

# Radcliffe-on-Trent Health Centre

## Quality Report

Main Road  
Radcliffe-on-Trent  
Nottingham  
NG12 2GD

Tel: 0115 9333737

Website: [www.radcliffeontrenthealthcentre.co.uk](http://www.radcliffeontrenthealthcentre.co.uk)

Date of inspection visit: 11 April 2016

Date of publication: 30/06/2016

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13

### Detailed findings from this inspection

Our inspection team	14
Background to Radcliffe-on-Trent Health Centre	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Radcliffe-on-Trent Health Centre on 11 April 2016.

Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and near misses, and we saw evidence that learning was applied.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the use DVDs as a form of education for patients with long term conditions and working with the local diabetes specialist nurse to improve the wellbeing of patients.
- There was easy access to appointments for patients whose circumstances made them vulnerable, for example patients from the traveller community. They were assured of an appointment on the day when they presented to the practice without a booked appointment.
- Feedback from patients about their care was consistently positive. Data from the GP survey was consistently high and this included confidence in care provided by GPs, where 99% of patients surveyed said they had confidence and trust in the last GP they saw or spoke to.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to plan and deliver effective and responsive care to keep vulnerable patients safe. This approach had impacted on unplanned hospital admissions and attendance at Accident and Emergency. 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. The practice was actively working with the patient participation group to resolve issues regarding access to non-urgent GP appointments.

# Summary of findings

- The practice actively reviewed complaints for trends and how they were managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements, and staff told us that they were well-supported and felt valued by the partners.

We saw areas of outstanding practice including:

- The practice provided exceptional care to registered patients living in care homes, particularly those coming to the end of their life. Patients were seen every week by a nominated GP who visited the care homes with the district nursing team to ensure patient care was seamless and patients could be seen, assessed and treated (where necessary) in one visit. GPs provided urgent access telephone numbers and went the extra mile by visiting outside surgery hours to ensure that patients living in care homes received personalised end of life care.

- Staff had innovative ways to help patients who had limited literacy skills manage long term conditions by providing them with educational DVDs rather than just written information.
- One of the GPs had a special interest in dermatology and used their skills and knowledge to provide improve services for the wider community through offering clinics and educational sessions for colleagues in other practices, to medical students and trainees. This included an advice and guidance unpaid service offered to other practitioners. There was evidence of reduced inappropriate referrals to secondary care for dermatology care indicated by the low number of rejected referrals.

However, we also found an area where the practice needs to improve.

- The practice should ensure that there are procedures in place for monitoring and managing risks to patient and staff safety by having robust arrangements for health and safety assessments and following up actions on legionella assessments.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an open culture in which all safety concerns reported by staff were dealt with effectively, and a system in place for reporting and recording significant events
- The practice had robust processes in place to investigate significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were designated leads in areas such as safeguarding children and infection control with training provided to support their roles.
- Risks to patients were recognised by all staff and were well managed. The practice had systems in place to deal with emergencies, and arrangements for managing medicines were robust.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. For example, there were two completed audits and some ongoing audits where results indicated improved and appropriate prescribing for patients.
- Data showed that the practice was performing consistently highly on QOF when compared to practices nationally. For example, The practice had one of the lowest outpatients' referral rates to hospital for patients in the Clinical Commissioning Group (CCG). In addition, admissions through hospitals emergency departments were also among the lowest in the CCG suggesting that conditions were not being overlooked or treatment delayed resulting in patients attending secondary care in an emergency.

Good



# Summary of findings

- Staff worked effectively with multi-disciplinary teams to meet the range and complexity of people's needs. Of particular note was the joint working between GPs and district nurses in respect of patients nearing the end of their life. A recent audit carried out by the practice showed that 80% of patients had died in their preferred place of care and 94.5% had died in the community under the care of the practice team .
- Staff had the skills, knowledge and experience to deliver efficient care and treatment. Additional training was offered to staff on real life situations to improve their understanding of safeguarding children and vulnerable adults. A number of staff used their additional qualifications such as dermatology as specialist resources within the practice as well as actively educating colleagues in the wider community. For example, dermatology training was offered to 17 practices within the CCG, with 25 GPs attending the lectures and three clinics. A further nine practices in another CCG were offered the same training with 14 GPs attending lectures and three clinics.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 87% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 84% and national average of 82%.
- Feedback from patients, carers, care homes and community health professionals was consistently positive about the way staff treated vulnerable patients. For example, GPs often saw patients outside of their normal working hours, particularly those coming to the end of their life to attend to the patient's wishes. They undertook visits to care homes with district nurses to ensure seamless care was provided to patients and care and treatment could start without delay.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Staff and the patient participation group (PPG) took an active role in identifying carers and providing them with support, holding events to identify and support carers. As a result the practice had identified 256 patients as carers (which was 3.1% of the practice list).

