

# Appletree Medical Practice

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Appletree Medical Practice on 18 April 2016. Overall the practice is rated as good. Specifically, we found the practice to be good for providing safe, effective, caring and well-led services. It was outstanding for providing responsive services.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed overall.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice used clinical audit to drive quality improvement within the practice
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- The practice worked closely with four other GP practices (Belper five sublocality), Derbyshire Community health service NHS Foundation Trust (DCHS) and the local community in planning how services were provided to ensure they met patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- The practice actively reviewed complaints 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.
- Staff were committed to improving the services for patients and the wider community; and volunteered to pilot new ideas and innovations before they were rolled out across the local area
- The practice staff and PPG had engaged with patients aged 17 to 24 and with students (also referred to as community ambassadors) from the local school. The PPG had student representation at their meetings for the past three years.
- The commitment by practice staff, allied health professionals and empowerment of the PPG to offer: a range of compassionate and additional services to support carers and people at risk of social isolation was outstanding. For example, The PPG facilitated a bi-monthly carers' forum which enabled carers to seek peer support, form friendships and be empowered with information relating to their caring role and people they cared for. This forum has been running since November 2011 and attendance averaged 15 to 20 people. In addition, a tea party had been held for older people at risk of isolation and with multiple health needs in February 2016. The practice planned to continue offering this service to patients.

We saw areas of outstanding practice:

- The practice worked in collaboration with four local practices on a project to drive improvement in care for older people and reduce emergency admissions from care homes. This had resulted in an 8% reduction in emergency admissions in the preceding 12 months.

The areas where the provider should make improvement are:

- Ensure a protocol is in place for following up children who do not attend hospital appointments.

**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 effective system in place for recording, investigating and monitoring significant events. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, and felt encouraged to do so.
- Lessons were learned and communicated internally and externally to improve safety within the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed overall.
- There was enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were at or marginally above the local and national averages.
- Staff assessed people's needs and delivered care in line with current evidence based guidance. This included assessing capacity and promoting good health.
- Systems were in place to ensure all clinicians were kept up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff used these guidelines and clinical audits to deliver effective care and treatment that improved patient outcomes.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health and social care professionals to meet the range and complexity of patients' care needs. This included district nurses, the care coordinator and community matron.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

An outstanding feature of the practice was the commitment by practice staff, allied health professionals and the patient participation group (PPG) to offer a range of compassionate services to address social isolation amongst the practice population and to meet the needs of carers. For example:

- The PPG facilitated a bi-monthly carers' forum which enabled carers to seek peer support, form friendships and be empowered with information relating to their caring role and people they cared for.
- A tea party had been held for older people at risk of isolation and / or with multiple health needs.
- The practice was one of five GP practices within the local area that facilitated a carer's clinic run by Derbyshire carers association. Appointments for confidential advice and information were available and people did not have to be a patient in order to benefit from this service.
- Feedback from patients about their care and treatment was consistently positive; and 85% would recommend this surgery to someone new to the area compared to a local area average of 80% and national average of 78%.
- Patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture and found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders including three care home providers, district nurses and the care coordinator were very positive and aligned with our findings.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they meet patients' needs. For example, the practice worked closely with four other GP practices and the local NHS Trust to provide integrated and patient-centred care for older people at risk of hospital admission and / or frail.

**Outstanding**



# Summary of findings

- The practice worked in collaboration with four local practices on a project to drive improvement in care for older people and reduce emergency admissions from care homes. This had resulted in an 8% reduction in emergency admissions in the preceding 12 months.
- Patients discharged from hospital were reviewed and followed up to ensure they had appropriate care in place to promote their independence and to reduce further hospital admissions. They were also signposted to relevant support services.
- The practice hosted a range of services which enabled patients to access care closer to home. For example, patients had access to clinics for orthopaedic and general surgery, audiology and physiotherapy.
- 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.
- Patients could access appointments and services in a way and at a time that suits them.
- 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, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## 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 its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Governance and performance management arrangements were proactively reviewed by the GP partners and management team to ensure the delivery of good quality care. This included arrangements to assess and monitor identified risks and service provision.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and there was a high level of staff satisfaction.
- High standards were promoted and owned by all practice staff, and teams worked together across all roles.
- The practice had a very engaged patient participation group which influenced practice development.

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.
- Staff told us they felt involved and engaged to improve how the practice was run.

