

# Eastbourne Station Health Centre

## Quality Report

Terminus Road  
Eastbourne  
East Sussex  
BN21 3QJ  
Tel: 01323626650  
Website: [www.ic24.org.uk](http://www.ic24.org.uk)

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
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 Eastbourne Station Health Centre on 28 July 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.
- Some risks to patients were assessed and well managed. However we noted that there was no Legionella risk assessment available and the practice did not have a clear system of assessing that electrical equipment had been checked and was considered safe to use.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Medicines and prescribing were generally managed in a safe and effective way, however there was no effective system in place for following up patients when repeat prescriptions had not been picked up by the patient.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice provided both general practice services with a list of patients registered to the practice and also a GP led walk in service open to unregistered as well as registered patients.
- The practice was open from 8am to 8pm and saw all patients that presented during that time.
- The practice saw 95% to 99% of patients using the walk in service within two hours.

# Summary of findings

- Patients registered with the practice said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Registered patients could also use the walk in service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

To liaise formally with the local fire service to consider and action ways of carrying out fire evacuation rehearsals.

To continue to assess ways of improving the uptake of national screening programmes by eligible patients.

To monitor the effectiveness of their new system for dealing with repeat prescriptions that have not been collected.

**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 reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, 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.
- Risks to patients were assessed and well managed.
- Medicines and prescribing were generally managed in a safe and effective way. There was however no effective system in place for following up patients when repeat prescriptions had not been collected. The practice immediately addressed the matter and put in place a new system to resolve the issue.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example the practice financed and piloted the use of software to allow tracings from a continuous heart monitor to be downloaded to a phone and sent for analysis. As a result the clinical commissioning group had agreed to provide finance to allow all practices to purchase the software.
- Patients registered with the practice said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues 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 and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nurse led clinics were offered to patients with multiple conditions.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading is 140/80 mmHg or less was 86% (clinical commissioning group average (CCG) average 81%, national average 78%).
- Longer appointments and home visits were available when needed.
- 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.

Good



### 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. Immunisation rates were relatively high for all standard childhood immunisations. We saw that all patients where there was a safeguarding concern were registered as an alert on the system and these were cross referenced with other members of the household whose notes were also tagged with an alert.

Good



# Summary of findings

- The local safeguarding lead nurse was informed of the attendance at the walk in centre of any children under 17 years of age. Parents were made aware of this when they registered the child and could speak to a clinician if concerned.
- 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.
- The percentage of women aged 25 or over and who had not attained the age of 65 whose notes recorded that a cervical screening test had been performed in the preceding five years was 74% (clinical commissioning group average 82%, national average 82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## **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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was open from 8am to 8pm to walk in service patients. Registered patients could also use this service if they wished.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. Homeless patients could be registered using the practices' address as their correspondence address. Telephone numbers for organisations that help the homeless were displayed in the waiting room.
- The practice offered longer appointments for patients with a learning disability.

Good



# Summary of findings

- The practice would take vulnerable patients who accessed them through the walk in service on to their registered patient list.
- Some patients who were known to be vulnerable had access directly to the practice via a separate telephone number.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. We saw examples of where the practice had made appropriate safeguarding referrals.

## 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).

- 100% of patients diagnosed with dementia (five patients out of five) had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 79% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record was 100%, (14 patients out of 18 with four reported as exceptions). The CCG average was 90% and national average 88%. (Exception reporting is the removal of patients from calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 07 July 2016. The results showed the practice was performing in line with or above local and national averages. Three hundred and sixty survey forms were distributed and 102 were returned. This represented 3% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) (70%) and national (73%) averages.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG (89%) and national (85%) averages.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG (89%) and national (85%) averages.

- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG (82%) and national (78%) averages.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards all of which were positive about the standard of care received. The staff at the practice were described as helpful, kind, caring and supportive. One patient felt that the wait to be seen was too long.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent Friends and Family test results showed that 91% of patients were extremely likely or likely to recommend the practice to family and friends.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

To liaise formally with the local fire service to consider and action ways of carrying out fire evacuation rehearsals.

To continue to assess ways of improving the uptake of national screening programmes by eligible patients.

To monitor the effectiveness of their new system for dealing with repeat prescriptions that have not been collected.

# Eastbourne Station Health Centre

## 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, a practice nurse specialist adviser and a practice manager specialist adviser.