Good



# Summary of findings

- Patients told us they were treated with care and concern by staff and their privacy and dignity was respected. Feedback from comment cards was overwhelmingly positive about the compassionate care given by the staff.
- Views of external stakeholders were strongly positive and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice had engaged with the PPG and other organisations in the local community to find suitable premises for a new purpose built building to accommodate the growing practice.
- There were innovative approaches to providing integrated patient-centred care. For example, collaborative working with specialist diabetes nurses to manage complex patients and draw on their knowledge to improve the knowledge and skills of their own staff.
- 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). For example, improving the appointments system to solve problems identified with access.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision with quality and safety as a priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. There was no 'senior partner' view, with all GPs and the practice manager sharing responsibilities across the practice and encouraging staff to take on lead roles.

Good



# Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. Practice policies and procedures were actively reviewed and staff had a wide range of training resources available to them.
- The practice proactively sought feedback from staff and patients, which it acted on. The PPG worked closely with the practice to review complaints and issues pertaining to appointments access.
- Staff with additional qualifications actively used their skills to provide additional services to the patients in the practice and the wider Rushcliffe community, as well as specialist training and advice to colleagues.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice has a significant elderly population with 27.3% aged over 65, compared to a national average of 16.4%.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Feedback from care and nursing homes indicated that the GPs went over and above what was expected of them and were often available outside of normal working hours when needed urgently to meet the needs of this group of patients.
- They worked effectively with multi-disciplinary teams to identify patients at risk of admission to hospital to ensure their needs were met. For example, the practice coordinated care with the district nurse and community matron and did joint visits with District Nurses.
- The practice offered annual health checks to patients aged 75 and over and performed the checks on request. They identified 1152 patients aged over 75, and 55% had received a formal health check. All over 75s have a named GP for continuity of care.
- The practice reported the flu vaccination uptake for 2015/16 was 80.4%, compared to a CCG average of 78%, and this was achieved by offering home visits for the vaccinations.

The practice provided services for registered patients living in five care and nursing homes for the elderly, who constituted 1.48% of their list size. Each home had a designated GP who visited each week for routine and urgent appointments, doing coordinated ward rounds with the district nurses. The practice undertook an annual care home review and medication reviews were carried out in collaboration with the community pharmacists. Staff at two care homes described the practice as caring, conscientious and efficient.

Outstanding



### People with long term conditions

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

Good



# Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority, ensuring they have care plans in place. The nurses provided dedicated clinics for patients with chronic illnesses such as asthma and diabetes.
- The practice achieved 98.9% on QOF. This was in line with the CCG average of 98.2% and 4.2% higher than the national average.
- Nursing staff worked collaboratively with a community specialist diabetes nurse on their more complex patients with a diabetes diagnosis to improve outcomes for the patients.
- QOF achievement on indicators for diabetes was consistently above CCG averages. For example, The percentage of patients with diabetes, on the register who had been given a blood pressure reading within the preceding 12 months was 77.3%, compared to a CCG average of 70.3% and national average of 71.2%. The exception reporting rate for the practice was 3.1%, which was lower than the CCG average of 5% and also lower than the national average of 5.2%.
- QOF achievement on indicators for asthma and chronic obstructive pulmonary disease were broadly in line with national averages.
- Longer appointments and home visits were available and offered when needed.
- The practice actively managed its annual recall system and followed up non-attenders to check their health and medicines needs were being met.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. All child A&E attendances were reviewed by a GP and discussed with the health visitor if appropriate.
- The practice held quarterly meetings with the health visitor, and also reviewed any children on a child protection plan at their clinical meetings.
- Immunisation rates were broadly in line with the CCG averages for standard childhood immunisations.
- Appointments were available outside of school hours with urgent appointments available on the day for children and babies.

