital warts; c-card registration, pregnancy testing and contraception counselling. Patient feedback and data confirmed these initiatives made a positive impact including promoting patient self-management and disease prevention.

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 for providing safe services.

Information about safety was highly valued and was used to promote learning. Lessons were learned and communicated widely to support improvement. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. This included taking a proactive approach to anticipating and preventing incidents from happening again.

Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. This included medicines management, health and safety, cleanliness and infection control and staff recruitment. There were enough staff to keep patients safe. Appropriate arrangements were in place to respond to safeguarding concerns and emergencies.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

The practice proactively reached out to the community and worked with other organisations to improve patient outcomes. This included the use of innovative and pioneering approaches to promote services related to sexual health, contraception, travel, health screening, patient self-management and services for students experiencing mental ill health or eating disorders. Practice staff worked collaboratively with other providers to ensure that patients received coordinated care.

Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines. We saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued. Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group (CCG). For example, emergency hospital admission rates for the practice were not only the lowest in the CCG area but also the second lowest in the county.

Summary of findings

The practice had achieved 96.9% for its 2014/15 QOF which was an increase from the 94.3% achievement in 2013/14. This had been achieved by positively targeting and improving performance in areas where performance could improve.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was a genuine commitment towards staff development and an embedded team approach. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams

Are services caring?

Good

The practice is rated as good for providing caring services.

Feedback received from patients was strongly positive about their care and treatment. Common themes included excellent care, good experience, friendly and very helpful staff.

This was also reflected in data reviewed which showed patients rated the practice higher than others for some aspects of care. For example the practice was highly rated in respect of their GP consultations with:

- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%; and
- 96% of respondents with a preferred GP usually get to see or speak to that GP compared to a CCG average of 59% and national average of 60%. This ensured continuity of care was maintained.

Views of external stakeholders were very positive about the way staff treated patients' and these also aligned with our findings. We observed a patient-centred culture and found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

This included care planning arrangements and services for young people and students, in line with the Department of Health 'Quality criteria for young people friendly health services', which is referred to as 'You're Welcome'. The practice were the first ones to achieve this accreditation in Nottingham.

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. This was evidenced by the practice's proactive role in supporting the emotional needs of their patients. Specifically, patients experiencing poor mental health and those with long term conditions.

Summary of findings

The practice offered a range of services to address social isolation amongst its patient population. This included counselling and specific interventions for patients with eating disorders, experiencing social anxiety, self-harm, suicide and depression. Mechanisms were in place to support staff and promote their positive wellbeing.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements that were flexible and tailored to the specific needs of the practice population.

This included offering a range of specialist services for example, sexual health, dermatology, travel medicine, occupational health, and musculoskeletal and first line physiotherapy. These services were delivered close to patient's homes and reduced the burden on hospital services.

Patients told us it was easy to get an appointment with a named GP or a GP of choice, there was continuity of care and urgent appointments available on the same day.

Data showed high satisfaction levels in respect of access and availability of appointments, and this was above the local and national averages. For example 100% found it easy to get through to this surgery by phone compared to a CCG average of 75% and national average of 73%. Robust systems were in place to ensure the appointment system was easy to use and enabled patients to access the right care at the right time.

The practice had one of the lowest rates of usage of secondary care in Nottingham City, in particular accident and emergency (A&E) attendances. This was a result of easy access to same day appointments, patient education in appropriate use of local health services and review arrangements for multiple attenders.

The practice had good facilities and was well equipped to treat patients and meet their needs. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG).

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?

Outstanding 

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

The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff as part of proactive succession planning. Governance and performance management arrangements took account of current models of best practice and supported openness and constructive challenge.

The practice had a strong clinical and managerial leadership structure. High standards were promoted and owned by all practice staff and teams worked together across all roles. Several awards had been won as a result of the continuous drive to service improvement and development of innovative services for the patients benefit.

There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff felt supported, valued and motivated and reported being treated fairly and compassionately. The practice had a very supportive approach to staff training, development and research.

The practice gathered feedback from patients using new technology, and it had a very active patient participation group (PPG). The patient participation group are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

The practice was actively engaged with the PPG, and as a result, provided an innovative range of services. This included creating an in-house run c-card scheme for patients aged over 25 to access condoms, lubricants and ask any questions they have about sex, sexually transmitted infections (STIs) and relationships.

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

Outstanding ☆

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

All patients aged 75 and over had a named GP, and were able to change their accountable GP if they expressed a wish to do so. The practice had a very low proportion of older patients due to the majority of the practice population being university students. As a result, there was a low prevalence of conditions commonly found in older people for example osteoporosis. There were five patients recorded on the practice's register for osteoporosis.

All patients in this population group were offered flu vaccinations. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Staff were able to recognise signs of abuse in older people and knew how to raise concerns to safeguard them.

The practice held regular multi-disciplinary team meetings to ensure older people were supported to receive care in their preferred place and to reduce the number of avoidable hospital admissions. The premises and services had been adapted to meet the needs of older people with mobility and hearing impairments.

People with long term conditions

Outstanding ☆

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

The practice had a low prevalence rate of patients with long term conditions given the majority of practice population comprised of young and healthy students. The practice's registers for long term conditions comprised of a total of 1647 patients. Most patients had a diagnosis of asthma, diabetes, hypertension or cancer for example.

An innovative service offered for people with diabetes included diabetic retinopathy screening being coordinated at the practice alongside a patient's annual review. This was facilitated with support from the diabetic specialist nurse and retinopathy screening team and ensured a one stop service for patients.

Patients experiencing chronic / acute pain could access the specialist acupuncture service and books on prescription service to enable them to take control of the management of their conditions. In addition the practice had developed videos on physiotherapy exercises and had posted these on YouTube to give patients easy access to advice and guidance.

Summary of findings

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met.

For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care including the respiratory integrated team.

Families, children and young people

Outstanding

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

The practice was the first GP service in Nottingham city to have obtained You're Welcome Accreditation, a Department of Health quality criteria for making health services 'young people friendly'. We saw evidence to confirm the practice was meeting this criteria in respect of ensuring services were accessible including sexual health, obtaining patient feedback and consent for example.

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.We saw good examples of joint working with midwives, health visitors and school nurses.

There were systems in place to identify and follow up children living in disadvantaged circumstances, those at risk of abuse and those who had a high number of A&E attendances. Staff had completed training in safeguarding and domestic violence to ensure they were able to take appropriate action

The practice offered a full range of immunisations for children and travel vaccines in line with current national guidance. The practice worked with the University of Nottingham's international office to support pregnant women and new parents access support from voluntary and statutory organisations.

Parents had access to a booklet on childhood illness to use when assessing and managing their children with minor conditions.

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).