# 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 good for the care of older people.

- The practice staff prioritised the care needs of older people including residents living in six care homes they supported. The practice had taken a lead role in piloting the locally commissioned care home enhanced service which included providing regular and planned “ward rounds” for the residents and having a nominated GP with lead responsibility for each of the care homes to ensure continuity of care.
- The practice was part of the Belper five (group of five local GP practices) integrated community care pilot project which included working in partnership with Derbyshire community health service NHS foundation Trust to address the challenges relating to the care provision of older people. For example, the practice’s advance nurse practitioner and CCG employed advanced care practitioner specifically focused on the management of frail and elderly patients. As a result of this project hospital admissions and accident and emergency presentations had reduced.
- Regular multi-disciplinary meetings were held to discuss the care needs of older people and the practice was responsive to their needs. This included use of care plans to ensure co-ordinated care and signposting
- Home visits and urgent appointments were offered for those with enhanced needs.
- A tea party had been facilitated in February 2016 for older people at risk of isolation and with multiple health needs and eight patients had attended.
- All patients, including those aged 75 and over had a named GP but were free to consult with any of the GPs.
- The practice had a high success rate in administering flu vaccines to this age group with an 80% uptake, including 157 done during home visits.

Good



### People with long term conditions

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

- Each GP had a lead role for the overall monitoring of specific long term conditions and were supported by the nurses in chronic disease management. For example, the nurses

Good



# Summary of findings

facilitated a range of clinics for conditions such as asthma, diabetes and chronic obstructive pulmonary disease (COPD); and patients were encouraged to understand and self-manage their conditions in line with agreed care plans.

- An anti-coagulation service was offered for patients prescribed warfarin (a drug used in the prevention of blood clot formation which requires regular blood tests).
- Patients at risk of hospital admission were identified as a priority and systems were in place to follow-up their care post hospital discharge.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice used telehealth monitoring devices to aid in the diagnosis of hypertension for patients with high blood pressure.
- Longer appointments and home visits were available when needed.

## 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 at risk of abuse. This included practice staff engaging with midwives, health visitors and school nurses in regular safeguarding meetings. There was no protocol in place to ensure staff followed up children who did not attend hospital appointments.
- 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.
- Families were allocated the same named GP for continuity of care.
- Immunisation rates for all standard childhood immunisations were comparable to the local average and school age vaccination clinics were held after school or on a Saturday morning.
- Appointments were available outside of school hours and children presenting with urgent medical needs were seen on the same day.
- The premises were suitable for children and babies.
- The practice had engaged students from the local sixth form secondary school and a number of students had attended the patient participation group meetings for the past three years.

Good



# Summary of findings

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

Good



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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, the practice's uptake for the cervical screening programme was 89%, which was marginally above the local average of 84% and the national average of 82%.
- A range of appointment types were offered to these patients and this included telephone consultations and extended opening hours on a Saturday morning between 8am and 11am. This enabled more flexibility for patients wishing to access appointments outside of standard working hours.
- The practice used social media such as twitter and facebook to communicate with this population group as well as a text messaging service.

## People whose circumstances may make them vulnerable

Good



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

- The practice and supporting its carers. For example, "Friends of Carers" (volunteers from the PPG) facilitated a bi-monthly carers' forum at the Duffield surgery. The forum empowered carers to share their experiences, form new friendships and learn more about facilities available to them.
- The practice was one of five GP practices within the local area that hosted a carers' clinic run by Derbyshire Carers Association. The clinics were held on the first Thursday of every month and carers did not have to be a patient with the practice to benefit from the service.
- The practice provided care to a residential care home for young adults with challenging behaviour including severe autism and learning disabilities.
- A comprehensive yearly health check was offered to these residents and other patients with a learning disability. A total of 93% of eligible patients with a learning disability had received an annual health check. Easy read information using pictures and simple language was used in invitation letters and explanations about their care.

# Summary of findings

- The practice was a member of the Derbyshire safe place scheme, providing a safe haven for patients with learning disabilities who felt unwell, confused or threatened whilst out in the local community.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and longer appointments were offered.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The premises were user friendly for patients with a range of disabilities including patients using wheel chairs and hard of hearing.

