

Deer Park Family Medical Practice

Quality Report

Wollaton Vale Health Centre
Wollaton Vale
Wollaton
Nottingham
NG8 2GR
Tel: 0115 928 2216
Website: www.deerpark.nhs.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 Deer Park Medical Practice on 15 February 2015. 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 for dealing with information concerning safety. This included an effective system for reporting and reviewing significant events; although the recording of the learning outcomes needed to be strengthened.
- Risks to patients were assessed and well managed overall.
- Suitable arrangements were in place to ensure staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked closely with other health and social care teams and the local community to deliver coordinated care for patients.
- The practice had lower rates for outpatient referrals, hospital admissions and accident and emergency attendances when compared to the local average.
- The practice had effective systems in place for identifying and referring patients at risk of cancer. Data showed the practice had achieved high screening rates for cancer compared to local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. They also found it easy to make an appointment with a GP and urgent appointments were available the same day.
- This was reflected in the national GP patient survey results where 90% of respondents would recommend this surgery to someone new to the area.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- The practice had a clear vision which had equality, quality and safety as its top priority. High standards were promoted and owned by practice staff with evidence of team working across all roles.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff, patients and the patient participation group, and acted on suggestions made to improve the overall service.
- Ensure detailed and up to date records relating to the overall management of the regulated activities are kept. This includes meeting minutes, prescriptions held by doctors and business plans.
- Review arrangements in place to identify, assess and manage all risks including infection control for those areas of the building that are occupied and used by the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

There were areas of practice where the provider should make improvements:

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. However records were not always kept to evidence the discussions held and lessons learned.
- The practice had robust arrangements in place to safeguard patients from abuse and ensure enough staff were on duty to keep people safe.
- Appropriate recruitment checks had been carried out for staff including Disclosure and Barring Service (DBS) checks for those who acted as chaperones.
- There were effective systems and processes in place for the safe management of medicines.
- Risks to patients were assessed and well managed in collaboration with the health centre landlord/care taker. The practice however needed to strengthen its systems to ensure they had oversight of all the risks relating to infection control and the day to day running of the practice.
- The practice had a business continuity plan in place and suitable arrangements to deal with medical emergencies.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) and Public Health England showed the practice was performing highly when compared to other practices, both locally and nationally. For example, the practice had achieved high screening rates for cancer and achieved maximum points for most clinical indicators relating to long term conditions.
- Benchmarking data showed the practice had one of the lowest rates for prescribing, hospital admissions, secondary care referrals and accident and emergency (A&E) attendances within the CCG.
- Staff assessed the individual needs of patients and delivered care in line with current evidence based guidance.
- Systems were in place to ensure all clinicians were up to date with the National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

Good



Summary of findings

- We saw examples of full cycle clinical audits that were relevant to the needs of the practice population and on-going audit activity that had led to improvements in patient care and treatment.
- Effective multi-disciplinary working took place and feedback from external stakeholders was very positive.
- Arrangements were in place to ensure staff were supported with an induction, appropriate training, professional development and appraisals. Supervisory and peer support arrangements were also in place.

Are services caring?

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture and staff treated patients with kindness and respect. Patient and information confidentiality was also maintained.
- We received positive feedback from patients about the care and treatment they had received, and from the community health teams about the way staff treated patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The national GP patient survey results showed patients rated the practice higher than others for several aspects of care. For example:
 - - 90% would recommend this surgery to someone new to the area compared to the local average of 76% and national average of 78%.
 - - 86% said the last GP they spoke to was good at treating them with care and concern compared to the local and national averages of 85%.
- Information about the services available including support organisations was accessible to patients and easy to understand.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with NHS England, Nottingham city clinical commissioning group (CCG) and the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice hosted the obesity management service which was available to patients from other practices.

Good



Summary of findings

- The practice had one of the lowest rates of outpatient referrals and secondary care usage within Nottingham City CCG, in particular accident and emergency (A&E) attendances and admissions. Contributory factors included good access and effective review arrangements in place to minimise unplanned admissions or patients.
- The practice had a proactive approach to assessing and managing the different needs of its practice population. This included providing integrated and person-centred care in liaison with the community health teams and ensuring that reasonable adjustments were in place to promote equality.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could access appointments and services in a way and at a time that suited them. This was reflected in patient feedback received and the national GP patient survey results. For example, 88% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- Lower scores were achieved in respect of waiting times but the practice had plans in place to review this.
- Information about how to complain was available and easy to understand and records reviewed showed the practice responded appropriately to issues raised. Learning from complaints was shared with staff and other stakeholders; although limited records were kept to evidence this.

Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- There was a high level of staff satisfaction and teams worked together across all roles.
- There was an overarching governance framework which supported the delivery of good quality care. This included: the implementation of agreed practice policies and procedures; effective arrangements for monitoring practice data and performance; and suitable arrangements for assessing the quality of service provision.

Good



Summary of findings

- Regular staff meetings were held and the leadership encouraged staff to identify opportunities to improve the service delivered by the practice. Staff also told us the partners encouraged a culture of openness and honesty.
- Feedback from patients was proactively sought and acted on. The patient participation group was active and worked collaboratively with practice staff to drive service improvement.
- 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 had a high proportion (about 15%) of patients aged 70 and over, with multiple health needs and living alone. As a result, the practice was proactive in engaging with this patient group and other health and social care services to improve services and outcomes. This included facilitating multi-disciplinary meetings where patients at risk of hospital were discussed and their care plans were reviewed as part of the avoiding unplanned admissions programme.
- All patients aged 75 years and over had a named GP. The practice offered “enhanced tailored care” health checks and immunisations such as pneumonia and shingles when needed.
- Care and treatment of older people reflected current evidence-based practice. This included dementia screening.
- Nationally reported data showed the outcomes for conditions commonly found in older people were positive. For example, 100% of patients aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, were being treated with an appropriate bone-sparing agent.
- Longer appointments, home visits and urgent appointments were available for older people when needed, and this was acknowledged positively in feedback from patients.

Good



People with long term conditions

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

- The 2014/15 Quality and Outcomes Framework (QOF) data showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice had achieved the maximum points available to them for providing recommended care and treatment for patients with heart failure and hypertension. This was above the clinical commissioning group (CCG) and England averages.
- Nursing staff had lead roles in chronic disease management and offered reviews for conditions such as asthma, heart disease and hypertension.
- The practice staff were committed to working collaboratively with other providers to ensure patients received coordinated care and services. For example:

Good



Summary of findings

- Multi-disciplinary meetings were held regularly to review the needs of patients with end of life care needs; and patients at risk of hospital admission were identified as a priority.
- The practice worked with community specialist nurses who ran clinics at the practice for conditions such as diabetes.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met.
- 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 robust systems in place for identifying and following up children at risk of hospital admission or abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances were reviewed and child protection meetings were held to safeguard the patients from abuse.
- We saw positive examples of joint working with midwives, health visitors and school nurses. This included the delivery of maternity care clinics (ante-natal care, post-natal reviews and baby checks).
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had suitable arrangements in place to promote ease of access for this population group. For example, there was a range of routine and urgent appointments each day to enable parents and young people to book appointments at convenient times for them.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice engaged with teenagers via text messages and promoted access for under 16s (via parents) to book appointments, order prescriptions and cancel unwanted appointments.

Good



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).

Good



Summary of findings

- 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 offered online services which enabled patients to order repeat prescriptions, book and cancel appointments. Electronic prescribing was due to be tested in February 2016 before being made available to all patients.
- A full range of health promotion and screening that reflected the needs for this age group was offered. For example, the uptake of NHS health checks for patients aged 40 to 64 years and cancer screening was higher compared to the local and national averages.
- Extended opening hours were available every Tuesday (6.30pm to 8pm) for GP appointments and telephone appointments were also available.
- The practice offered services such as minor surgery and early morning phlebotomy appointments.
- Patients could access sexual health advice and services. This included family planning and fitting of intrauterine devices (IUD) such as coils and contraceptive implants.
- The practice hosted the obesity management service and this was accessible to patients registered with local GP practices.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients with a learning disability and a lead GP facilitated the annual health checks.
- Longer appointments were offered for patients with a learning disability and their carers.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people. Patients were signposted to various support groups and voluntary organisations when needed.
- Staff had received relevant training in safeguarding adults and children, domestic violence, learning disability and deaf awareness for example. Staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities in relation to information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff had quick access to clinicians if a patient contacted the reception in a distressed state.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- The practice carried out dementia screening and advance care planning for patients with dementia. The 2014/15 data showed 87.3% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 84% and the national average of 83.9%.
- An audit undertaken by the practice also showed 78% of patients with dementia had been reviewed in the past six months.
- 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.
- A total of 89.2% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed and documented care plan in the preceding 12 months. This was above the CCG average of 83.6% and national average of 88.3%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health and those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia. This included advising patients about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above the local and national averages for most areas. A total of 235 survey forms were distributed and 126 were returned. This represented 54% completion rate and 1.5% of the practice's patient list. Some of the survey results are detailed below:

What this practice does best:

- 90% of respondents would recommend this surgery to someone new to the area compared to a CCG average of 76% and national average of 78%.
- 88% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared to a CCG average of 81% and national average of 82%.
- 92% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared to a CCG and national averages of 86%.