Summary of findings

The profile of patients registered at the practice comprised mainly of students and their families as well as staff employed by the University of Nottingham. Their needs 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 and had developed a NHS Nottingham City health application as a guide to choosing the right NHS service locally. This was an innovative way to educate and support patients to access the most appropriate service. Patient feedback reflected it was easy to access the service and arrange an appointment.

A full range of health promotion, cancer screening and innovative community services that reflected the needs for this age group were offered locally, and this reduced burden on hospital services. For example sexual health, sports medicine, in-house dermatology and travel medicine advice. Additionally, comprehensive information and advice on common illness and injury, and on how to stay well and healthy was available on the practice website.

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.

At the time of our inspection, the practice was in the process of reviewing it's at risk register to include other patients who may be living in vulnerable circumstances. We found the practice had suitable arrangements in place to work with multi-disciplinary teams in the case management of vulnerable people. This included 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 and out of hours.

People experiencing poor mental health (including people with dementia)

Outstanding

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

The practice took a proactive role in education and research linked to improving the well-being of patients with mental health needs who accounted for 25% of the practice's patients. Specialist clinics / services were in place to support students with eating disorders, those at risk of self-harm and suicide. Patients were encouraged to access books on prescriptions to help them self-manage their conditions, where appropriate.

Summary of findings

The practice had the lowest rates of GP referrals to local secondary care mental health services. as a result of: a low prevalence of patients on the mental health register; the majority of these patients being under regular review from outside agencies such as psychiatry team; and patients extensively using in-house services.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Staff carried out advance care planning for patients with dementia and annual physical health checks were offered to patients with mental health needs.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

We spoke with five patients on the day of our inspection and this included two members of the patient participation group (PPG) and the head of student welfare. All of the patients expressed a high level of satisfaction about all aspects of the care and services they received. They described the staff as friendly, helpful and caring and said that they were treated with dignity and respect.

We reviewed 36 CQC comment cards completed by patients prior to the inspection. Most of the comments were positive and some people commented they received an excellent / good service and staff were helpful and polite. Nine comments were less positive and the common theme was in respect of booking of travel vaccinations and immunisations.

The practice's 2014 survey results showed a high level of satisfaction with both access and communication. Out of 580 responses;

- 97.68% said they would recommend the practice to friends or family.

- 96.24% said the experience of the surgery was excellent, very good or good and

- 96.38% said the receptionists were either very helpful or fairly helpful.

The latest national GP patient survey published in July 2015 showed most patients were very satisfied with the services the practice offered. The three areas were the practice performed best related to patients being able to see or speak to their preferred GP, the ease of getting through to the surgery by phone and a waiting time of less than 15 minutes after the appointment time to be seen.

Three areas of improvement included nurses listening to patients and giving them enough time and receptionists being more helpful. 88% described their overall experience of this surgery as good and 79% would recommend this surgery to someone new to the area.

Outstanding practice

- The practice had excellent access to appointments and could demonstrate the impact of this by reduced use of secondary care services (specifically accident and emergency) and positive patient survey results.

Data showed 100% of patients could get through easily to the surgery by phone and the last appointment they got was convenient. This was above local and national averages. Additionally, the practice patients were the second lowest user of A&E services in the county and the lowest in the CCG according to E-Healthscope data.

- The leadership team and the practice had won several national and local awards in recognition of their innovative approaches to delivering high quality care.

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- We saw excellent examples that demonstrated the practice was fully committed to working in partnership with the University of Nottingham and other health and social care providers to address the social and emotional needs of their patients' and families. Specifically, the practice took a proactive role in multi-disciplinary working and undertaking education and research linked to improving the well-being of patients experiencing poor mental health.

For example, as part of an innovative pilot, the practice offered a weekly drop in clinic to signpost and provide brief interventions for patients with mild to moderate eating disorders; and a series of six sessions of cognitive behaviour therapy (CBT) specifically for students.

Summary of findings

This service was extended to another local university and is currently provided as part of the eating disorders in students service (EDISS). The practice won a national award in recognition of the work involved in commissioning this service.

- In conjunction with the University of Nottingham and Public Health England, the practice undertook a two year study on the mental health needs of international students specifically Chinese and Malaysian students . The findings were presented at a number of conferences across the UK and recommended changes to service provision including complementary culturally based services.
- The practice proactively promoted patient education and control over their care needs through the use of social media and written literature.

Examples included access to a series of You-tube short videos offering instructions on self-management techniques; designing and implementing the NHS Nottingham City Health application: a guide to choosing the right NHS service locally; as well as adapting booklet guides (in collaboration with another provider) to include information on local health services and when to access them and on common childhood illnesses. Over 30,000 copies were distributed to local practices, health visiting teams, maternity units, libraries and leisure centres. The guides are also available online and in several languages.

- The practice had various systems in place to engage and communicate with its student population including: a personalised feedback system named "Tell Dan" whereby the practice manager encouraged direct patient feedback to him and an automated text and email messaging service to allow a fast and easy stream of communication.
- The practice was proactive in its approaches to sexual health screening and prevention in collaboration with the University of Nottingham, CCG and Public Health. For example, a level two sexual health clinic was offered which is similar to that of a genito-urinary medicine (GUM) community clinic.

Services were for symptomatic patients and included treatment and contact tracing for gonorrhoea; cryotherapy for genital warts; c-card registration, pregnancy testing and contraception counselling. Patient feedback and data confirmed these initiatives made a positive impact including promoting patient self-management and disease prevention.

The University of Nottingham Health Service

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 CQC Inspection Manager, two GPs and a practice nurse.

Background to The University of Nottingham Health Service

The University of Nottingham Health Service is a purpose built university based general practice with a list size of approximately 40,000 patients. The vast majority of patients are of working age or students, making up 67% of the registered list.

However the practice patient demographic is changing over time as patients are remaining in the area and are staying registered at the practice. As a consequence there are an increasing number of older patients and young children registered.

Despite the steady increase in overall numbers, the practice continues to have an annual patient turnover of 21.24% compared to a national average of 8%. This demands a high degree of flexibility in services.

The practice has an extremely diverse patient demographic and those registered are from over 100 different countries. The majority of patients are white British with a significant number of patients being Chinese, from Malaysia and India.

The practice predominantly registers patients who have a link to the University (staff, students or their dependants) who live either within the practice boundary, or since January 2015, outside of the practice boundary without the responsibility for home visits.

The practice employs 48 members of staff and makes use of additional temporary staff when demand for services is higher (for example during Fresher's week) when the staffing complement can increase to up to 70 to meet patient need, to assist with the registration of new patients (numbering approximately 8,000 per year) and the subsequent summarising of their medical records.

There are seven GP partners (five male and two female) and six salaried GPs (one male and five female) working at the practice. There are 10 nurses including a senior nurse and deputy nurse manager and three healthcare assistants.

The clinical staff are supported by a practice manager and an extensive team of staff who undertake business and practice management, reception and administrative duties with lead roles in information technology, data management and managing reception.