## Background to Eastbourne Station Health Centre

The Eastbourne Station Health Centre holds an Alternative Personal Medical Services (APMS) contract with the Hastings and Rother Clinical Commissioning Group (CCG) and offers general practice services to the people of Hastings. There are approximately 3,670 registered patients. Additionally the practice offers a GP led walk-in centre and will accept all patients, whether registered at the practice or not, for one off consultations between the hours of 8am and 8pm Monday to Sunday. The population of the Eastbourne area which the walk in centre covers is 180,000 although this figure increases during the summer period.

The Eastbourne Station Health Centre is run by Integrated Care 24 (IC24) a non-profit making social enterprise organisation that provides Out of Hours services, NHS 111 services and GP services across central and southern England. The practice has three salaried GPs whose hours equalled two and a half whole time equivalents (three male). One of the GPs was the designated Medical Services Director. The GPs are supported by three practice nurses all

of whom are nurse prescribers, a long term locum Advanced Nurse Practitioner and one health care assistant. The practice team also includes a team of receptionists and administrative staff, the Head of Primary Care, Walk In Centres and Pharmacies and the Patient Services Manager. There is also a Clinical Nurse Lead. The practice have also appointed a clinical pharmacist. The provider IC24 also provides services at a walk in centre at Hastings and the medical services director, clinical nurse lead and head of primary care also manage that centre. There are plans in progress to use the nursing staff with specialist skills across both sites. The practice also uses locum GPs who have to undergo vetting and ongoing performance review and they ensured that a female locum GP or the Advanced Nurse Practitioner were available if requested.

All patients on the practice list have a named GP although the GPs operated a shared list system so patients could choose which GP they saw.

The practice runs a number of services for its patients including chronic obstructive pulmonary disease (COPD) and asthma clinics, child immunisations, contraception advice, diabetes clinics, new patient checks, travel health checks and vaccinations, smoking cessation advice and weight advice.

Services are provided at

Eastbourne Station

Terminus Road

Eastbourne

East Sussex

BN21 3QJ

# Detailed findings

The entrance to the practice is on the concourse of Eastbourne Railway Station and can only be accessed via the concourse.

The building is owned and maintained by landlords.

The practice is open between 8am and 8pm Monday to Sunday and access to the walk in service is available to both registered and non registered patients during those hours. Booked appointments for registered patients are available from 8am to 6.30pm daily including weekends. In addition to pre-bookable appointments that can be booked up to four weeks in advance, booked urgent appointments are also available for registered patients that need them. Additionally registered patients can use the walk in service from 8am to 7.50pm Monday to Sunday.

The practice are contracted to see 18,000 patients via the walk in centre per year. In the year 01 January 2015 to 31 December 2015, they saw 17,837 walk in patients.

There is a diverse mix of ethnicities amongst the patients of the practice with 30% not having English as their first language.

The practice has a high turnover of patients, between 01 January 2015 and 31 December 2015, 709 patients joined the practice list and 557 deregistered.

The percentage of registered patients suffering deprivation (affecting both older people and children) is higher than average for England. The practice population has a much lower number of patients who are 65 or over than the national average (93% are under 65 years) and a higher than average group of patients in the 20 to 45 years age group. There are also a lower number of patients under 18 years than the national average, with a slightly higher than average number of patients below four years of age. There are a lower than average number of patients with a long standing health conditions compared with the national average and a slightly higher than average number of patients with a caring responsibility. There is a higher than average number of patients in paid work or full time education and an average number of unemployed patients.

## 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 28 July 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, health care assistant, management staff and administration/reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

# Detailed findings

- 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

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and truthful information. Patients received a verbal and written apology at the outset and at the conclusion of the investigation and were kept informed of any progress throughout. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and shared results and learning at minuted clinical and administration meetings and also directly to all staff via email. Locum staff were also included in emails about significant events. Administration and reception staff were invited to meetings where significant events were discussed.
- All significant events and complaints were also reported to the central clinical governance teams at the head office of IC24 and shared at monthly central clinical governance meetings to allow learning to be shared across the organisation where appropriate.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example following an incident where a member of staff was spat at the matter was raised as a significant event. The practice very quickly responded employing security staff from 4pm to 8pm on Mondays to Fridays and from 8am to 8pm at weekends.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on the shared computer drive and local guidance including telephone numbers were available in all consulting rooms. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead for both adult and child safeguarding. We saw that all patients that were the subject of a safeguarding concern or on the risk register were flagged as an alert on the system and were cross referenced with other members of the household. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All clinical staff were trained to child protection or child safeguarding level three and all non clinical staff to level two. Safeguarding training for all staff was updated annually. We saw examples where appropriate referrals had been made to local safeguarding teams. Notices in consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