What this practice could improve:

- 44% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 61% and national average of 65%.

- 47% of respondents with a preferred GP usually got to see or speak to that GP compared to a CCG and national average of 59%.
- 69% of respondents were satisfied with the surgery's opening hours compared to a CCG average of 77% and national average of 75%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We found no comment cards had been completed. This appears to have been due to the practice's patient survey being undertaken just before our inspection (14 January and 11 February 2016). We reviewed the practice patient survey of which 151 questionnaires had been received and 85% of the respondents reported being satisfied with the overall service received.

We spoke with eight patients during the inspection. All but one patient said they were happy with the care they received and thought staff were approachable, committed and caring. We also reviewed the practice's friends and families test results and a sample of comments made by patients. Overall, most patients were happy with the quality of care provided.

Areas for improvement

Action the service SHOULD take to improve

- Ensure detailed and up to date records relating to the overall management of the regulated activities are kept. This includes meeting minutes, prescriptions held by doctors and business plans.
- Review arrangements in place to identify, assess and manage all risks including infection control for those areas of the building that are occupied and used by the practice.

Deer Park Family 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 advisor and a practice nurse specialist advisor.

Background to Deer Park Family Medical Practice

Deer Park Family Medical Practice provides primary medical services to approximately 8200 patients through a Primary Medical Services (PMS) contract. The practice is located in the affluent suburb of Wollaton, in Nottingham. The level of deprivation within the practice population is below the national average.

Services are provided from a purpose built health care centre co-located with another GP practice and local community services. This includes health visitors, district nurses, community matron, midwives and care coordinators.

The clinical team comprises:

- Three GP partners (male); of which two partners offer seven sessions a week and another partner eight sessions a week
- Three salaried GPs (female); of which two GPs offer four sessions a week and one GP offers three sessions a weekly
- One nurse prescriber

- Two part-time practice nurses
- One part-time healthcare assistant

The administration team comprises of:

- A practice manager
- Practice secretary
- Clinical coder
- Coordinator
- Four receptionists
- An apprentice.

The practice is open between 8.30am and 6.30pm Monday, Wednesday, Thursday and Friday; and 8.30am to 8pm on Tuesday.

GP appointments are available from 8.30am to 12pm and 3pm to 6pm daily. Extended opening hours are offered on Tuesdays with appointments available until 7.45pm. Additional appointments are released for on the day emergency access and 48 hour access for people that need them. Extended surgery hours are offered on Tuesdays between 6.30pm and 8pm.

When the practice is closed patients are directed to the out of hours' service provided by Nottingham Emergency Medical Services at (NEMS) via the 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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

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 15 February 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, community health teams, administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed samples of the personal care or treatment records of patients to corroborate our inspection findings.
- Reviewed the practice survey and thank you cards where patients and family members shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

The practice had an open and transparent approach to reporting and managing significant events and near misses. Staff informed the practice manager of any incidents and a recording form was completed. The forms that we looked at showed an analysis of each event had been undertaken and information relating to the immediate action taken, risks and learning outcomes were recorded.

Staff we spoke with gave examples of significant events discussed at their meetings, the agreed learning and improvements made to prevent the same thing happening again. These covered areas such as medicines, communication and errors caused by other agencies.

However, discussions relating to the significant events were not always formally recorded in line with the practice's significant/critical policy. The policy stated "the meetings at which the events were discussed should be separately minuted and a detailed account of the discussion surrounding the event itself should be made within the body of the minutes". This was discussed with the practice leadership and they acknowledged this an improvement area and advised this would be implemented post our inspection.

The practice had an effective system in place for disseminating patient safety alerts and ensuring that appropriate action was taken as a result. For example, a sample of patient records we looked at showed the care and treatment of specific patients had been reviewed in response to an alert related to their condition and prescribed medicines.

Safety was also monitored using information from a range of sources, including the Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to be aware of the risks to patients' health and improve safety in the practice.