This is a teaching practice and there are four medical students placed at the practice for a year's placement. The practice holds a general medical service (GMS) contract with the CCG.

The practice is open between 8am and 6pm Monday to Friday. Extended hours are available during term time and the first four weeks of the summer vacation between 6pm and 8.45pm on Mondays; and 8am until 12pm on Saturdays. These hours are especially helpful to patients who work or students who are attending lectures or work placements.

Detailed findings

The practice offers appointments from 8am to 6pm Monday to Friday with additional appointments on Monday evening and Saturday morning for 42 weeks of the year.

The practice have opted out of providing out-of-hours services to their own patients and this service is provided by Nottingham Emergency Medical Services. Patients are provided with information about how to access this service on the practice leaflet, website and telephone message.

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 and in response to information we received.

This 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.

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.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 June 2015.

During our visit we spoke with a range of staff (seven GPs, three nurses, the business manager and their deputy, the reception manager and five reception / administrative staff). We spoke with five patients who used the service and this included the head of student welfare. We observed how people were being cared for and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

The practice had patient safety as its top priority and had robust systems in place to ensure any untoward events were investigated in a thorough and open manner. Evidence from records indicated that the practice took every opportunity to learn from these and shared this amongst the whole team to prevent re-occurrence.

All staff were encouraged to participate in significant events, audits and complaints as an opportunity to learn from experience and through identification of best practice.The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report any incidents and near misses.

We reviewed safety records, significant events reports and minutes of meetings where these were discussed for the last two years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of 41 significant events that had occurred during the last two years and saw this system was followed appropriately. Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held quarterly to review actions from past significant events and complaints.

Our review of significant events demonstrated a commitment to ongoing learning. For example we saw staff had reflected on a situation where a patient with capacity had refused to give consent for their relatives to be contacted about their health. The records demonstrated the practice reflected on this and had discussed consent, confidentiality and capacity issues as a team. Staff, including receptionists, administrators and nursing staff were actively encouraged to raise any concerns and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the manager. We tracked two incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result and that the learning had been shared. Where patients had been affected by something that had gone wrong they were given an apology and informed of the actions taken to prevent the same thing happening again.

National patient safety alerts and alerts from the medicines and healthcare products regulatory agency (MHRA) were disseminated by the business manager to relevant practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at clinical meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had very robust systems in place to manage and review risks to vulnerable children, young people and adults. Safeguarding was included as a standing item on all formal team meetings with any current issues or changes to guidance discussed. The practice held face to face weekly meetings with the health visitors who took responsibility for liaising with the school nurses.

The practice asked about safeguarding concerns opportunistically when a child registered at the practice including home educated children to enable direct contact with the appropriate professional. The practice had a good relationship with the midwives but staffing shortages meant they were not able to attend the multi-disciplinary meetings, even though they were invited.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles.

One of the locum GPs was the clinical lead for the CCG on child safeguarding and brought this experience and expertise into the practice. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with

partner agencies. There was a quarterly multi-disciplinary safeguarding meeting involving amongst others the health visitor and the nurse manager as well as a number of staff from the practice.

Training records showed that all staff had received relevant role specific training on safeguarding and domestic violence. Staff we spoke with knew how to recognise signs of abuse in older people, vulnerable adults and children; and had received practical advice about how to respond to patients who disclosed domestic violence.

The practice were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Up to date safeguarding procedures and contact details were easily accessible to all staff on the desk top of all practice computers.

Staff were proactive in monitoring if children or vulnerable adults attended accident and emergency or missed appointments frequently. These were brought to the GP and nurses' attention, who then worked with other health and social care professionals to ensure they received safe care.

There was a chaperone policy, which was visible on the waiting room noticeboard, in consulting rooms and on the practice web site. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available.

Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. 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.

Medicines management

We checked medicines in each of the nurse's treatment rooms and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records reviewed showed fridge temperature checks were carried out using data loggers which ensured medicines were stored at the appropriate temperature.

The practice used an intradoc system to log all medicines and vaccines held at the practice. The system flagged up any stock which was due to expire in the next month and we saw this worked in practice. An independent audit was undertaken on a monthly basis to ensure that any discrepancies were identified and rectified. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice had a range of policies and procedures in place to ensure the safe management of medicines and that clinician's prescribing practice was in line with latest guidance. All prescriptions were reviewed and signed by a GP before they were given to the patient.

Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

There was a system in place for the management of high risk medicines such as methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance and an audit in this area.

The practice had robust systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). There was only one patient prescribed a controlled drug for an acute condition and this was not available on a repeat prescription. The practice staff carried out regular audits on the prescribing of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines which had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated and signed by the nursing staff. Three members of the nursing

staff were qualified as independent prescribers and they had received regular supervision and support in their role as well as updates in the specific clinical areas of expertise for which they prescribed.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. The cleaning of the practice was undertaken by the university cleaning team and schedules were in place. This team also carried out spot checks and records reviewed demonstrated high standards of cleanliness were maintained with no remedial actions required. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. The practice had good quantities of personal protective equipment including disposable gloves, aprons and coverings available for staff to use to prevent infection passing between staff and patients.

Staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

The practice's senior nurse was the lead for infection control and they had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received training about infection control specific to their role and received regular updates. Annual audits were completed both internally and by an external service. We saw that any improvements identified for action were completed with some suggestions for future work to be undertaken.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). We saw records that confirmed regular checks were being carried out in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating when they needed to be tested again; and this was due in December 2015.

We saw evidence of calibration of relevant equipment; for example the audio doppler, spirometers, blood pressure measuring devices and the echo cardiogram (ECG) machine to make sure readings were correct and could be relied upon.

Staffing and recruitment

The practice had a recruitment policy. The four staff records that we looked at all contained evidence to confirm that 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. These 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.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The office and business managers showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements. The skill mix was reviewed on an ongoing basis to ensure that any staff shortages were responded to quickly and adequately.

Good

Are services safe?

The practice had 48 employed members of staff with additional locum GPs employed when required. Eighteen temporary administration staff were employed for between one and 16 weeks from late September each year to assist with the registration of new patients and the subsequent summarising of their medical records.

Monitoring safety and responding to risk

The practice was supported by the University of Nottingham staff to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, health and safety. Records reviewed showed identified risks were individually assessed and rated and mitigating actions recorded to reduce and manage the risk.

Risks associated with the service including staffing changes (both planned and unplanned), wheelchair use, expectant mothers, and equipment were recorded and mitigating actions had been put in place. The meeting minutes we reviewed showed risks were discussed at partners' meetings and within team meetings.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, there were emergency processes in place for patients with long-term conditions and staff gave us examples of referrals made for patients whose health deteriorated suddenly.

Staff told us about how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and treatment. In addition, staff monitored repeat prescribing for patients receiving medication for mental ill-health.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). Staff we spoke with knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. All the medicines we checked were in date and fit for use indicating the systems were working effectively in practice.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. The document also contained relevant contact details for staff to refer to.