## 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).

- Staff had a good understanding of how to support patients with mental health needs and dementia. This included working with multi-disciplinary teams in the case management of these patients and carrying out advance care planning for patients with dementia.
- Published data showed:
- 93% of patients with a mental health condition had a documented care plan in the last 12 months which was in line with the CCG average of 92% and the national average of 88%.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was in line with the CCG average of 85% and the national average of 84%.
- The practice staff told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients with symptoms of anxiety or depression were referred or directed to counselling clinics hosted at the practice.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

The January 2016 national GP patient survey results showed the practice was performing in line with local and national averages. A total of 236 survey forms were distributed and 125 were returned. This represented a 53% completion rate.

The three areas the practice performed best included the following:

- 83% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 74% and national average of 73%.
- 85% of patients said they would recommend this GP practice to someone new to the area compared to the CCG average of 80% and national average of 78%.
- 92% of respondents found the receptionists at this surgery helpful compared to a CCG average of 88% and national average of 87%.

The three areas the practice could improve on included the following:

- 32% of respondents with a preferred GP usually get to see or speak to that GP compared to the CCG average of 55% and national average of 59%.
- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.

- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% national average of 85%

The leadership team and patient participation group recognised these areas for development and had plans in place to address all of them proactively with a view to improving patient care.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients felt supported by the clinical staff with regards to decision making and choices about their treatment. They described staff as being friendly, pleasant, professional and offering excellent care. Five comment cards also contained less positive comments related to telephone access, appointments, waiting times to be seen by a GP and some reception staff not always being helpful.

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

The practice had conducted its own patient survey in 2014/15 and 193 patients had responded. The majority of the patients stated they would recommend the GP practice to friends and family if they needed similar care or treatment.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure a protocol is in place for following up children who do not attend hospital appointments.

## Outstanding practice

- The practice worked in collaboration with four local practices on a project to drive improvement in care

for older people and reduce emergency admissions from care homes. This had resulted in an 8% reduction in emergency admissions in the preceding 12 months.

# Summary of findings

- The practice staff and patient participation group (PPG) had engaged with patients aged 17 to 24 and with students (also referred to as community ambassadors) from the local school. The PPG had student representation at their meetings for the past three years.
- The commitment by practice staff, allied health professionals and empowerment of the PPG to offer: a range of compassionate and additional services to support carers and people at risk of social isolation was outstanding. For example, The PPG facilitated a

bi-monthly carers' forum which enabled carers to seek peer support, form friendships and be empowered with information relating to their caring role and people they cared for. This forum has been running since November 2011 and attendance averaged 15 to 20 people. In addition, a tea party had been held for older people at risk of isolation and with multiple health needs in February 2016. The practice planned to continue offering this service to patients.

# Appletree Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Appletree Medical Practice

Appletree Medical Practice is situated in the village of Duffield in Derbyshire, about five miles north of Derby and on the edge of the Peak District National Park. The main surgery also referred to as the Duffield Surgery is located at 47a Town Street, Duffield, Belper, Derbyshire, DE56 4GG and the branch surgery is located at 10 The Town, Little Eaton, Derby, DE21 5DH.

As part of this inspection we visited the Duffield surgery which is based in a purpose built premises with an attached pharmacy. The practice provides primary medical services to approximately 11,000 patients through a general medical services contract (GMS). Approximately 56% of the practice population are aged 50 years and over, with approximately 150 patients in residential or nursing homes in the local area.

The level of deprivation within the practice population is significantly below the national average. The practice is in the tenth and least deprived decile meaning that it has a higher proportion of people living there who are affluent when compared to most areas.

The clinical team comprises of six GPs partners (four female and two male), and a nursing team which includes an advanced nurse practitioner, a specialist nurse, three practice nurses, a treatment room nurse and a healthcare assistant.

The clinical team is supported by a full time practice manager and a team of medical secretaries, data assistants, team leaders, reception and administrative staff.

Appletree medical practice is a training practice for GP specialist registrars (fully qualified doctors who already have experience of hospital medicines but have decided to specialise in general practice). The practice also hosts final year medical students attached to the University of Nottingham medical school and student nurses.

A community nursing team is also based at the Duffield surgery. This includes district nurses and the community matron. Practice staff worked in collaboration with the attached care coordinator and advanced care practitioner employed by the Derbyshire Community health service NHS Foundation Trust (DCHS).