## Are services safe?

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. However we did find that there was no system for monitoring prescriptions that had not been picked up by patients. The medical services director was present when this was pointed out and had changed the policy to weekly checks by the time we finished the inspection. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs were correctly signed by the relevant parties and within date. The health care assistant did not give injections to patients as part of their role.

- The practice did not keep stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) on the premises.
- The practice had a recruitment policy that was the same one that was used across all of IC24's operations. All staff recruitment files were held at IC24's head office in Ashford Kent, so could not be viewed on the day of inspection. However the Care Quality Commission had carried out a thorough inspection of IC24's recruitment processes during an inspection at their head office on 12 and 13 July 2016. The team had reviewed 17 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 (DBS checks). They had found two cases where the records were incomplete but no evidence of systematic failure.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had an up to date fire risk assessment. There were posters on the walls with clear fire evacuation procedures described. Fire safety equipment was regularly checked and serviced. The fire alarms were linked to the railway station alarms and were tested by station staff each week. There were high visibility jackets available to fire wardens in a different colour to those worn by station staff. The practice had discussed fire evacuation procedures during meetings but was not permitted to carry out full fire evacuation drills because of the disruption and panic that could potentially be caused in the station. The practice had carried out a workplace risk assessment that stated that electrical equipment was checked visually and replaced as necessary. The practice told us that they visually checked electrical equipment for faults, but did not formally record the checks. Clinical equipment was checked and calibrated by a specialist company to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. We saw that the practice had requested that their landlords provide them with a Legionella risk assessment, but at the time of the inspection one had not been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We subsequently saw that a test for Legionella in the water was negative.
- 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. We saw that the rotas were regularly reviewed and that staff members had specific colleagues who covered their work and who couldn't take leave at the same time as them. The recruitment strategy was to replace staff that left with those with similar or enhanced skills for example all of the practice nurses were nurse prescribers. Unforeseen absences were covered by locums and where possible locums that were well known to the practice were used. The service monitored the use of its walk in service and adjusted staffing levels to respond to demand.

## Are services safe?

- Locums were sourced locally via agencies, all documentation was seen and copies retained by the practice manager. All staff were asked for feedback on locum GPs and this was analysed at the practice and fed back to head office. Locums with unsatisfactory feedback were not employed again and their agencies were informed of the reasons why.
  - Locums who were employed by the practice were included in training, were invited to both informal and formal clinical meetings and emailed information on significant events, NICE guidelines MHRA alerts and other relevant updates.
  - The work of all locums and other medical staff was audited on a regular basis by the Medical Services Director. The Nursing lead audited the records, performance and activity of all nursing staff. We saw examples of such audits.
- 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. There was also a panic button in each room.
  - We saw evidence that 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 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. Copies were kept in reception as well as at several off site locations.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. All alerts arrived via the practice manager's email address which was monitored by the head of primary care in their absence and were forwarded to the relevant staff. The alerts were also stored in the shared drive as well as a hard copy in reception. The practice manager and lead GP discussed the alerts and actioned them accordingly. Relevant alerts and guidelines were discussed at clinical meetings. All staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. All locums were also sent alerts and guidelines in line with practice policy.
- The practice monitored that these guidelines were followed through review at multi-disciplinary team meetings, audits of consultation records and review during protected time at half day meetings every two months.

### 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 97% of the total number of points available. Exception reporting was generally high (18.9% over all, clinical commissioning group average 11.3%, national average 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 practice explained that all patients who had been identified as requiring reviews under the QOF system were sent three reminder letters and also called twice by phone, before being recorded as exceptions. We noted that the