Good



# Summary of findings

- The practice offered family planning services including fitting of intra-uterine devices (coil) and contraceptive implant fitting.
  - The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.
- Vaccination rates for children under two years old ranged from 89.2% to 96.1% compared to the CCG average ranging from 91.1% to 96.3%. Vaccination rates for five year olds ranged from 84.5% to 94.8%, compared to the CCG average of 86.9% to 95.4%.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments, text reminders and the availability of early morning appointments from 7am to 8am on Tuesday and Thursday mornings.
- Appointments with the phlebotomist were available from 7.30am.
- The practice was proactive in offering online services such as online prescription requests, appointments and test results.
- There was a full range of health promotion and screening information in the practice and online that reflects the needs for this age group.
- The practice's uptake for cervical screening for eligible patients was 88.2%

Good



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

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

- The practice proactively managed a number of patients from the travelling community with literacy challenges and multiple medical problems and had registered 27 patients on their permanent patient list and three patients as long term temporary residents.

Outstanding



# Summary of findings

- The practice was creative in educating their patients in managing their conditions. For example, the use of DVDs to help a patient with a long term condition with literacy challenges to manage their insulin.
- The practice had identified that compliance with appointments was difficult for vulnerable people, so they encouraged these patients to present to reception whenever they felt the need for medical care and an appointment was offered to them on the day.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided good care and support for end of life patients, keeping them under close review in conjunction with the wider multi-disciplinary team. For example, we saw a case study of a patient who was diagnosed with cancer who was experiencing a decline in their condition. Their request for a home visit was responded to by the on call GP during morning surgery, and then followed up by their usual GP and the district nursing team by the afternoon. A plan was put in place to see the patient daily as needed by both teams and extra support provided to their relatives by arranging carers and night sitters. The prompt response and good teamwork resulted in avoidance of a possible admission to hospital, and the patient was cared for at home as they wished until their death.
- There were 62 patients on the palliative care register, and 30.6% of them did not have cancer, showing that the practice included all patients with life limiting conditions to ensure they had access to high quality palliative care.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice has a nominated Carers' Champion who liaised with a support worker from the Carers Association to identify carers and offer them support.
- The practice had registered patients living in two care homes for young people with complex needs. Each home has a designated GP who visits for routine and urgent appointments.
- The practice had 21 patients on their learning disabilities register, and 90% of them had received a health review in the last year. Longer appointments including home visits were offered to them, and we saw evidence of the patients' involvement in their care plans.
- Staff told us they were aware of how to access interpreting and text talk services for their patients with hearing impairment, and a hearing loop was available in the practice.

# Summary of findings

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

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

- 84.47% of patients diagnosed with dementia had their care plan reviewed in a face to face meeting 2014/15. This was in line with the national average of 84.01%.
- Staff told us that of the 127 patients on the dementia register in 2015/16 105 had care plans. This represented 82% of their register.
- The practice achieved 98.5% for mental health related indicators in QOF, which was 0.4% above CCG average and 5.7% above national average. The practice had a significantly lower exception reporting rate of 3.6% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF) compared to a CCG average of 8.4%.
- Staff told us that there were 42 patients on the mental health register in 2015/16, and 52% had care plans.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. 238 survey forms were distributed and 125 were returned. This represented a response rate of 52.5%.

- 64% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 92% and national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 completed comment cards of which 19 were entirely positive. The remaining two were also

positive about the delivery of care but commented on waiting for a long time on the telephone to make an appointment and the abrupt approach of some staff when making appointments. The practice were aware of this feedback and were arranging customer care training for all reception staff.

There are very positive examples from patients approaching end of life, those experiencing poor mental health and those with long term conditions which provided examples of very compassionate care. There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness. Words such as “exemplary” were commonly used in the feedback.

We spoke with six patients during the inspection including members of the Patient Participation Group. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The results of the practice Friends and Family test were very positive with 96% of respondents saying they would recommend the practice to their friends and family.

# Radcliffe-on-Trent Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector, a GP specialist adviser, an Inspection Manager, a practice nurse specialist adviser and a practice manager specialist adviser.

## Background to Radcliffe-on-Trent Health Centre

The practice is located in the centre of Radcliffe-on-Trent village on the outskirts of Nottingham with a list size of approximately 8300. There are three schools in the area, and the practice has registered patients in five residential/nursing homes for the elderly and two homes for young people with significant complex mental and physical disabilities. Data shows number of 10-39 year olds registered at the practice is lower than the national average and the number of patients aged 50-85 is higher than the national average.