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

## 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.

# Detailed findings

## 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 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).

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 18 April 2016. During our visit we:

- Spoke with a range of practice staff (GPs, practice nurses, practice manager, reception and administrative staff) as well as staff attached to the practice (district nurses and a care coordinator)
- Spoke with patients who used the service including four members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of treatment records of patients and management records to corroborate our evidence.
- Reviewed comment cards where patients shared their views and experiences of the service.
- We also received feedback from three care home providers after our inspection.

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

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

- Staff told us they would inform the practice manager of any incidents and a recording form was available on the practice's computer system. This form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The practice had recorded 13 significant events in the last 12 months. Records reviewed showed when things went wrong with care and treatment, patients received an explanation, relevant information and an apology where appropriate. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events were summarised under the Care Quality Commission domains of safe, effective, caring, responsive and well-led; and risk assessed according to the potential impact on patient care (this is the severity of the incident and likelihood of occurrence). An annual review of these incidents was also undertaken to ensure identified action points had been undertaken and relevant learning had been embedded.
- The review of significant events was also embedded within every clinical meeting and we reviewed minutes of meetings where these were discussed. We saw that lessons were shared and action was taken to reduce the risk of them happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. For example, there was a lead member of staff for safeguarding and policies were accessible to all staff. GPs attended a multi-disciplinary team meeting every

two months with the health visitor, midwife and school nurses. Safeguarding meeting minutes we reviewed showed discussions relating to looked after children, children and adults at risk of domestic abuse and young people receiving input from the child and adolescent mental health services (CAMHS). Staff demonstrated they understood their responsibilities to report safeguarding concerns and records showed they had received training on safeguarding children and vulnerable adults relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and this was incorporated into the induction for new employees. Staff had received up to date training which covered areas such as handwashing, handling specimens, sharps and clinical waste. Cleaning schedules were in place for clinical equipment. An infection control audit had been undertaken and we saw evidence of action taken to address identified improvements.
- The overall arrangement for managing medicines, including vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions and the practice had identified areas of improvement. This included ensuring all medicines were linked to a medical diagnosis and reviewed when prescriptions were reauthorised.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines. Blank prescriptions were securely stored and there were systems in place to monitor their use.

## Are services safe?

- Two of the nurses were qualified as advanced nurse practitioners and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer the flu vaccine against a patient specific direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. This included health and safety procedures and up to date fire risk assessments. The practice carried out regular fire drills and fire fighting equipment had been serviced.
- The practice had an asset register in place and records reviewed showed portable appliance testing for electrical equipment had been completed in April 2015 to ensure the equipment was safe to use. The annual review had been planned for April 2016.
- Clinical equipment such as blood pressure monitors and scales were calibrated to ensure they were working properly.
- The practice had a range of other risk assessments to monitor the safety of the premises and staff. This included control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings); as well as lone working and visiting, and use of computers.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Arrangements were also in place for members of staff, including nursing and administrative staff, to cover each other's leave.

### 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 the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice considered people's needs and delivered care in line with relevant and current evidence based guidance and standards. This included this National Institute for Health and Care Excellence (NICE) best practice guidelines and locally agreed guidelines.

- Records reviewed showed NICE guidance was a standing agenda item at the practice's clinical meetings.
- The practice took steps to consider these guidelines through risk assessments, clinical audits and reviews of patient records.
- Clinicians also made use of the clinical system templates to record patient information relating to patient's assessed health needs and agreed care and treatment.
- The GPs and nurses held a clinical meeting every mid-morning which provided an opportunity to discuss and review individual patient cases.

### 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 were for the year 2014/15.

The practice had achieved 99.6% of the total number of points available and this was marginally above the clinical commissioning group (CCG) average of 97% and the national average of 94.7%. Practice supplied data for 2015/16 showed the practice had achieved the same number of points. However, this data was yet to be verified and published.

The practice had an exception reporting rate of 7.6% which was below the CCG average of 11.1% and national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The 2014/15 data showed:

- Performance for diabetes related indicators was 100% which was above the CCG average of 93.1% and the national average of 89.2%. Exception reporting for diabetes related indicators was 8.7% which was below the CCG average of 13.4% and the national average of 10.8%.
- The percentage of patients with hypertension having regular blood pressure tests was 85.6% which was similar to the CCG average of 85% and the national average of 83.6%.
- Performance for mental health related indicators was 100% which was above the CCG average of 96.9% and the national average of 92.8%. Exception reporting for mental health related indicators was 10.4% which was below the CCG average of 16.9% and the national average of 11.1%.
- 92.7% of patients with a mental health condition had a documented care plan in the last 12 months which was in line with the CCG average of 91.8% and above the national average of 88.3%.
- Performance for dementia related indicators was 100% which was above the CCG average of 98.3% and the national average of 94.25%. Exception reporting for dementia related indicators was 14.1% which was above the CCG average of 9.2% and the national average of 8.3%. The number of patients exception reported in 2014/15 was 131 and this had reduced to 81 in 2015/16. Records reviewed showed patients had been appropriately excluded.
- Records reviewed showed eight clinical audits had been undertaken in 2015/16, and two of these were completed audits where the improvements made were implemented and monitored. A further six re-audits were scheduled to be completed in 2016.
- The findings from these clinical audits were used to improve practice. For example, the practice had undertaken an audit related to the investigation and management of neutropenia to review adherence to local and NICE guidelines. Neutropenia is a condition where there aren't enough neutrophils (a type of white blood cell) in a person's blood.
- Recommendations were made as a result of the initial audit and two re-audits were undertaken in 2014 and 2015. The 2015 re-audit demonstrated the total number

# Are services effective?

## (for example, treatment is effective)

of newly presenting patients with neutropenia had fallen from 18 to 10; and the audit system was proving to be an effective mechanism for safety-netting missed opportunities to investigate new neutropenia.

- In addition, following the release of the NICE guideline relating to “diabetes in pregnancy: management from preconception to the postnatal period”, a clinical audit was undertaken to review all affected patients and ensure they had received an annual blood check. An annual recall system was set up, care plans and templates were developed to ensure these patients were monitored regularly. A letter was also sent out to these patients advising them of the recommended best practice guidelines for monitoring their health needs

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. Two of the team leaders had a specific role in providing mentorship during staff’s induction to ensure consistency to the induction provided. All new members of staff had a progress review and competency check prior to the end of their probation period to ensure they were performing to expected standards.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, fire safety and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The learning needs of staff were identified through a system of appraisals, meetings and review of their practice development needs. This included one-to-one meetings, mentoring, clinical supervision and support for revalidating GPs and nurses. All staff received an annual appraisal and we saw evidence of performance development plans.
- The practice supported staff with national vocational qualifications and facilitated apprenticeships within the reception team.
- The GPs had a range of clinical interests in areas such as paediatrics, women’s health, sexual health, diabetes, dementia and minor surgery. This enabled GPs to share their expertise for the benefit of patients.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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 practice had a comprehensive intranet site referred to as the “tree of knowledge” which enabled staff to access a range of information relating to their roles, training and practice policies. The management team told us the benefits of using this system included efficiencies in managing data and business processes, engagement with staff and shared communication.

### 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 plans, medical records, and investigation and test results.
- The practice used the NHS e-referral service to share relevant patient information with other services.

Staff worked together 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. For example,

- The care coordinator attached to the practice (and employed by Derbyshire Community health service NHS Foundation Trust) followed up patients who were discharged from hospital to ensure they had appropriate care and equipment at home to maximise their independence. Records reviewed showed referrals were made for night sitting services, hot meals service, pendant alarms and fitting of key safes.
- We spoke to the district nursing team and they felt very much supported by practice staff, with easy access to GPs and practice nurses. They described practice staff as being very proactive in ensuring the health needs of patients were effectively reviewed and managed. For example, a monthly multi-disciplinary meeting was held with the GPs, district nurses, Macmillan nurses and the

# Are services effective?

(for example, treatment is effective)

community matron to review patients receiving end of life care in line with the gold standards framework principles. Benefits to patient care included coordination of their care to prevent crises and inappropriate hospital admissions; as well collaboration working between healthcare professionals. At the time of our inspection 93 patients were listed on the palliative care register.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

The practice identified patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered health checks and / or signposted to the local lifestyle service "Live Life Better".