Overview of safety systems and processes

The practice had defined and embedded systems in place to keep patients safe and safeguarded from abuse. This included robust arrangements to safeguard children and vulnerable adults. For example:

- The practice had safeguarding policies that reflected relevant legislation and guidance. We saw examples where these procedures had been followed in practice.
- Policies and notices at strategic points within the practice showed who to contact for further guidance if staff had concerns about patients' welfare.
- Staff we spoke with knew how to identify, report and respond appropriately to suspected or actual abuse.
- Staff had received safeguarding and domestic abuse training that was relevant to their role and had attended the "Prevent" training in line with the government's Counter-Terrorism and Security Act 2015. This Act legally requires a range of organisations including health bodies to take steps to prevent people from being drawn into radicalisation.
- There were GP leads for safeguarding children, vulnerable adults and "prevent" to ensure strategic oversight of all safeguarding matters.
- Practice staff worked collaboratively with other health professionals such as the health visitor, district nurses and school nurses to protect the welfare of patients. Fortnightly multi-disciplinary meetings were held and patients identified at risk of abuse were discussed and their health and social care needs were reviewed. A traffic light colour coded system (green, amber and red) was also used to inform decisions about safeguarding children, young people and families.

Patients had access to chaperones if required and this was advertised in the waiting area and some consultation rooms. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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.

We observed the premises to be clean and tidy; and this was confirmed by patients we spoke with. The practice nurse was the infection control clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. Staff had received infection control training and were able to demonstrate ways they prevented and controlled the spread of infection.

The most recent infection prevention and control audit had been completed in June 2014 and the resulting action plan was reviewed in November 2014. Records reviewed showed action had been taken to address most of the identified

Are services safe?

improvements. Some of the remedial action was the responsibility of NHS property services (owner of building) and the health centre management who were subcontracted to manage the premises. Areas requiring strengthening included updating infection control policies, and this was in progress in liaison with the CCG. Although no annual audit had been completed in 2015, mechanisms were in place to ensure the regular monitoring of infection and control practices and this included monthly cleaning audits.

The arrangements for managing medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). This included high risk medicines and vaccinations. For example:

- Prescriptions were securely stored and there were systems in place to monitor their use; although prescription forms held by doctors were not always logged in and out.
- Patients we spoke with told us their prescriptions were processed in a timely way. This was reflected in the 2016 practice patient survey which showed 88% of respondents found ordering their prescriptions and medicines easy.
- One of the nurses was a qualified independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role.
- Medicines were stored securely and were only accessible to authorised staff.
- Temperatures were checked and recorded in accordance with the practice's processes. There was a clear policy to ensure that medicines were kept at the recommended temperatures. We saw appropriate action had been taken to dispose medicines when temperatures had risen above recommended ranges as a result of a power failure. Records reviewed showed advice had been sought from relevant external agencies and a formal notification was submitted. However, this had not been addressed as a significant event within the practice to ensure lessons were shared and to minimise the risk of this occurring again. This was discussed with the practice leadership and we were advised this would be completed post our inspection.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Records reviewed showed these had been signed by relevant staff and were in date.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, most staff files contained proof of identification, references, qualifications, occupational health self-assessments, registration with the appropriate professional body and appropriate DBS checks.

Monitoring risks to patients

The practice is located in Wollaton Vale health centre which is owned by NHS property services and managed by CityCare on a contractual basis. The practice staff told us CityCare took full responsibility for the management of the premises.

A range of risk assessments were in place for monitoring and managing risks to patient and staff safety. This covered areas such as fire drills and evacuation procedures, gas servicing, control of substances hazardous to health, water sampling and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

Suitable arrangements were in place to ensure sufficient staff with the right knowledge, experience and training were on duty. This included the use of a rota system to monitor the number and skill mix of staff needed to meet patients' needs. The roles and responsibilities of non-clinical staff had recently been reviewed with changes made to ensure efficient working arrangements and the delivery of a good service. Suitable arrangements were in place to ensure staff cover during unplanned/planned absences and clinical staff planned their leave to ensure there was adequate medical cover.

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 all computers which alerted staff to any emergency.
- All staff had received training in basic life support, cardio pulmonary resuscitation (CPR) and / or anaphylaxis.
- Although there was no defibrillator available on the premises, a risk assessment was in place detailing the available emergency services and mitigating action that would be taken. The practice were also in discussion

Are services safe?

with the health centre management regarding having a defibrillator onsite as this had the potential of being shared with another GP practice and other community services co-located within the centre.