The practice team comprises five GP partners, two salaried GPs, three practice nurses, two healthcare assistants, a phlebotomist, a practice manager and the administrative/reception team. There are four female GPs and three male GPs. It is a training practice and currently has one GP registrar in training.

The practice is open between 8am and 6.30pm Monday to Friday. Appointment times vary throughout the day to meet demand, with the earliest appointment starting at 8am and

the latest appointment offered at 5.50pm daily. Extended hours appointments are offered from 7.00am to 8.00am every Tuesday and Thursday as pre-bookable appointments only.

When the surgery is closed, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 April 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, health care assistants, administrative staff) and spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there were recording forms available in the practice. There was a comprehensive incident management procedure in place.
- The practice adopted a no blame culture once a significant event had been reported and supported staff through an investigation into the event. All significant events were discussed at regular meetings for the various staff groups, and they were listed as a standing item on meeting agendas. Staff told us they felt comfortable with raising concerns at any time.
- All significant events were reported to the National Reporting and Learning System (NRLS) and shared within the CCG if deemed appropriate. We saw evidence of completed significant event forms.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, when a patient received a second shingles vaccination in error, the practice acted immediately by contacting the vaccine manufacturer to establish if there was any harm to the patient. This was discussed with colleagues and systems were reviewed to ensure that patient records are always checked first before administering any vaccine. The patient was immediately informed, an apology given and was given an opportunity to discuss the event.
- The practice carried out a thorough analysis of the significant events. Lessons learned were shared through discussion at routine meetings and training sessions. For example, following a number of issues raised regarding the appointments system, staff told us they had contributed to formulating new approaches and customer service training was planned to take place in the course of the year.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead, sharing the role with a nominated GP, who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate body and the appropriate checks through the Disclosure and Barring Service.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer

## Are services safe?

medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice had a system in place for acting on information received from the Medicines and Healthcare Regulatory Agency (MHRA). The practice provided evidence of how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. However, on the day of the inspection we found risks to patients were assessed but systems would benefit from strengthening in respect of the following:

- We found that a robust legionella risk assessment had been carried out in January 2015. However, the action plan developed had been partially completed and there were outstanding remedial actions which should have been completed within six months (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice immediately made arrangements for the actions to be completed and scheduled annual servicing from January 2017.

We found that risks were appropriately managed in respect of the following:

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up

to date fire risk assessments and carried out regular fire drills. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice staff demonstrated that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the local Clinical Commissioning Group (CCG) and National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date through clinical meetings and emails circulated by the practice manager. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

The practice monitored that these guidelines were followed through risk assessments and audits.

GPs and nurses had specific areas of expertise, such as palliative care, dermatology, musculoskeletal care and chronic obstructive pulmonary disease, which were utilised to ensure new evidence based techniques and treatments were used to support the delivery of high quality care and acted as a resource to their colleagues. Staff told us they worked collaboratively and were supported by community specialists such as diabetes specialist nurse, district nurse and community matron and met regularly to coordinate care. In addition the nursing staff told us they attended peer review sessions arranged by the CCG where they shared learning and best practice.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 98.9%, with an exception reporting rate of 6.7% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Performance in all areas was in line with local and national averages. Data from 2014/15 showed:

- Performance for diabetes related indicators was 99.5%, which was better than the CCG average of 95.2% and national average of 89.2%
- Performance for mental health related indicators was 98.5%, in line with the CCG average of 98.1% but better than the national average of 92.8%
- Performance for dementia related indicators was 100%, better than the CCG average of 97.4% and national average of 94.5%.
- Performance for hypertension indicators was 100%, in line with the CCG average of 99.7% and better than the national average of 97.8%

The data indicated there was a high exception reporting rate for contraception (the percentage of women, on the register, prescribed emergency hormonal contraception one or more times in the preceding 12 months by the contractor who have received information from the contractor about long acting reversible methods of contraception at the time of or within 1 month of the prescription) at 25%, compared to a CCG average of 4.2% and national average of 3.1%. However, on the day of the inspection, the practice presented evidence that showed this to be a coding error.

Clinical audits were undertaken within the practice.