practice had a relatively young registered population compared to the national average and a lower than average number of patients with long term health conditions. The practice told us that they made repeated attempts to explain to patients why attendance for review was important and where possible, booked interpreters even where the patient had some English, in case there was a misunderstanding regarding the need to be seen. A decision to exception report the patient was only taken after the patient's notes had been reviewed by a lead clinician or manager (having checked with the lead clinician). Once recorded as an exception, the practice still continued to try to contact the patient. The practice felt that the main reasons for the high exception reporting were the high level of deprivation amongst its patients and also cultural and language barriers that they attempted to overcome. The population was also quite mobile as the practice often took on as registered patients people that presented through the walk in centre without a GP. For example from 01 July 2014 to 30 June 2015 the practice took on 802 new patients and 561 left the list. Another issue was that quite a few patients lived in buildings with many other adults (multi occupancy) so that contacting them could be challenging.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol is five mmol/l or less was 82% (CCG average 87%, national average 81%).
- Performance for mental health related indicators was mixed compared to the CCG and national average for example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 100% (CCG average 90%, national average 89%). The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months was 79% (CCG average 91%, national average 89%).
- The population was also quite mobile as the practice often took on as registered patients people that

# Are services effective?

## (for example, treatment is effective)

presented through the walk in centre without a GP. For example from 01 January 2015 to 31 December 2015 the practice took on 709 new registered patients and 547 left the list.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits consisting of two cycles completed in the last year where the improvements made were implemented and monitored.
- The practice carried out continuous audits of patient notes and consultations of all clinical staff. The results were fed back to staff and local and national management and used to monitor both individual and practice performance. Learning was disseminated where appropriate.
- There was a monthly audit of practice performance relating to several key performance indicators which included amongst others, waiting times, numbers of patients seen, complaints and significant events. These results were shared within the practice and with the organisation's corporate governance.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included adjusting the number of registered patients' appointments compared with walk in appointments.

Information about patients' outcomes was used to make improvements such as: an audit of prescribing oral contraceptives to a certain patient group raised the awareness of clinicians to the increased risks to the patients within that group and the need to fully discuss the options with them.

### Effective staffing

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

- All newly appointed staff followed IC24's induction process, but the practice also had local policies for systems and processes that were included in the induction programme. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- All GP locums were given a comprehensive locum pack, which contained important information on practice systems, procedures and protocols.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example two of the practice nurses had received specialist training to manage patients on insulin (used by some patients with diabetes).
- There was a lead GP, lead nurse and administrator responsible for each QOF area.
- 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. For instance the practice had identified a need for nurses to also be prescribers and had arranged for them to attend the appropriate courses. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- We saw evidence that staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. There was a robust system employed by the provider to ensure that all staff training was up to date. A training matrix was held by the practice management locally and at head office with due dates for training for all staff. We saw that the information on the matrix was supported by certificates held by the practice. Both management and staff told us that they were reminded of the due date well before their training was due and systems were in place to ensure that all training was completed in a timely manner.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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 ensured that discharge letters about walk in patients were delivered to the NHS courier within 24 hours of the patient being seen. We saw that this was treated as a priority. 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. Multi-disciplinary team meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Such meetings would include, in addition to that practice team of clinicians and administrators, representatives from the community nursing team, palliative care teams, mental health and adult social care teams amongst others.

### 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.
- There was a poster in the waiting room describing what consent meant via pictures as an aid for patients with learning difficulties.
- The process for seeking consent was monitored as part of regular patient records audits.

### Supporting patients to live healthier lives

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

- Patients with addictions to drugs or alcohol, the homeless, patients with mental health problems and those living chaotic lives, those receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The percentage of registered women aged 25-64 attending cervical screening within the target period (3.5 or 5.5 year coverage) was 67% (CCG 75%, national 74%) for 2014-2015 (source Public Health England fingertips, National General Practice profiles). These national screening survey figures were measured differently to the QOF Figures. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability, they offered translation services 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, however the uptake of all national screening was below local and national averages despite their efforts. This was thought to be due largely to the mobile population, the high proportion of patients with English as their second language and high levels of deprivation amongst some of the population. There were 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 vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 93% to 95% (CCG 95% to 95%). Fifty six children were eligible for vaccines in this group (each child equates to just under 1.8%). Childhood immunisation

## Are services effective? (for example, treatment is effective)

rates for the vaccines given to five year olds ranged from 83% to 100% (CCG 90% to 96%). Thirty five children were eligible for vaccines in this group (each child equates to just under 2.9%).

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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards all of which were positive about the standard of care received. The staff at the practice were described as helpful, kind, caring and supportive. One patient felt that the wait to be seen was too long.

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

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 93% 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% and the national average of 85%.