- Emergency medicines including oxygen were easily accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- There was also a first aid kit and accident book available.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We found positive outcomes were achieved for patients through the delivery of effective care and treatment that met their needs. For example:

- Practice staff we spoke with and records reviewed showed patients' needs including their physical and / or mental health needs were assessed using current evidence based guidance.
- Care and treatment was then planned and delivered to meet patients' individual needs. This included working with other health and social care professionals to ensure patients received well-coordinated care.
- Staff had access to best practice guidelines issued by the local clinical commissioning group (CCG) and the National Institute for Health and Care Excellence (NICE).
- We saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- The practice monitored that these guidelines were followed through carrying out clinical audits, reviewing patient records and discussions during practice meetings.
- GPs also kept up to date with recommended guidance and best practice for areas they had special interests in. For example, sexual health and family planning, dermatology, cardiology and healthcare of the elderly.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.

The practice has consistently maintained a track record of high QOF performance over the last eight years with achievements above 96%. The most recent published results for 2014/15 showed the practice had achieved 96.6% of the total number of points available, with 5.4% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Performance in all areas was above or in line with local and national averages. For example, data from 2014/15 showed;

- Performance for mental health related indicators was 99.3% and this was 10.6% above the CCG average and 6.5% above the national average. The exception reporting rate was below the CCG and national averages for five out of the six mental health related indicators.
- Performance for dementia related indicators was 100% and this was 10.6% above the CCG average and 5.5% above the national average. A total of 82.1% patients diagnosed with dementia had been reviewed in a face-to-face review in the preceding 12 months.
- Performance for diabetes related indicators was 94.1% and this was 15% above the CCG average and 4.9% above the national average. The exception reporting rate for all indicators was at or below the CCG and national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 88.9%. This was 6.3% above the CCG average and 5.3% above the national average. The exception rate was 1.7% below CCG average and 1.8% below national average.
- Practice supplied QOF data for 2015/16 showed the practice was on track for achieving maximum points in most of the clinical areas.

The practice had an embedded culture of using clinical audits to improve patient outcomes and the quality of care provided. We saw several examples of audits completed in the last two years and these covered a range of clinical areas such as new cancer diagnosis, dementia annual review, rescue medication in patients with chronic obstructive pulmonary disease (COPD), asthma diagnosis and contraception (implants and intra-uterine devices) .

- We reviewed three completed audits in detail and these showed improvements were implemented and monitored.
- The practice participated in local audits, benchmarking and peer review.

The practice staff had a proactive approach to health promotion and prevention of ill-health. This included early identification of patients' health needs and ensuring that treatment within the primary care setting was initiated without delay. The impact of this work was reflected in the positive feedback received from patients, professionals we spoke with and the low referral rates to hospital. For example, benchmarking data reviewed at the time of the inspection showed out of 57 GP practices within the CCG, the practice had the:

Are services effective?

(for example, treatment is effective)

- second lowest number for all emergency admissions including preventable conditions
- second lowest number for accident and emergency (A&E) attendances during working hours and third lowest number for all A&E attendances and
- third lowest number for all outpatient referrals.

The practice accessed advice and support from the clinical commissioning group (CCG) pharmacist to ensure medicines optimisation. This also included carrying out regular medicines audits and reviewing prescribing data to ensure prescribing was in line with best practice guidelines for safe prescribing.

Effective staffing

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

- All newly appointed staff received an induction and this covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff were enabled to take part in learning and development so that they could carry out their role effectively. For example, staff had protected learning time and made use of e-learning training modules, in-house and external training.
- Staff received training that included: equality and diversity, learning disability and information governance awareness.
- The practice also ensured that staff received role-specific training and updating. For example, clinical staff reviewing patients with specific long-term conditions, administering vaccinations and taking samples for the cervical screening programme had received specific training.
- A support structure was in place for supervision and this included one to one sessions, group meetings, appraisals, mentoring, clinical supervision and revalidation for GPs. Clinical staff told us they had easy access to clinical supervisors for advice and help.
- Arrangements were in place to ensure staff received an annual appraisal. Appraisals we looked at showed a development plan was in place for identified learning needs.

Coordinating patient care and information sharing

The practice worked collaboratively with other health and social care professionals to assess and plan the ongoing care and treatment of patients; and to ensure efficient ways of delivering integrated care for patients.

For example, a risk stratification tool was used to identify patients at high risk of hospital admission and a weekly meeting was held with the district nurses, the community matron and care coordinator to review the patients' needs and ensure appropriate support was in place. Information relating to the admission, discharge and transfer of patients was also discussed during these meetings. All these patients had a named GP and we saw examples of care plans that were routinely reviewed and updated. An internal alert process was in place to ensure the named GP for each patient identified at risk of hospital admission was informed of any changes to their health and hospital admissions.