- There had been at least nine clinical audits undertaken in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. For example, the practice completed an audit to review the monitoring of patients with carcinoma of the prostate. The audit showed that the practice had a good system for recalling patients so that they were not missed.. A second audit was completed on antibiotics prescribing for uncomplicated urinary tract infection to ensure compliance with guidelines, the results of which indicated improved appropriate prescribing which was more effective for patients.
- Other audits which were ongoing and repeated regularly. These included; renal transplant patients, referrals, inadequate cervical smear tests, preferred place of death, urine blood dipstick, sore throat and statin access review.

# Are services effective?

## (for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. There was evidence of regular engagement with the CCG and involvement in peer reviews.

Staff were proactive in supporting people to live healthier lives, with a focus on early identification and prevention and treatment within primary care which was reflected in low referrals to the hospital. The practice was consistently a high performer within the CCG and regularly assessed their performance in areas such as admissions and referrals. For example, between January and December 2015:

- An average of fewer than 50 patients per 1000 received emergency admissions to hospital, compared to a CCG average of 57.74 patients per 1000.
- An average of approximately 140 patients per 1000 attended the Accident and Emergency department led by consultants, compared to a CCG average of 153.78 patients per 1000.
- Accident and Emergency attendances between 8am and 6pm (Monday to Friday) were significantly low for the practice at approximately 70 per 1000 patients, compared to a CCG average of 85.01 per 1000 patients.
- The practice average rate of patients who received their first outpatient attendance fell below the CCG average of 191.11 patients per 1000.
- The practice average rate of patients who were admitted as elective admissions fell just below the CCG average of 119.91 patients per 1000.

The practice had one of the lowest outpatients' referral rates to hospital for patients. In addition, admissions through hospitals emergency departments were also among the lowest in the CCG suggesting that conditions were not being overlooked or treatment delayed resulting in patients attending secondary care as an emergency case.

Staff told us over 2% of their most vulnerable patients were managed proactively through the unplanned admissions register enhanced service. Under this service, all visit requests from patients on the register were triaged promptly and arrangements in place to allow paramedics to be put through to the on-call GP whilst they were attending to patients. The care and nursing homes had access to an urgent telephone number ensuring that any

urgent queries were passed to the usual GP for the care home as soon as possible. The impact of this service is evident in the lower hospital admissions and improved emergency care for patients closer to home.

### Effective staffing

We saw staff had a range of skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, protected learning time, clinical supervision and facilitation and support for revalidating GPs and Nurses. All staff had received an appraisal within the last 12 months.
- In addition to formal training sessions, the practice held in-house 'real life situation' training on topics such as safeguarding, to ensure that staff were confident in their knowledge and actions to take if needed.
- Staff had developed close working relationships with specialist clinicians such as diabetes specialist nurse to improve knowledge and keep up to date with latest treatment options.
- We saw evidence of collaborative working with the district nurses and community matrons, particularly for palliative patients using the Gold Standard Framework (GSF), Nottinghamshire Electronic Palliative Care Co-ordination Systems (ePaCCs) register and Special Patient Notes to ensure effective communication between agencies including the Ambulance Service and out of hours GP service. The practice provided data from

# Are services effective?

## (for example, treatment is effective)

the ePaCCs register showing that 2.01% of their practice population had their end of life care plans recorded on the system, which is higher than the 1% standard set for practices.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made use of the close location proximity with the community teams by making referrals promptly and discussing them in person.
- The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The GP out of hours service used the same clinical system as the practice therefore sharing patient information occurred seamlessly.
- GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt and patients were informed in a timely manner if the initiating GP was away from the practice.

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

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff told us they had attended local training events on Mental Capacity and Deprivation of Liberty. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. We saw evidence of completed mental capacity assessment as well as best interests assessment in line with legislation and guidance.
- The process for seeking consent was monitored through patient records audits. We saw evidence of completed consent forms for minor surgery procedures.

### Supporting patients to live healthier lives

Staff were proactive in identifying patients who may be in need of extra support to live healthier lives and promote their health and wellbeing. For example:

- Patients diagnosed with complex diabetes were seen monthly by a community diabetes specialist nurse, who worked closely with practice staff to improve the outcomes for those patients.
- The practice proactively identified patients with dementia to ensure that support was put in place for the patients and their carers in a timely manner. We saw evidence of increased number of patients on the dementia register per quarter in 2015.
- The practice offered 'Well person checks' for patients over the age of 16 to encourage healthy lifestyles and early detection of any potential long term conditions. In addition to this, the practice offered a range of services such as smoking cessation, family planning, asthma clinics and child health surveillance.