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

- We saw that 30% of the patients who used the practice either as registered patients or via the walk in service did not speak English as their first language. Staff told us that translation services were available for patients who

## Are services caring?

did not have English as a first language. Patients were informed that this service was available and there was a high uptake of both the telephone service and face to face translation services.

- Four staff members were bilingual and would act as interpreters when required.
- The practice could print out information leaflets in many languages and we saw examples of registration forms in several languages.
- There was a hearing loop available for patients with hearing difficulties.
- Large print information sheets were available for patients with visual impairment.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (1.2% of the practice list). The cared for were also identified if they were a patient. Patients that were identified as carers were referred to carer support groups if they wished to be. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they would usually send them a sympathy card. If appropriate they would also contact the bereaved family and refer them on to bereavement support services or groups. Information about bereavement was available in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered bookable appointments for their registered patients from 8am to 6.30pm daily including weekends. Registered patients could also use the walk in service from 8am to 7.50pm from Monday to Sunday.
- There were longer appointments available for patients with a learning disability or complex medical conditions.
- Telephone consultations were also available for registered patients.
- 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.
- Children using the walk in centre were seen by a nurse for assessment as a priority.
- The practice had recently introduced a text appointment reminder service.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, baby changing facilities, a hearing loop and translation services available. Registration forms and information leaflets could be printed off in a variety of languages. Several staff members were bilingual and helped with interpretation when required.
- A lift that was suitable for disabled access was available between the ground and first floors.
- Telephone numbers for organisations that provided help for the homeless were displayed in the waiting room.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

The practice was open between 8am and 8pm Monday to Sunday and access to the walk in service was available during those hours. Booked appointments for registered

patients were available from 8am to 6.30pm daily including weekends. Registered patients could also use the walk in service from 8am to 7.50pm from Monday to Sunday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, booked urgent appointments were also available for registered patients that needed them.

Appointments were 10 minute slots throughout the day and were designated as either for walk in patients or pre-bookable for registered patients and could be adjusted as necessary depending on demand, for instance on bank holidays, no pre-bookable appointments were available, only walk in service appointments. Posters in the waiting room explained the system as there was potential for walk in patients to think that other (registered) patients had jumped the queue. Posters also explained that patients may be seen earlier if there was concern about their condition. When walk in patients arrived, they were registered by the receptionists and details of their condition were included and put on the screen for the clinicians to see. GPs who saw both walk in and booked patients used this initial information to prioritise urgent patients, for example a young child with a temperature would be seen very quickly. Additionally receptionists would alert clinicians immediately if patients complained of symptoms on a list that they had been trained to ask about. Patients not identified as requiring urgent assessment were then seen and assessed by a nurse within an hour who recorded observations such as temperature, pulse and blood pressure before they saw the GP. Patients were seen in order of clinical need and emergencies were seen straight away, but after that patients were seen in order of arrival. Children were assessed first. Receptionists were aware of their responsibility to observe patients in the waiting room and were all aware of the signs to look for that may indicate a change in a patient's condition. There was a poster next to the reception computer reinforcing this. Reception staff told us that if they had any concerns they would alert a clinician. Additionally GPs and nurses came out to the waiting room to call patients themselves and would observe patients who were waiting. The practice put up signs to warn patients of their expected waiting time and receptionists would keep patients informed of any changes. If the expected patient waiting time reached four

# Are services responsive to people's needs?

(for example, to feedback?)

hours, the practice would alert the local accident and emergency department and also contact patients' own GPs if still open, to try to arrange an urgent appointment for them at their own practice.

On the day of the inspection we saw a patient that became more unwell whilst waiting. The receptionist put out a call to a nurse who assessed them and took them into a treatment room where they were quickly seen by a GP.

The practice would see patients from other practices that required wound care when their practice was closed by arrangement. These were available as booked appointments only and the patient had to attend with a care plan and the new dressings.

The practice were contracted to see 1,500 patients not registered with the practice per month via the walk in centre. In May 2016 for example, they saw 1,557 walk in patients not registered with the practice. Additionally they saw 878 registered patients with booked appointments and 115 registered patients via the walk in centre. The practice monitored how many patients attended during each three hour time slot throughout the day and used the information to help plan staffing levels and appointment distribution. Registered patients with complex needs could book double appointments and the length of nursing appointments depended on the procedure required. Appointments could be booked face to face, online or by telephone. Telephone appointments were also available.