The business manager and one of the GP partners also worked closely with the University of Nottingham in respect of the development of a number of the emergency and contingency plans. They also both sat on the university incident management board which met every term as a minimum.

The practice had carried out a fire risk assessment which included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE), the family planning faculty and from local commissioners through the practice intranet.

Some clinical staff we spoke with told us this guidance was routinely printed off and given to patients to ensure they had up to date information on their condition. This was also supplemented by staff signposting patients to practice produced videos which were available on YouTube on subjects such as sports injuries and effective use of inhalers.

Staff used standard templates generated by their electronic system to assess patients' needs which followed NICE guidelines. The practice had identified that they needed to improve their retinopathy screening for patients with diabetes and had introduced this screening on site.

As a result their Quality Outcomes Framework (QOF) results had improved from 77.7% in 2013/14 to 87.5% in 2014/15. QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures.

The practice facilitated regular formal clinical training meetings to discuss any updates or changes to NICE guidance or other best practice guidelines. Weekly lunchtime meetings were held for all clinicians and senior administrators to discuss any issues, significant events, audits or to invite external agencies in to discuss particular topics.

The GPs told us they led in specialist clinical areas such as acupuncture, Caldicott guardian, self-harm and rheumatoid arthritis. Each GP lead had a corresponding nurse lead that supported this work. Several of the partners had roles within the CCG or on national initiatives. For example, one of the partners was on the national tuberculosis (TB) strategy group and a regular locum GP was the lead for safeguarding at the clinical commissioning group (CCG). These external roles ensured that clinicians worked towards improving the health and wellbeing of the wider patient community as well as using their knowledge and expertise to improve outcomes for their own patients.

The practice had created a register to identify patients who were at high risk of unplanned admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records.

Just over 2% of those eligible had care plans in place in line with national expectations to enable care to be planned and co-ordinated reducing the need for them to go into hospital. The practice had the lowest rate of accident and emergency (A&E) attendances between May 2014 and April 2015, and for avoidable admissions to hospital across the CCG.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and patient outcomes were routinely collected and monitored and used to improve care. This was done proactively with both quantitative and qualitative data gathered on the use of services and clinics. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input and medicines optimisation.

The practice sought to proactively develop new services to support their practice population and always started this process by collecting data to support their developments. For example, the practice had developed and were using a template to collect information on the prevalence of self-harm but were not at a stage where they had developed outcome measures.

The practice showed us seven clinical audits that had been undertaken in the last three years. We looked in depth at two completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example we looked at a clinical audit concerning children with a high temperature and whether their condition had been assessed in line with NICE guidelines. The initial audit was undertaken between February and April 2013 involved reviewing 31 children with symptoms of fever. The audit showed that only three out of the 31 patients had received the full clinical observations as recommended by NICE guidelines.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

The findings of this audit were discussed at a clinical meeting and the audit was then repeated between February and April 2014. This time the audit considered 52 children and this showed there was an improvement in the effective safety netting advice provided to parents which was present in 79% of cases. This had increased by 29% since the initial audit and demonstrated a positive impact on patient care.

The practice had audited minor surgery carried out at the practice between 2013 and 2014 and considered the qualitative patient feedback on the outcomes of the surgery as well as gathering some quantitative data. Out of 550 procedures, 105 forms were returned. Overall the feedback from patients was very positive with 84% of patients rating the explanations of surgery given as excellent, 78% rated their experience of having information to give informed consent as excellent and 73% rated their anaesthesia as excellent. There was a reported infection rate of 0.01%.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. It achieved 94.3% of the total QOF target in 2013/14, which was above the national average of 93.5% and CCG average of 92%. Specific examples to demonstrate this included:

- Performance for depression related indicators was better compared to the CCG and national average. The practice achieved 100% which was 7.1% above CCG average and 5.4% above England average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. The practice achieved 80.7% which was 18.5% points above CCG average and 13.7 percentage points above England average.

The practice was aware of all the areas where performance was not in line with national or CCG figures and we saw action plans setting out how these were being addressed. For example, the practice had put in place systems to increase the data capture of the smoking status of the student population who attended the surgery less frequently.

These included updates via the automatic check in screens and a text based system for patients to respond with their current smoking status. In respect of both dementia and learning disabilities, the low figures reflected the extremely low prevalence of both conditions in the practice population.

The nurse prescribers received clinical supervision from the on call GP after every triage clinic and nurses offered clinical support to each other. One of the partner GPs undertook clinical appraisals for all salaried GPs and provided mentorship to ensure they were supported in their role. There was an embedded commitment to quality amongst all team members.

The practice's prescribing rates were similar or lower when compared with the local and national data as a result of their practice demographics. Their prescribing of antibiotics had been static for two years at 0.1% (the CCG average was 0.27% and the national average 0.29%). The practice met regularly with pharmacists located within the health centre to discuss any latest guidance, prescribing issues or general information which may affect patients, the practice or the pharmacy.

The practice had a feedback system called "Tell Dan" whereby the practice manager encouraged direct patient feedback to him. Following patient feedback the practice reduced the turnaround time for repeat prescriptions from 48 to 24 hours. Patients could request repeat prescriptions in person, by telephone or on line. Only 505 of the 40,000 patients received repeat prescriptions, and there were protocols in place for higher risk medicines and certain situations which had to be signed by a GP.

Staff also checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. COPD was diagnosed through spirometry and once the results were received they received a joint appointment with the doctor and nurse to receive their diagnosis, medicines and lifestyle advice and guidance.

The practice maintained a palliative care register but had no patients receiving or needing this type of care and treatment on the date of inspection. When needed, the practice would arrange and engage with the palliative care nurse to ensure co-ordinated care and to discuss the care and support needs of patients and their families.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the

area. This benchmarking data showed the practice had outcomes that were in most cases performing better than other services in relation to performance and screening targets. For example approximately 72% eligible patients had received bowel screening which was the second highest in the CCG and well above the CCG average of 50%.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending courses the practice considered to be mandatory such as annual basic life support. The practice had a broad clinical skill mix of 13 doctors, 10 nurses and three health care assistants. We noted a good skill mix among the doctors with additional diplomas / special interests in dermatology, travel medicine and sports medicine.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

All staff had received annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example, nurse prescribing.

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example there was recorded evidence of training on contraception, prescribing and cervical cytology.

The nursing team had received additional training in the treatment of disorders which were previously the domain of the GP. This included some of the nurses being trained to be independent nurse prescribers. The health care assistant role had developed from exclusively providing phlebotomy services to also include areas such as wound care, dressings, suture removal and ear syringing.

The number of health care assistants had also increased significantly in number from 0.5 to 2.4 whole time equivalent. These arrangements ensured the practice took a holistic approach to the planning and delivery of care to ensure that patients could access the most appropriate clinician in a timely manner.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post.