- Patients had access to appropriate health assessments. These included health checks for new patients and NHS health checks for patients aged 40–74. A total of 498 health checks had been completed to date and 765

eligible patients were still to be assessed. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- A total of 93% patients with a learning disability had received an annual health check.
- Flu vaccinations were also offered to different age groups. The uptake by invited patients included 60% for patients below the age of 17, 69% for patients aged 18 to 64 and 83% for patients aged 65 and over.
- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.3% to 98.9% and five year olds from 93.7% to 97.7%. This was comparable to the CCG and national averages.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The 2014/5 Public Health England data showed the practice's cancer screening was in line with the CCG and national averages. For example:

- 89% of females aged between 25 and 64 years had a record of cervical screening within the target period compared to a CCG average of 84% and national average of 82%
- 78% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 79% and national average of 72%.
- 71% of patients aged between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year) compared to a CCG average of 61% and national average of 58%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 28 comment cards and 25 of these were wholly positive about the service experienced. Patients said the practice offered an excellent service with high standards of care; and staff were very caring and treated them with dignity and respect. The five less positive comments related to telephone access, appointments, waiting times to be seen by a GP and some reception staff not always being helpful.

We spoke with eight patients including four 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. Patients could also access a practice charter which clearly set out the service they should expect from the staff. We found the practice was working in keeping with its practice ethos which was to respect patients' privacy, dignity and confidentiality at all times.

The practice's induction and on-going training programme for staff covered areas such as maintaining patient dignity and respect, and this was reflected in our observations on the inspection day. For example we saw that:

- Staff were courteous and helpful to patients and treated them with respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

The January 2016 national GP patient survey results showed patients felt they were treated with compassion, dignity and respect. For example, the satisfaction scores for consultations with GPs were in line with the clinical commissioning group (CCG) and national averages.

- 96% 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%.

- 91% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

The satisfaction scores for consultations with nurses were marginally lower than the CCG and national averages.

- 94% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 90% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 84% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.

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

Many of the patients we spoke with and comment cards received praised staff by name and gave specific examples of how GPs had made time to listen to them and gone out of their way to ensure they received appropriate care and treatment.

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. The practice used care plans to ensure co-ordinated care and support for patients with a learning disability, those experiencing poor mental health, at high risk of deteriorating health or hospital admission.

Results from the national GP patient survey showed most of the patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. 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%.

## Are services caring?

- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% national average of 85%

The practice provided facilities to help patients be involved in decisions about their care. This included access to interpreting and translation services which required advance booking.

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

Feedback from patients highlighted that staff responded compassionately when they needed help and provided support when required. This was aligned with the January 2016 survey results. For example:

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CC average of 92% and national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

An outstanding feature of the practice was the commitment by practice staff, allied health professionals and empowerment of the patient participation group (PPG) to offer: a range of compassionate and additional services to support carers and people at risk of social isolation. For example,

- Friends of Carers” (volunteers from the PPG) facilitated a bi-monthly carers' forum at the Duffield surgery on a Wednesday between 1pm and 2:30pm with some light refreshments. The purpose of the informal forum was to provide carers with an opportunity to exchange views, form new friendships and learn more about facilities available to them. This forum has been running since November 2011 and attendance averaged 15 to 20

people. Records reviewed showed external agencies were invited to discuss a range of issues that were relevant to carers and patients they looked after. For example, educational talks on social care provision, power of attorney, fire prevention, advocacy services, attendance allowance and mental health care provisions. The records also showed that carers had access to equipment and this included “door bells for the deaf” for patients assessed as hard of hearing.

- The practice was one of five GP practices within the local area that hosted a carers' clinic run by Derbyshire Carers Association. The clinic sought to “help carers’ physical, mental and emotional wellbeing as well as provide advice, support and information that may assist them in their caring role”. The clinics were held on the first Thursday of every month and carers did not have to be a patient with the practice to benefit from the service. Free confidential appointments for advice and queries could also be booked in advance.
- The care coordinator, district nurse team, practice staff and PPG had facilitated a tea party at the practice for older patients who were isolated, depressed and / or had multiple health needs. Eight patients had attended this initial tea party and staff told us friendships had been formed and some of the patients were attending local trips together.
- Patients had access to a counsellor and a cognitive behaviour therapist at the practice and could self-refer into this service.

The practice’s computer system alerted GPs if a patient was a carer and 120 patients had been identified as carers. This represented 1.1% of the practice’s patient list size. Patient information leaflets and notices were available in the patient waiting area which told patients and carers how to access a number of support groups and organisations.

The practice had a bereavement policy in place and a system to ensure all staff were aware of deceased patients. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family’s needs and/or by giving them advice on how to find a support service. An after death analysis was also undertaken to determine if a patient had died at their preferred place and to identify any learning and improvement actions for practice staff.