The practice's uptake for the cervical screening programme was 88.2%, which was comparable to the CCG average of 84.9% and the national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different

# Are services effective?

(for example, treatment is effective)

languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96.6% (CCG range from 94.6% to 97.7%) and five year olds from 93% to 99% (CCG range from 94.2% to 98.6%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

19 out of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Feedback from patients who use the service, carers and community teams is continually positive about the way staff treat people. Examples included:

- A nurse educating a patient on how to manage their long term condition by finding DVDs that the patient could watch and learn from because the patient could not read.
- The GPs routinely visit the nursing homes outside of normal working hours, including bank holidays when they are aware that a patient is unwell especially patients coming to the end of their life.
- A large number of thank you letters and cards from patients. Examples included patients emigrating to another country who wanted to thank the GPs for their care; relatives of patients who had received overwhelming bereavement support and patients

receiving ongoing care by the practice. Staff at a care home provided feedback that they never telephone the practice expecting not to be helped, and the whole practice team genuinely cared for people. When calling with an urgent request, they were put through to the GP straight away. They described the GPs as "conscientious", "excellent", "caring" and "always there for us." There was praise for the weekly ward rounds provided by the GPs, their quick response to request for urgent visits and general patient care given to the residents. The GPs were described as going beyond what was expected of them by providing their mobile telephone numbers and responding to visit requests outside of normal GP hours, including bank holidays, showing genuine care for their patients.

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

- 90% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%. The practice was aware of the data and plans to provide customer care training to the reception staff in June 2016 to improve the patient experience at reception.

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

## Are services caring?

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We saw evidence of this where patients with learning disabilities were involved in their care by providing them with a pictorial health check questionnaire to complete with the help of their carer.

Patient feedback from the comment cards we received was also positive and aligned with these views. Patients felt referrals were made appropriately and they were educated in the management of their long term conditions. We also saw that care plans were personalised.

The practice cared for patients from the local traveller community on the outskirts of the village with 30 patients registered. There were challenges with compliance with care as well as literacy however, the practice actively engaged all patients.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

Staff told us that translation services were available for patients who did not have English as a first language. We saw a few leaflets in different languages in the reception area. A patient told us that the GPs showed exceptional care to their relative whose first language was not English.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia and mental health. Information about support groups such as Carers Direct was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 256 patients as carers (3.1% of the practice list). The practice has a nominated carers' champion and they encourage carers to identify themselves to the staff so that they are provided with support information. The practice's PPG ran a carer's event in June 2015 and were planning another health event for June 2016.

The practice proactively planned end of life care, in conjunction with community teams, to ensure anticipatory drugs were in place, speaking to the patient and their relatives to ensure their wishes are taken into account. Staff told us that the CCG initiated a drive to log at least 1% of end of life care plans with patients' wishes, and the practice had achieved 1.9%.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Leaflets were available in the waiting room for services offering bereavement support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

The practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended hours appointments which were pre-bookable only on Tuesday and Thursday mornings from 7am to 8am for the convenience of working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice visited five care and nursing homes for the elderly weekly and two homes for young people with significant complex mental or physical disabilities as needed, carrying out ward rounds with the district nursing staff and having a named GP for each home. The practice responded to visit requests from the homes expediently to avoid unnecessary admissions and paramedics were put straight through to the on call GP.
- In the previous 12 months, the practice had cared for 47 'fast track' patients in a nursing home who were offered a same day review on admission into the nursing home. The practice discussed all deaths at the multi-disciplinary meetings to ensure bereavement support was initiated.
- Same day appointments were available for children and those with medical problems that required same day consultation with an on call doctor.
- The practice used text reminders for appointments with the option to cancel by text. We saw evidence of 30 appointments cancelled by text, reducing the number of non- attendances.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.