The practice had a clear policy and procedure in place highlighting how they would ensure that all communication from external providers and test results would be seen and actioned by a GP the same day. Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt.

There was also a system in place for checking any results which had been requested by the GP locum. These were reviewed by one of the permanent GPs and there was a robust system to ensure these were scanned in to the system and the locum had sight of these.

The practice had embedded systems in place to ensure effective working relationships with other providers, in particular local mental health services, the university mental health advisors, counselling services and student services. To facilitate this, regular multidisciplinary team meetings were held to discuss any changes or pressures on services, latest guidance or best practice and how services may work together for the benefit of patients. These meetings were often attended by 25 professionals.

Other multidisciplinary team meetings included discussions on unplanned hospital admissions, patients with complex needs, those with multiple long term conditions or children on the at risk register. Decisions about care planning were documented in a shared care record and staff felt this system worked well. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate.

The practice was dedicated to working collaboratively with a number of outside services to ensure co-ordinated care. For example a range of other services held clinical sessions within the health centre including: new leaf smoking cessation clinics, last orders alcohol service, drugs advice

Outstanding ☆

Are services effective?

(for example, treatment is effective)

service, non-obstetric ultrasounds, midwifery and health visiting services. Staff told us hosting these services increased patient engagement and significantly reduced the do not attend rates.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner and a system for sharing appropriate information for patients with complex needs with the ambulance.

For patients who were referred to hospital in an emergency, there was a policy of providing a printed copy of a summary record for the patient to take with them to A&E. The practice had signed up to the electronic Summary Care Record and this was fully operational. Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

The practice had implemented a fully automated text and email messaging service designed to allow a fast and easy stream of communication between the practice and their patients in February 2014. Benefits of this system included:

- reduction in do not attend appointments and savings in staff time and costs. For example, in November 2014, 6000 appointment texts were sent out of which 400 were returned as cancellations, a saving of about £17 000 and
- an increase in patient uptake of specific health campaigns and follow-up appointments where test results require no further input.

Consent to care and treatment

Staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it.

There was a policy in place for specific scenarios where capacity to make decisions was an issue for a patient. For example, with making do not attempt resuscitation orders. The policy also highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

All clinical staff demonstrated a clear understanding of the Gillick competency test. These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions. We saw a very good example of records to support their assessment of this competence.

We saw evidence of patients receiving minor surgery providing written consent agreeing to this. We also saw evidence to show patients with care plans had given their written consent for information in their care plans to be shared.

Health promotion and prevention

The practice used information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA) to help focus health promotion activity. The JSNA pulls together information about the health and social care needs of the local area. The coordination and delivery of sexual health services was an area of outstanding practice. For example,

- Specialist sexual health services were offered in a convenient and accessible setting suitable to young people or working age population. This clinic enabled improved access to sexual health services for the practice population.

The practice offered on average a total of 1500 health screens per year through a range of health promotion activities in liaison with the university and students union. For example, in 2014 the practice facilitated 18 events to an estimated 9000 patients including halls of residence road shows, welcome week events, international student's events and talks on men's health.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

A level one sexual health service which included asymptomatic screening for under 25s was offered and 774 patients were screened in 2013/14. Records showed 56 cases of chlamydia were diagnosed, treated and contact traced where appropriate. Contact tracing is the identification and diagnosis of persons who may have come into contact with an infected person.

A level two sexual health clinic was also offered and this is similar to that of a genito-urinary medicine (GUM) clinic. Services were for symptomatic patients where a sexually transmitted infection had been diagnosed and more focused treatment was required.

For example, treatment and contact tracing for gonorrhoea; cryotherapy for genital warts; pregnancy testing, contraception counselling and c-card registration. The C Card scheme allows young people to get access to condoms, lubricants and ask any questions they have about sex, sexually transmitted infections (STIs) and relationships.

The practice worked with the University of Nottingham Student Union and the Health Promotion Team in a number of health promotion roadshows (18 in 2014) in halls of residence and student union buildings. For example, over 1500 students attended the international welcome fair event on 19th September 2014.

The practice provided information on a number of topics for example appropriate use of NHS services, healthy eating, sexual health, drug use, mental health services and other general health advice and signposting took place. Feedback from the University International office and the students themselves was entirely positive.

The practice had worked with the University of Nottingham to develop a health information and registration process during week one of the academic year ('fresher's week'). The practice registered approximately 7000 new students whilst identifying those with a range of chronic disease or ongoing conditions who would be seen by a member of the clinical team.

During this registration process, students were offered vaccinations for influenza, measles mumps, rubella (MMR) and meningitis C vaccinations where appropriate. The practice also offered NHS health checks to all its patients aged 40 to 74 years and tuberculosis (TB) screening for international students who accounted for about 25% of new registrations.

The practice offered a full range of immunisations for children and travel vaccines in line with current national guidance. Last year's performance was below average for some immunisations where comparative data was available. For example,

- Childhood immunisation rates for the vaccinations given to under twos ranged from 76.3% to 96% and five year olds from 66.7% to 98%. Lower rates for vaccinations were due to children arriving at the practice (predominantly from abroad) over the age of two. This was reviewed with the NHS England immunisation team who reported excellent recall systems and evidence of good team work with regards to immunisation.
- However, the practice's uptake for pre-school boosters and MMR boosters was ranked the highest in the CCG area. CCG supplied information from e-health scope showed average completion rate across four vaccines MMR, MMR Booster, Pre-School Booster) was 90.09% at year-end for 2013/14.

The 2014 Public Health data reflected the practice's cancer screening was above CCG and national average except for cervical screening. For example:

- 76.6% of females between 50 and 70 years had been screened for breast cancer in the last three years. This was above the 70.4% CCG average and 72.2% national average.
- 69.7% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year coverage); compared to a 53.81% CCG average and 58.3% national average
- 67% of these patients had been screened for bowel cancer within 6 months of invitation compared to 50.1% CCG average and 55.4% national average.
- the practice had achieved a 100% uptake of AAA (abnormal aortic aneurysm) screening in men aged 65 since the start of the screening programme.

The practice promoted the use of long acting reversible contraception and offered a range of intra uterine device clinics throughout the week. The practice's uptake figures for 2014 were, 176 for nexplanon insertions and 131 for intra uterine devices. Both these figures represented an increase of over 6% compared to 2013.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included the national patient survey results published in July 2015 and information collated from 580 responses to the practice's 2013/14 survey.