# 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 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. For example, the practice was part of the “Belper five” sublocality integrated community care project which had a focus on delivering community based services in response to the multiple challenges faced by health and social care services. This included the practice working with four other GP practices and the Derbyshire Community health service NHS Foundation Trust (DCHS) to address the following areas:

- A growing frail and elderly population with complex needs and greater acuity
- Increased patient and family expectations
- Delivering services within constrained finances
- Recruiting and retaining high quality staff

At the time of our inspection, the practice had focused on developing services to support the management of people with chronic physical and mental health needs and the frail elderly. The findings and outcomes of the pilot were intended to inform and support the development of services across the CCG. For example

- The practice had employed and developed a nurse to become an advanced nurse practitioner to support with the management of frail and elderly patients.
- The practice provided care to six care homes (about 150 patients) and this included planned ward rounds led by one of the advanced nurse practitioners with nominated GPs for escalation of medical issues.
- We received complimentary feedback regarding the person centred care delivered for older people from three care homes who responded to our request for feedback. They complimented staff for being responsive to patient's needs, their caring nature and continuity of care being maintained.
- The hours of the attached care coordinator had been increased to enable them to focus on following up patients discharged from hospital.

As a result of these initiatives the number of A&E attendances and elective inpatient admissions from care homes supported by all five GP practices showed reduced usage of secondary care services. For example,

- The A&E attendances for all five GP practices had reduced to 16% when compared to CCG average of 22%.
- Admission rates had reduced to 4% compared to the CCG average of 8%.

The practice hosted a range of services which enabled patients to access care closer to home and avoid the need for consultations at the local hospital. For example,

- An orthopaedic surgeon from the Royal Derby Hospital Trust held a clinic where patients could be referred for hip, knee and ankle related health issues.
- A general surgeon from the Royal Derby Hospital Trust held a monthly clinic where patients could be referred for treatment related to lumps, bumps and hernia problems.
- A visiting audiology service and physiotherapy clinic were also hosted by the practice.
- The practice offered a range of treatment room services which included wound dressings, blood pressure checks, ear syringing and electrocardiogram (ECG) testing. ECG is a test which measures the electrical activity of a person's heart to show whether or not it is working normally).
- The nursing team facilitated a range of clinics for people with long term conditions. This included conditions such as asthma, diabetes and insulin initiation, anticoagulation and dosing of warfarin (a drug used in the prevention of blood clots forming in the blood vessels), spirometry and travel immunisations.
- A midwife held weekly antenatal clinics and all babies were invited for a six week post-natal medical check with a doctor.
- The practice staff and patient participation group had engaged with patients aged 17 to 24 and students (also referred to as community ambassadors) from the local school. The PPG had student representation at their meetings for the past three years.
- The premises were purpose built and services had been adapted to meet the needs of patients with disabilities.



# Are services responsive to people's needs?

## (for example, to feedback?)

The Duffield surgery was situated on the ground and first floors of the building with all services for patients provided on the ground floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

- At Little Eaton Surgery there was no wheelchair access at the front door, but patients could access the surgery via the back door (there was a buzzer at the back door to alert the receptionist). The staff offered an escorted tour of the public areas of the practice to visually impaired patients to help them familiarise with the layout of the building.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday (Duffield Surgery) and 8am to 12pm (Little Eaton Surgery). Appointments were available from 8.20am to 11.50am every morning and 3pm to 6.20 daily. Extended hours appointments were offered between 8am and 11am every Saturday from the Duffield surgery.

- Routine appointments could be booked up to four weeks in advance. A limited number of same day appointments were released at 8am including appointments to be seen within 48 hours.
- A duty doctor triage system was in place with one of the GPs assessing urgent requests for medical attention and whether a home visit was clinically necessary.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients could access both male and female doctors and nurses at the practice.

People told us on the day of the inspection that they were able to get appointments when they needed them. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly comparable to local and national averages.

- 73% of patients described their experience of making an appointment as good compared to the CCG and national averages of 73%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 89% said the last appointment they got was convenient compared to the CCG and national averages of 92%.

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a patient information leaflet (compliments and complaints), posters displayed and information on the practice website.

The practice had received 19 formal complaints and two informal complaints in the last 12 months. Records reviewed showed complaints had been handled in a timely way with openness and transparency. Complainants were provided with explanations and apologies where appropriate. Learning was identified and patients were told about actions taken to improve the quality of care. A follow-up letter was also sent to the complainant after four weeks to confirm if they were satisfied with the response.