Staff were particularly proud of the positive outcomes achieved for patients as a result of the integrated care provided with other services co-located within the health centre. The health professionals we spoke with were overwhelmingly positive about the working relationship with practice staff and felt suitable arrangements were in place to facilitate effective communication and coordinated care for patients.

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 intranet system.

- This included medical records, investigation and test results and care plans.
- The practice had an effective process and clear audit trail for the management of information received from other services in respect of changes to patients' medicines.

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.

Are services effective?

(for example, treatment is effective)

- 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 record audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients with end of life care needs, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service and local support groups. For example:

- The practice hosted the obesity management service. Patients registered with the practice and from the local area could access this service. This ensured patients could access services closer to home and reduce the burden on hospital services.
- Approximately 11.5% of the practice population were recorded as being smokers and over 80% had been offered smoking cessation advice and also signposted to the New Leaf services. New Leaf is an NHS service in Nottinghamshire offering free and confidential support and advice to smokers who want to quit.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Screening rates were very high when compared to other GP practices within the Nottingham City CCG; despite a high prevalence of cancer as expected in their elderly population. The practice achieved the high cancer screening rates through a proactive approach of identifying patients at risk and ensuring that appropriate referrals were made. The practice had a two week wait referral rate of 2352 per 100 000 population and this was below the CCG average of 2488 and national average of 2708.

Records reviewed showed the practice had achieved almost double the local average detection rate of cancers

from their two weeks wait referrals. Contributory factors included healthier lifestyles of patients (fewer smokers), the high levels of screening uptake, early detection and timely referral by the GPs.

The 2014/5 Public Health England data showed the practice's cancer screening was above CCG and national averages. For example:

- 83.2% 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 71.9% and national average of 72.2%.
- 78.5% of females aged between 25 and 64 years had a record of cervical screening within the target period compared to a CCG average of 74.6% and national average of 74.3%.
- 66.6% of patients 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 53.6% and national average of 57.9%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.6% to 100% and five year olds from 86.8% to 100%. The practice's childhood immunisation rates were consistently good despite staff having to initiate the UK vaccination schedule for unvaccinated children that were family members of overseas mature students registered with the practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A total of 283 health checks had been completed since January 2014. The uptake of health checks for those with long term mental ill health was above the national average.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We spoke with eight patients including one member of the patient participation group (PPG) during our inspection. The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. All but one patient told us they were satisfied with the care provided by the practice. They also felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Feedback from community health teams including the care coordinator and district nurses was consistently positive about the way staff treated people.

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Staff we spoke with gave examples of where they had gone the extra mile to support patients with their health and social care needs. This was confirmed by the positive patient feedback we received and records reviewed including thank you cards. For example, one GP was complimented for fixing televisions for older people during home visits and practice nurses frequently came in early or stayed late to accommodate working patients and those who needed dressings.

The practice had undertaken a patient survey between 14 January and 1 February 2016; and 85% patients said they were happy with the overall service received from the practice. This was also reflected in the friends and family test results.

We reviewed the results from the national GP patient survey published in January 2016. A total of 235 surveys were sent out and 126 patients responded representing a completion rate of 54%. The results showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the local and national averages for all of its satisfaction scores on consultations with GPs and nurses. For example:

- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 91% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.

- 88% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 97%.
- 95% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 95% said the nurse gave them enough time compared to the CCG average of 93% and national averages of 92%.

Satisfaction scores for interactions with reception staff were also in line with the CCG and national averages:

- 92% said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

The practice had measures in place to maintain the dignity of people who used the service. This included ensuring the environment allowed privacy for the individual care and treatment provided.

- 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Care planning and involvement in decisions about care and treatment

Most patients we spoke with 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.

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 slightly above the local and national averages. For example:

Are services caring?

- 92% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared to a CCG and national averages of 86%
- 88% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care compared to a CCG average of 81% and national average of 82%
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 92% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.

Written information directing patients to various avenues of support available to them was available in the reception and patient waiting areas. For example, there was information related to a number of support groups and organisations for people with dementia, those experiencing poor mental health and a range of long term conditions.

The practice recognised the important role played by carers in providing support to their patients. They had designated staff as carers champions and carers' information leaflets available. The practice's computer system alerted clinicians if a patient was also a carer and appropriate health checks were offered. The practice had identified 51 patients which equated to 0.62% of the patient list. The demographics of the practice population impacted on the ability to identify more carers. For example, the practice is located in Wollaton, an affluent suburb of Nottingham and there are high numbers of older people living independently, alone and / or with private arrangements in place for care.