The practice's annual survey had been undertaken in consultation with the practice's patient participation group (PPG). The PPG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Data from the national patient survey showed the practice was rated higher than other local practices for patients who said the practice was good or very good. The practice had comparable rates for its satisfaction scores on consultations with doctors and was below average in respect of nurses. For example;

- 89% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89% and
- 88% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 77% said the nurse was good at listening to them compared to the CCG and national averages of 91% and
- 80% said the nurse gave them enough time compared to the CCG and national average of 92%

We also looked at the information collated from the Friends and Family test to date which was based on 181 responses. One hundred and thirty eight of the respondents (95.5%) said they would recommend the practice to their family and friends and gave the practice a five star rating and 35 patients gave the practice a four star rating. These figures demonstrated high levels of patient satisfaction with the services provided by the practice.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 36 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

Nine comments were less positive and the common theme was in respect of booking of travel vaccinations and immunisations. We also spoke with five patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. The doors were closed during consultations and conversations taking place in these rooms could not be overheard.

We saw there were systems in place to ensure staff could maintain confidentiality of patient information. The practice phones were located in an office which was located away from the reception desk. The practice had responded to patient feedback on privacy and confidentiality by increasing the size of the reception desk and moving the main section further away from the seating area. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

We saw the practice staff were aware of issues concerning information governance and any breaches of confidentiality had been investigated as a significant event and identified learning was shared with staff. In addition, the practice had identified customer service training as an ongoing requirement for the administration and nursing teams and had facilitated training at a local day spa facility. Records reviewed showed feedback on both the training session and the team bonding experience was extremely positive.

Care planning and involvement in decisions about care and treatment

The national patient survey information showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

Good

Are services caring?

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.
- 88% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 85% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was mostly positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language to ensure they were fully involved in the planning and delivery of their care. We saw notices in the reception areas informing patients this service was available.

The practice had identified patients that were at risk of unplanned hospital admission and ensured that personalised care plans were in place for 2% of the eligible patients (830 care plans were completed). The care plans we reviewed showed patient involvement in agreeing these. Systems were in place to ensure that all care plans were reviewed at least three monthly to ensure they were reflective of patient's current care needs.

Additionally, the practice wrote to the patient giving information of who to contact should they need any advice or support in the days immediately following hospital discharge. The practice is currently in the process of creating a patient information leaflet with further information in regards to this.

We saw that children and young people were treated in an age-appropriate way, recognised as individuals and had their preferences taken into account in decisions about their care. This was in line with the practice's accreditation for "You're Welcome". This is the Department of Health 'Quality criteria for young people friendly health services', which sets out principles to help service providers to improve the suitability of NHS and non-NHS health services for young people.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

The patients we spoke with on the day of our inspection and the comment cards received were also consistent with this survey information. For example, patients described how they had received help to access support services such as talking therapies and bereavement counselling when it had been needed. Other counselling services offered related to contraception, sexual dysfunction and results related to sexual transmitted infections screening.

The practice was fully committed to working in partnership with the University of Nottingham and other health and social care providers to address the social and emotional needs of their patients' and families. Specifically, the practice recognised the support needs of students living away from their families, those at risk of isolation, the impact of university pressures and settling in a new town on student's emotional wellbeing.

Notices in the practice waiting room and website also told patients how to access a number of support groups and organisations. The practice had signed up to the carers' pledge which included offering support and guidance to ensure carers were aware of their rights.

We were shown the written information available for carers to ensure they understood the various avenues of support available to them and the practice had celebrated carer's week between 8 and 12 June 2015. The practice's computer system also alerted GPs if a patient was a carer and staff had received training on caring responsibilities.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The NHS England Area team and Nottingham City Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

This included the use of information from the joint strategic needs assessment (JSNA) to help focus services offered by the practice. The JSNA pulls together information about the health and social care needs of the population in the local area. We saw records where this had been discussed and actions agreed to meet the needs of its population and the wider community.

For example, the practice had secured innovation funds from the CCG to develop and provide tailored services for the student population. For example:

- In-house musculoskeletal, physio and sports medicine services were offered in response to the link between the student population and sports injuries. This showed a commitment by the practice to respond to the specific needs of its community by offering extra support to patients.

The practice was one of few local practices to pilot a Swedish study of offering a physiotherapy assessment within primary care as an alternative to first appointments with a GP or practice nurse in 2014.

Patients who requested an appointment were given the option to see a doctor, nurse or physiotherapist who could see them for up to two appointments of 20 minutes each normally within 48 hours. A series of short videos offering brief instruction via YouTube with links from the practice and CCG websites was also available to patients.

Patient feedback about this service was extremely good with 100% of patients stating they would recommend the service to friends and family. Records reviewed showed an average of 840 appointments were offered for first line physiotherapy assessment each year to the practice patients.

Following a CCG roll out of the pilot a total of 1439 patients from other practices were assessed between March and May 2015, with 3.5% referred back to the GP and 3% referred for an x-ray.

- A dermatology and nurse led acne service was funded by the practice at an additional cost to them. This service allowed the practice to refer patients in house at a lower cost than would be the case for secondary care referrals. This was an outstanding example of the practice offering an extra service which provided care closer to patients' homes and reduced burden on hospital services.

In 2014, 175 patients were seen and 27 of these were offered follow-up appointments for ongoing management of conditions such as eczema and keloid scar injection. Onward referral rates to secondary care remained low with 13 out of 175 students being referred, a rate of 7.4[RR1] %.

- An acupuncture service funded by the CCG has been running for over ten years. Acupuncture is a treatment derived from ancient Chinese medicine in which fine needles are inserted at certain sites in the body to ease symptoms of pain.

The practice had recently been contracted to provide an acupuncture service as part of the pain management referral system for NHS Nottingham City residents experiencing acute or chronic pain conditions; and pain problems associated with symptoms such as anxiety, depression and insomnia for example.

The practice offered appointments for up to four weeks in advance and accepted referrals via choose and book system. Reported benefits for patients included improvement in sleep patterns and general well-being (feeling more motivated, better mood and more energetic).

- Improved patient education and care for maternity services

The practice had identified that new parents were unsure of the most appropriate use of NHS services with young children, particularly emergency departments. As a result of this, the practice had worked in partnership with another provider to adapt health guides to locally relevant information such as local walk in centres, and a range of clear and simple guides to common childhood illness.

Records reviewed showed 30,000 copies were initially distributed to all local practices, health visiting teams, maternity units, libraries and leisure centres and were reported to have been extremely well received by parents and clinicians. This health guide was also available online and in several languages.

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- A nurse led travel clinic offered a full range of vaccines to registered and non-registered patients. The travel plans and subsequent medical requirements of 1543 patients were reviewed in 2013/14.

The practice aimed to keep the number of set clinics for specialist services to an absolute minimum to allow greater access to the full range of services for all patients. A range of flexible appointments were offered where set clinics were necessary for example the fitting of intra-uterine devices or minor surgery.

- Support for students with eating disorders

The practice offered a weekly drop in clinic ("eating and emotions clinic") to signpost and provide brief interventions for patients with mild to moderate eating disorders; and a series of six sessions of cognitive behaviour therapy (CBT) specifically for students. CBT is a talking therapy that can help a person manage their problems by changing the way they think and behave.