- There were disabled facilities, a hearing loop and translation services available when required.
- The practice installed a new door to comply with the Equalities Act.
- The practice accepted temporary residents to register for urgent care and had a number of patients from the traveller community including children.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments time vary throughout the day to meet demand, with the earliest appointment starting at 8am and the latest appointment offered at 5.50pm daily. Extended hours appointments were offered from 7am to 8am every Tuesday and Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice were aware of these results and were looking to improve access. For example, they had plans to employ two additional reception staff. People told us on the day of the inspection that they were able to get appointments when they needed them. The practice told us that they saw 7.5% of the practice population per week by offering a mix of face to face appointments, telephone appointments and home visits. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had identified that compliance with appointments was difficult for vulnerable people, so they encouraged these patients to present to reception whenever they felt the need for medical care and an appointment was offered to them on the day.

### Listening and learning from concerns and complaints

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area with leaflets available.

We looked at 9 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Apologies were given to people making complaints where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and actions were taken as a result to improve the quality of care. For example, complaints were discussed as a standing item at practice team meetings so that any learning is shared and changes to policies and procedures are implemented as a practice team.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement centred on providing high quality patient centred care. Staff knew and understood the values especially teamwork, and did not feel that a hierarchical structure existed between them and the GPs.
- The practice were aware of the limitations of their current premises given the growth of the practice and population. Plans were underway to find a suitable site for a new practice building in the area and the practice engaged the staff, local councils, CCG, NHS England and their PPG in consultation.
- The partners looked at staffing issues and actively provided cover from within the practice during leave of absence, reducing the need for employing locum doctors. An additional salaried GP and Health Care Assistant had been recently recruited to meet patient demand, and the practice was looking to recruit two additional reception staff.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All partners have clear responsibilities in both clinical and non-clinical areas which all the staff are aware of.
- Practice specific policies were implemented and were available to all staff. We saw that there were various meetings held between the different staff groups in addition to the whole practice meetings where policies and changes were discussed.
- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement, access to appointments and patient satisfaction.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. For example, we saw that GPs had special interests and additional qualifications in a range of areas such as dermatology and musculoskeletal care. These skills were used in providing care to patients within the practice as well as the wider CCG and Nottinghamshire area. Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. Constructive challenge from patients, carers and staff were encouraged and complaints were acted on effectively. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice reviewed all complaints for emerging themes so that lessons could be learned to avoid recurrence. For example, the practice arranged customer care training for the reception team to improve patient experience at reception following the outcome of a number of complaints.

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

- Staff told us the practice held regular team meetings between the staff groups (reception/administration, nursing and GPs) and as a practice, which was evident from the minutes of meetings held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There was positive feedback from registrars and medical students who have trained at the practice that the partners provided an excellent level of mentorship for their trainees as well as other GPs in need of support, for example, with return to general practice. This is demonstrated by the fact that over half of the GP workforce had previously been trainees at the practice.

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

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

- The practice had gathered feedback from patients through their PPG called the Radcliffe Surgery Forum and through surveys and complaints received. The PPG met 9 times a year with a practice staff member in attendance including a GP (when invited), had carried out four patient surveys since 2011 and submitted proposals for improvements to the practice management team. For example, the PPG held health events in the local village hall to promote vaccinations and immunisations, screening, end of life care and carers' support. information. They also contributed to discussions on improving access to appointments and provided feedback on the practice waiting area seating and decorations.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt engaged to improve how the practice was run.

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they were in the first wave for the INRstar initiative for managing patients on warfarin, and participated in the Prime Minister's Challenge Fund weekend opening pilot offering GP appointments during the weekend.
- The practice held an agreement with the local primary care research hub undertaking three to four research projects every year. The nurses reported that they were involved in research audits on asthma and atrial fibrillation, and were supported to attend training on research methods.
- The GPs used their specialist interest in dermatology to run two clinics per week at the practice and another site for patients in the Rushcliffe area for diagnosis and management advice to patients. The outcome of this service was a very low referral rate to secondary care of 19.6% and of those referred which excluded skin cancer were 14.5%, indicating that the referrals were appropriate. This has resulted in early diagnosis of skin cancer and a low rate of unnecessary referrals. Additionally, they undertook a patient satisfaction survey of that service which indicated that 100% of the respondents would recommend the clinics to a friend or relative. We were also informed that the practice uses the skills in dermatology in teaching both training and current GPs within the practice as well as the wider CCG in dermatology care in the Rushcliffe area, and also provides teaching at the Nottingham GP Vocational Training Scheme, the Nottingham Dermatology Forum as well as training for other CCGs. An unpaid advice and guidance service was also offered to other GPs within the CCG aimed at improving patient care through prompt advice to the GP.