Staff told us if families had experienced bereavement, their regular GP contacted them if this was considered appropriate. This call included giving them advice on how to find a support service and offering follow-up appointments at a flexible time and location to meet the family's needs.

Staff told us that translation services were available for patients who did not have English as a first language if needed.

Patient and carer support to cope emotionally with care and treatment

Patient feedback showed staff responded compassionately when they needed help and provided support when required. This included regular follow-up of patients experiencing poor mental health, older people living on their own and people whose circumstances made them vulnerable. This was also aligned with the national GP patient survey results. For example:

- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.

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 the Nottingham city clinical commissioning group (CCG) to ensure its services were accessible to different population groups. The practice ensured that patient's individual needs and preferences were considered in the planning and delivering of services. For example:

- The practice provided a range of services for its own patients and those registered with other local GPs under the any qualified provider (AQP) scheme. AQP enables patients that have been referred for a specific service to choose from a list of qualified providers who meet NHS service quality requirements. Appointments were offered for dressings, phlebotomy, ear syringing, and electrocardiogram (ECG) testing (this is a test used to check a patient's heart rhythm and electrical activity) for example.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- A nurse triage service was offered to patients with a requirement for an urgent appointment and / or serious medical condition. This service was available Monday to Thursday each morning. The independent nurse prescriber contacted the patient to understand the urgent need and ensured they were seen by them or a GP on the same day.
- The practice offered extended hours surgery on Tuesday evenings (6.30pm to 8pm) to facilitate access for working people and this service was unfunded by the CCG.
- Consultation rooms were situated on the ground floor and reasonable adjustments had been made to the premises and services to meet the needs of people with disabilities. Staff had also received training in improving equality of access, deaf awareness and chaperoning.
- The practice used text messaging services to allow two-way interactive communications with patients regarding their health and available services. For example:

- use of text messages to confirm and cancel appointments.
- young patients (aged 14 to 19) with asthma were also asked about their smoking status via text. Staff recognised young people were more likely to give accurate information

than if they were present with parents in the GP consultation. This information was then used to inform the support and advice given to the young patients. The practice had implemented safeguards to ensure compliance with information governance and consent.

- The practice had one of the lowest rates for accident and emergency (A&E) attendances and emergency admissions in Nottingham City despite a high number of elderly patients with multiple co-morbidities and close proximity to a large hospital. Feedback from staff and records reviewed showed contributing factors to this positive outcome for patients included: good access arrangements; good clinical care; and effective review arrangements in place for patients at risk of hospital admission and multiple attenders. The practice also liaised with other health and social care professionals to ensure integrated care for patients.
- The practice was based in a health centre where other local community teams were based. This included district nurses, the community matron, care coordinators and health visitors. Professionals we spoke were complimentary of the responsiveness of practice staff in reviewing patient needs and ensuring prompt care was provided.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the do not attend practice policy was updated following review by the PPG and suggestions were made about follow-up procedures with the patients who had not attended their appointments.

Access to the service

The practice was open between 8.30am and 6.30pm Monday, Wednesday, Thursday and Friday; and 8.30am to 8pm on Tuesday.

GP appointments were available from 8.30am to 12pm every morning and 3pm to 6.30pm on Monday; 3pm to 7.45pm on Tuesday; and 3pm to 6pm Wednesday to Friday. Appointments were bookable by phone, in person or via the practice website. We saw that practice staff had the flexibility to add additional sessions and appointments when this was needed. GP appointments were available up

Are services responsive to people's needs?

(for example, to feedback?)

to six weeks in advance for routine appointments. Additional appointments were released on the day for emergency access and 48 hour access for people that needed them.

- Longer appointments were available for patients with a learning disability and those who would benefit from these.
- Home visits were available for patients who were physically unable to attend the surgery for an appointment.

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

The national GP patient survey results showed most of the respondents were able to get appointments at a time which suited them; and access to care and treatment was comparable to local and national averages. For example:

- 96% said the last appointment they got was convenient compared to the CCG and national averages of 92%.
- 77% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 76% described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

The national survey results also showed areas the practice could improve on and this included waiting times, access to the same GP and opening hours. For example:

- 44% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 61% and a national average of 65%.
- 48% felt they don't normally have to wait too long to be seen compared to the CCG average of 54% and national average of 58%.
- 47% of respondents with a preferred GP usually got to see or speak to that GP compared to a CCG and a national average of 59%.

- 69% of respondents were satisfied with the surgery's opening hours to a CCG average of 77% and a national average of 75%.