This service was extended to another local university and is currently provided as part of the eating disorders in students service (EDISS). The 2013/14 evaluation of the service showed 91 out of 149 patients were offered intervention and were in contact with EDISS for an average of 151 days (about four months). The practice was also shortlisted in May 2014 for the British Medical Journal awards under the category of mental health team of the year in recognition of the work involved in commissioning this service.

- Support for students with mental health needs

The practice took a proactive role in education and research linked to improving the well-being of patients with mental health needs who account for 25% of the practice's patients. For example, The practice had employed a researcher (with funds secured from Public Health England and the University of Nottingham) to undertake a two year study on the mental health needs of international students with particular reference to Chinese and Malaysian students.

The findings were presented at a number of conferences across the UK and included recommendations on changes to provision to support these patients. This included treatment teams that consist of friends, medical doctors, mental health professionals, and alternative medical practitioners as alternative complementary culturally based services

- The practice participated in multidisciplinary working to improve self-help strategies for people who self-harm (TASH -talk about self-harm) and
- One of the GP partners acted as clinical liaison for the practitioner managing suicide risk (PRIMER) project run by the University of Nottingham. This project aims to promote awareness and training amongst GPs of the risk factors that may make some young people more vulnerable to suicide.

The practice believed that caring for people with long term conditions, especially when they are associated with pain and psychological distress is helped by a good understanding of the condition. As a result, the practice had launched its books on prescription service in 2006 to encourage patients to understand and take control for managing their conditions.

The books include about 20 titles covering mental health, bad backs, smoking cessation, sexual health and diabetes and are spread across the University's seven libraries. People with long-term conditions were also assessed for anxiety and depression and signposted to relevant services.

The practice worked with the University's international office to support pregnant woman and new parents, the majority of who were international students or university staff. Patients were supported to link with local organisations such as the Sure Start centres. Sure Start centres give help and advice on child and family health, parenting, money, training and employment.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. For example, free wi-fi access was available for patients in the waiting room area and the practice recruited volunteers and created a beach-themed room which had resulted in a much improved waiting area for children.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, patients with hearing and / or physical impairments, and international students who came from over 100 different countries. The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed; as well as written literature in other languages.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties via a ramp outside the building and lift access to the reception area was available. There was a lowered desk at reception and a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

The practice had invested in a hearing loop, wider doors, baby changing facilities and height adjustable examination couches in some of the consulting rooms. The practice was independently audited by Disabled Go and was assessed as being an accessible place for disabled people.

Patients could choose to be seen by a male or female doctor. Staff were aware of when a patient may require an advocate to support them and there was information on advocacy services available for patients.

The practice worked with the lesbian, gay, bisexual and transgender (LGBT) groups within the university to promote the sexual health service as being accessible and welcoming to all groups regardless of their sexual orientation.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity was regularly discussed at staff appraisals and team events.

Access to the service

Comprehensive information about appointments was available to patients on the practice website and practice leaflet. This included how to arrange urgent appointments, home visits and how to book appointments in person, by phone and on-line. The practice was open from 8am to 6pm Monday to Friday. During term time the practice was open from 8am to 8.45pm on Monday, and 8am to 12pm on a Saturday.

A range of appointment times for both GPs and practice nurses were offered from 8am until 9pm on Monday evenings. We however noted that the national patient survey results showed 68% of respondents were satisfied with the surgery's opening hours which was lower than the CCG average of 76% and national average of 75%. This was based on an 8% response rate.

The practice had comprehensive systems in place to monitor the flow of telephone calls and the appointment system to ensure availability of appointments met demand. We saw that appropriate adjustments were made to address any areas of improvement. For example, increasing additional GP sessions to reduce the higher average waiting times experienced during the busier university term times and continual development of the nursing and health care team to increase the number of patients they can deal with independently.

The national survey results showed patients responded positively to questions about access to appointments and rated the practice highly compared to other practices. For example:

- 100% said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 100% said the last appointment they got was convenient compared to the CCG and national averages of 92%.
- 80% described their experience of making an appointment as good compared to the CCG and national averages of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.

All patients we spoke with were very satisfied with the appointments system and said it was easy to use. They confirmed that they were assessed by a GP and or nurse in a timely way which met their needs. This included seeing a doctor or nurse on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another doctor if there was a wait to see the GP of their choice.

Outstanding ☆

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Routine appointments were available for booking 42 days in advance. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

This feedback aligned with the practice's commitment to ensure that patients have access to routine appointments within a maximum of 72 hours whilst also guaranteeing that 100% of patients who request a same day / emergency appointment were assessed by a clinician regardless of the time of day they make the request. This was confirmed as happening by records we looked at which showed the average wait by month in 2014 was two working days.

The practice had a robust system in place to ensure patients needing urgent / same day appointments were triaged immediately by the most appropriate clinician and waited as little as possible for appointments, treatment and care. For example, the duty doctor was entirely dedicated to dealing with urgent requests for appointments and was supported by a team of independent nurse prescribers. At the end of the morning and afternoon session the rest of the GP team assisted with any additional patients.

The practice used technology to interact and support patients to access its services, For example: use of sms messages to confirm and cancel appointments; social media such as facebook and twitter; and patients' could download the practice's patient access application from their mobile phones. Patient use had resulted in reduced do not attend rates to the benefit of both patients and the practice[RR2] .

The practice was committed to developing new and innovative ways to educate and support students to access the most appropriate service for their health needs. For example, the practice was successful in designing and implementing the NHS Nottingham City Health application; a guide to choosing the right NHS service locally. This explained what each service does and when it is most appropriate to be used. For example pharmacies, walk in centres and 111.

In conjunction with another local university practice and the CCG, the practice had also produced a booklet guide to health services for students. This was particularly helpful for international students and their families, new students arriving in Nottingham and the working age population group.

The improved access, robust triage system and patient education were some contributing factors to the practice having one of lowest accident and emergency (A&E) attendance figures within the CCG area despite patients close proximity to a large hospital.

Longer appointments were also available on request for patients where their concern or condition could not be dealt with in a routine 10 minute appointment. For example, older patients, those experiencing poor mental health, and those with long-term conditions. This also included appointments with a named GP or nurse. Appointments were available outside of school hours for children and young people.

Listening and learning from concerns and complaints

The practice had a 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. One of the GP partners and the business manager were the designated responsible persons who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system including posters displayed in the reception area and summary leaflet. Most of the patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 12 complaints received in the last 12 months and found these had been responded to in a timely way and had been investigated thoroughly and in a transparent way. Patients were offered apologies where appropriate

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes were been identified. However, lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result. Any learning was shared with the whole staff team to promote learning and improvement.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and specialist services to meet the needs of a diverse and very large student population. We found details of the vision and practice values were part of the practice's business plan to promote good outcomes for patients.