Figures from the Practice Performance Report for 2014 to 2015 showed the appointment punctuality figures were:

For registered patients being seen within 30 minutes of their appointment time 94%-95%.

For non registered patients being seen within two hours of arrival 95% to 99%.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 97% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

We spoke to five patients on the day of the inspection, one was a registered patient with a booked appointment and four were registered at other practices, but were using the walk in service. The registered patient thought that access to the service was very good and flexible. Two of the patients that used the walk in service on the day had used it before. Both thought it was a convenient and effective service, but that the wait could sometimes be quite long. The other two patients had been pleased with the accessibility of the service but could not comment further as they were still waiting to see the GP. All of the patients had found the staff to be attentive and helpful and had treated them with dignity and respect.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Home visit requests were passed to the GP. The GP then phoned the patient to assess the urgency and the appropriate management.

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

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The Patient Services Manager (practice manager) was the designated responsible person who handled all complaints in the practice.
- All complaints were immediately acknowledged. They were then discussed with the individual concerned and also at monthly meetings for peer review and learning was disseminated as appropriate by email and also via minutes of meetings. Monthly reports of complaints were sent to the IC24 head office at Ashford.
- We saw that information was available to help patients understand the complaints system for example posters

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

and summary leaflets were available in the waiting room and the practice brochure and website also contained clear information regarding the complaints procedure.

We looked at 24 complaints received in the last 12 months. The practice would include complaints left on internet sites, they would reply on the sites asking the patient to contact them and would include the complaint in their complaints analyses even if the patient did not follow up with a formal complaint. We found that these were satisfactorily handled and dealt with in a timely way with

openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient attended with symptoms that suggested a particular diagnosis, but it later transpired that the condition was more serious. The complaint was also treated as a significant event, the event was discussed at a clinical meeting and learning points disseminated. The patient received an apology and explanation of the findings.

# Are services well-led?

Good 

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

## Our findings

The practice had a clear vision that working together their team aimed to ensure that they delivered the highest level of care possible to all of their registered and walk in patients.

- The practice had a mission statement which was displayed in the waiting areas, throughout the building, on the website and in the practice handbook. Staff knew and understood the values.
- The practice had a clear strategy and supporting business plans to improve the delivery of their services in the future which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The organisation had recently employed an experienced GP as Medical Services Director.
- Both organisational and practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- The provider's had appointed a medical services director and clinical nurse lead to oversee clinical governance.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the senior management in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The senior management at the practice reported that they felt well supported by the IC24 organisation. They told

us they prioritised safe, high quality and compassionate care. Staff told us the GPs and managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. Clinical meetings were held monthly and the multi-disciplinary team were included in the meetings. Administration/ reception meetings were also held monthly, all meetings had agendas and were minuted. Staff told us that there was good feedback and communication between clinical and administration meetings. The Patient Services Manager attended both clinical and administration meetings and fed back information between the two meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that the practice held social events for staff at least twice a year.
- Staff said they felt respected, valued and supported, particularly by the GPs and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs and management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), a suggestion box in the waiting room and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, it was felt that there was too much unnecessary information available in the waiting room for patients and the PPG worked with the practice to remove out of date and extraneous leaflets and posters. They also worked with the practice to work out ways to decrease the number of patients not attending appointments. The strategy involved text reminders to patients about appointments, calls to patients who repeatedly missed appointments, information was also posted on the noticeboards and in the practice newsletter. We were told that the number of missed appointments was decreasing in response to this. They were in discussion with the GP IT (information technology) lead about setting up a social media site.
- The practice had gathered feedback from staff through staff meetings, a staff suggestion box, appraisals and discussion. Staff told us they would not hesitate to give

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example staff raised the issue at a meeting that some mornings could be very busy on reception. In response it was agreed that on such occasions an administration staff member would come downstairs to help out and this had had the effect of relieving the pressure on reception staff and improving the service.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The systems for analysis of significant events and complaints involved all staff and consultations were audited to allow staff to learn from them. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice financed and piloted the use of software to allow tracings from a continuous heart monitor to be downloaded to a phone and sent for analysis. As a result the clinical commissioning group had agreed to provide finance to allow all practices to purchase the software. They were exploring employing additional staff such as paramedic practitioners and had just employed a prescribing pharmacist. The practice had a policy of expanding the skill base of their nursing staff by supporting additional specialist training.