The practice sought to involve the whole staff team in their review of complaints to ensure learning was widely disseminated. For example, complaints were reviewed annually to detect themes or trends and staff were praised where appropriate action had been taken.

# 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 and supporting values which were driven by quality and safety; and also reflected compassion, dignity, respect and equality.

- Staff we spoke with felt engaged with the practice vision through regular practice meetings and a strong team culture within the practice.
- The practice had a mission statement in place and this was at the heart of the stated working ethos: “by listening and responding to the needs of the community, Appletree aims to give our patients access to high quality care and support, provided by an attentive, efficient, friendly and happy team, in a reassuring and safe environment with time for all”.
- The practice had a supporting business plan which reflected the vision and created a common purpose and direction for all practice staff.
- Arrangements were in place to ensure the vision and strategy were regularly monitored. For example, at a strategic level, the GP partners attended an annual away day to:
  - review the practice’s past performance
  - examine strengths and weaknesses
  - identify opportunities and threats, and
  - develop an action plan detailing areas of development and improvement.
- The partners and management team also met weekly to evaluate the progress made against the prioritised goals and reviewed the business planning arrangements.

### Governance arrangements

There were clear lines of responsibility and governance in place and this supported the delivery of the vision and good quality care for patients. The governance framework included:

- A clear staffing structure and staff we spoke with were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff and implemented in practice. We however noted there was no protocol in place for following up children who did not attend hospital appointments to ensure they were all followed up.

- Maintaining a comprehensive understanding of the practice’s performance in respect of the clinical and non-clinical activities undertaken. There was a lead GP responsible for the management and monitoring of specific long term conditions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were suitable arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included clear escalation procedures for staff to report concerns.

### Leadership and culture

The leadership demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The partners encouraged a culture of openness and honesty. Systems were in place to ensure that when things went wrong with care and treatment and people received an explanation why this happened and an apology where appropriate. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- There was a clear leadership structure in place and staff described the leadership team as being approachable and taking the time to listen to them.
- Staff said they felt respected, valued and supported, particularly by the manager and GP partners.
- Records reviewed showed a range of regular meetings were held for each staffing group to communicate information relating to the practice. This included GP partners, management, nursing, clinical and reception staff as well as a whole practice team meeting.
- Staff told us 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)

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

The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys.

The practice had a PPG which had been in operation since January 2011. Bi-monthly meetings were held and attendances averaged between 15 and 20 members. The practice also had a virtual group comprising of 25 to 30 members. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. This included improving telephone access and appointments. The practice had responded positively to each of these issues by undertaking audits to ensure sufficient numbers of reception staff were working at peak times, enabling the telephones to be answered promptly.

The practice participated in the Family and Friends test (FFT) and this was actively promoted in the waiting room. Records reviewed showed the majority of patients would recommend the practice to friends and family.

The PPG and practice published a seasonal newsletter to help inform and engage patients. Recent highlights included information related to name GP for all patients, online booking facilities and training of GP registrars. Minutes of PPG meetings and feedback reports were available on the practice website.

The practice had gathered feedback from staff through away days, staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- Some of the GPs were part of the clinical commissioning group (CCG) clinical improvement groups for respiratory conditions, diabetes and dementia.
- The practice worked in collaboration with Derbyshire Community health service NHS Foundation Trust (DCHS) and four other GP practices; recognising that by working together they could have a far greater impact on patient care. Two of the GP partners and the practice manager were involved in the commissioning and integrated community project work with the following outcomes having been achieved or in progress:
  - Development and implementation of a care home enhanced service. One of the GPs was the clinical lead for care homes within South Derbyshire CCG.
  - Broadening of the practices' clinical teams with new roles to focus on specific population groups and medicines management. For example advance care practitioner, pharmacist and care coordinator.
  - Moving towards common approaches to human resources and operational activities such as employment contracts and staff training.
  - Developing a joined up integrated diabetes services.
- The practice actively promoted and supported continued training for all staff to enhance their personal and practice development. For example, two GPs and the practice manager were enrolled on the East Midlands leadership course; and one of the practice nurses had been funded to undertake a training course which enabled them to become an advanced nurse practitioner.
- The practice was a teaching and training practice offering placements for medical students, post-graduation foundation doctors, GP registrars and student nurses.
- 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.