All the staff we spoke with understood the practice vision and values, and knew what their responsibilities were in relation to these. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice vision was to be the best university practice in the country with a consistent service user focus and they were finalists in a number of national and local awards. We saw evidence to confirm that the good practice which led to these awards was still occurring and leading to improved care for patients, staff and the local health economy.

For example, the primary care team of the year award is for team projects or initiatives that have used innovative methods to produce improvements in patients' outcomes. We saw several examples of how the practice had achieved this including: taking an active role in the planning and commissioning of health care within the local area; championing the care of people with mental health; improved access to health promotion and sexual health services for the student population; and offering a range of clinics for the benefit of the whole community.

The strategic and practice wide objectives were regularly reviewed to ensure they were stretching, relevant and remained achievable. Some of the contributing factors included: an on-going programme of continuous improvement driven by the leadership; shared accountability by staff for delivering change and patient centred care; and embedded systems for assessing and monitoring the quality of service provision. Records reviewed showed succession planning and areas of development were regularly discussed.

Governance arrangements

The practice had a strong clinical and managerial leadership structure in place with named members of staff in lead roles. For example, the seven GP partners had lead roles in areas such as travel and sports medicine, safeguarding and one of the GP partners had a special interest in dermatology. The GP partners and the management team were led by the business manager who took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and effective.

We spoke with 16 members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. The practice had a number of policies and procedures in place to govern activity and these were available to staff from the practice intranet. Staff we spoke with knew where to find these policies if required. All the policies and procedures we looked at had been reviewed and were up to date.

Governance and performance management arrangements were proactively reviewed and reflected best practice. The practice had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, audits were linked to antipsychotic prescribing in older patients and management of urinary tract infection symptoms.

The practice used the Quality and Outcomes Framework to measure its performance. QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. The practice had achieved 96.9% for its 2014/15 QOF which was an increase from the 94.3% achievement in 2013/14.

The practice achieved 100% of points in all but four areas: diabetes, mental health, rheumatoid arthritis and smoking. Records reviewed showed an in-depth analysis had been undertaken in response to the performance data and action plans had been put in place where appropriate.

For example, the practice had facilitated eight days of retinopathy screening within the service alongside the patient's annual reviews. This innovative arrangement offered patients a 'one stop shop' for diabetic review. The practice staff worked alongside the diabetic retinopathy screening team and diabetic specialist nurses to run regular clinics.

We found there were high levels of constructive staff engagement and a range of regular meetings were held. For example, GP partner meetings were held every month and minutes of these meetings demonstrated strong and

Are services well-led?

Outstanding ☆

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

effective oversight, and governance procedures were in place. Performance, quality and risks had also been discussed. The practice monitored risks on a monthly basis to identify any areas that needed addressing.

The practice produced an annual report detailing a number of audits on the services delivered, key achievements and a summary of the results of the in-house patient survey. The practice saw this report as important in: encouraging staff to review the ongoing changes to the practice which helped to inform future service provision; to celebrate the wide range of services offered; and the achievements of the practice over the previous year.

Leadership, openness and transparency

The partners in the practice were visible and staff told us that they were approachable and always took the time to listen to all members of staff. Staff said they felt respected, valued and supported, particularly by the GP partners and senior management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.

We saw from minutes that a range of team meetings were held at different frequencies. For example: weekly management meetings, bi-annual whole practice team meetings and quarterly departmental meetings. The practice felt the team meetings helped to facilitate communication and shared decision making.

We saw good examples of effective team working with a common focus on improving quality of care and people's experiences. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Some of the leadership members held external roles and had won awards in recognition of their strategic roles and improvements made to patient care. For example,

- the business manager was a finalist in the General Practice awards for practice manager of the year 2014; and staff confirmed they played a pivotal role within the practice.
- one of the GP partners was named one of Nottingham Universities 100 unsung heroes in 2014. All of the heroes were nominated by students, alumni, staff and members of the local community for their contribution to life at Nottingham University and the impact they have made on the student experience.

The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

Seeking and acting on feedback from patients, public and staff

The practice took a proactive approach to understanding the needs of its patients and actively encouraged patients to be involved in shaping the service delivered at the practice. For example the practice had a 'tell Dan' comments box system and introduced a business card to guide patients to the NHS choices website and provide feedback. As a result, the practice had one of largest numbers of ratings in the Nottingham area (over 40).

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. It had an active PPG comprising of 14 members who met at least three times each academic year. We spoke with two members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice.

The practice had reviewed its results from the annual survey and national GP survey, alongside other performance data. Good feedback was celebrated and processes were in place to review patient satisfaction and that action had been taken, when appropriate, in response to feedback from patients or staff.

The practice had also gathered feedback from staff through the termly staff newsletter, staff meetings, appraisals and discussions. There were high levels of staff satisfaction and staff were proud of the organisation as a place of work and spoke highly of the supportive culture. One member of staff told us that they had asked for specific training around nurse prescribing and this had happened. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Management lead through learning and improvement

All staff told us there was a strong focus on education, learning and continuous improvement, within the practice. They told us they had received regular appraisals which gave them the opportunity to discuss their performance and to identify future training needs. We sampled five staff files and saw that regular appraisals took place which included a personal development plan.

Are services well-led?

Outstanding ☆

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

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff told us three protected learning events were scheduled each year for the whole practice team.

Some staff had benefitted from specific training and development for their individual roles which had resulted in the practice increasing the range of services offered for patients. This included areas such as sexual health and travel medicine. Staff had attended training in non-medical prescribing, national vocational qualifications in health and social care and master's in business administration (MBA).

The practice is an active member of the Student Health Association, which represents practices with links to higher education. The association encourages the sharing of best practice in areas related to student health through ongoing online forum discussion, workshops and an annual three day conference. As well as hosting the annual conference in Nottingham in 2010 and Loughborough in 2013, a number of members of the practice were actively involved in the running of the organisation and its charitable arm, the Student Disability Assistance Fund.

The practice was a teaching practice and provided placements to medical students. One of the partners took a lead on supporting medical students and they sat in with consultations with the lead GP as well as other GPs working at the practice.

The practice was dedicated to supporting research within primary care and was supported by the CCG to provide mentoring to other practices interested in becoming research accredited. The practice had participated in a wide range of research projects including development of new software to detect those at risk of familial breast cancer; reducing inequalities in the use of primary care psychological therapy and hypertension in dementia. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care.

The practice often provided information or presentations for a range of groups. In the last year this has included lectures to medical students and junior doctors on life as a GP, the Royal College of General Practice workshops to update GPs in sports medicine, introductory talks for newly arrived university international staff on registering and using the NHS appropriately and a very successful one hour talk on men's health as part of Movember entitled 'meat and two veg' which was promoted widely across the university and via text message to all male patients.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings and away days to ensure the practice improved outcomes for patients.