The practice were very much aware of the above low satisfaction scores and were working together with the PPG to address these areas. Patients we spoke with confirmed their health needs were usually dealt with in one appointment and recognised this overlapped their 10 minute appointment time and meant a longer wait for others.

Additionally, one of the senior GP partners had reduced their working hours and availability to patients. The practice was in the process of increasing doctor and nursing hours to match the increasing list size. The practice list size had increased by about 400 patients over the past nine months; with 200 patients having joined in the last two weeks due to a proposed closure for a neighbouring practice.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception and information about the complaints process was visibly displayed in the waiting areas.

The practice had recorded 16 complaints within the last twelve months. We looked at seven complaints in detail and found these were dealt with in an open and transparent way. Although all staff we spoke with were able to confirm that complaints were regularly discussed within the practice, there were limited meeting minutes to reflect this. The available records we looked at showed lessons were learnt from concerns and complaints, and that appropriate action was taken as a result to improve the quality of care. For example, policies and procedures were amended and training was provided to staff to reduce the risk of reoccurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The vision and values were set out in a statement of purpose. All the staff we spoke with were aware of the vision and how it informed their day to day work. The mission statement included promoting equal access to services for all patients, working with other providers to achieve the best outcomes for patients and providing a safe working environment for all staff.

There were arrangements in place to monitor performance against the vision including several action plans resulting from audits and the recent patient survey. For example, installation of a new telephone system had been agreed for March 2016 to improve patient experience. Plans were in place to ensure a formalised strategy and supporting business plans which fully reflected the vision was shared with relevant staff to promote ownership.

The practice leadership were very much aware of the challenges affecting their service and considered ways to address this. For example, delivering enhanced services on a local level due to the limited space, increase in the practice list and clinical workload. Succession planning had been discussed and formalised plans were yet to be agreed.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the practice performance was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- Suitable arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place although this needed to be strengthened to ensure they were robust.

We found the governance and performance management arrangements were under constant review and the practice actively sought out and used data from a wide range of sources to improve patient outcomes. For example, GP partners had lead roles in ensuring the on-going review of benchmarking data including the Quality Outcomes Framework (QOF) data; and they assessed the implication for service improvement and patient care. GPs also reviewed patients who did not attend for their appointments or those who were not compliant with prescribed care and treatment.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and took the time to listen to them.

There was a clear leadership structure in place and staff felt respected, valued and supported by the leadership.

- We found there were high levels of staff satisfaction and staff were proud to work for the provider. This was also reflected in the low rate of staff turnover which offered continuity of care for patients.
- The practice held regular team meetings (both formal and informal) although these were not always recorded. Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff we spoke with told us practice decisions were team decisions and they were involved in discussions about how to run and develop the practice.
- Staff also told us there was an open culture within the practice and honesty was promoted. They also felt they had a good relationship with the patients.

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, staff and other professionals they worked with. Staff 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), practice surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. The PPG had been involved in assisting patients to use the self-arrival screen, managing patient information boards within the practice, reviewing and suggesting the content on the practice website.
- The practice had implemented the friends and family questionnaires in December 2014 as per national guidance. A total of 452 patients had responded to date with 95.36% of patients likely to recommend the GP service to friends and family.
- In addition, the national GP patient survey results for January 2016 showed 90% of respondents would recommend this surgery to someone new to the area compared to the local average of 76% and national average of 78%.
- The practice had gathered feedback from staff through meetings, 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, administrative staff had been consulted in the restructure of the team to improve efficiency.

- Formal meetings were held regularly and informal meetings were held daily prior to the start of GP surgeries and / or at lunchtime. Staff told us this offered them opportunity to debrief and support each other as needed.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. One of the GP partners attended the monthly CCG board meetings which enabled them to be aware of service developments within the local area. The practice had facilitated placements for non-clinical apprentices for seven years. Apprentices were also supported with compiling curriculum vitae, preparing for interviews and employment. The practice manager also attended monthly locality meetings for practice managers which enabled them to access peer support and ensure they were kept up to date with relevant information and learning.

The practice team engaged with the clinical commissioning group (CCG) and NHS England to improve outcomes for patients in the area. For example; future plans for the practice included:

- Engagement with the Nottingham GP federation which would offer an opportunity to work collaboratively with other services so as to improve the delivery of care and outcomes for patients.
- Engagement with NHS England in relation to becoming a beacon site for the online access project.
- The possibility of employing a healthcare assistant apprentice as part of the Nottingham University Hospital project.