

Astley General Practice

Quality Report

Astley General Practice
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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?

Outstanding



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 Astley General Practice on 23 May 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients were truly respected and valued as individuals and were empowered as partners in their care. Feedback from patients about their care was consistently positive.
- The practice had a proactive patient participation group (PPG) who supported the community and patients. 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 PPG. For example the recent renovation and redecoration of the surgery was implemented by the practice in cooperation with the PPG.
- Patients we spoke with 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.
- The practice had strong and visible clinical and managerial leadership and governance arrangements, and the leadership, governance and culture were used to drive and improve the delivery of high-quality person-centered care.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw several areas of outstanding practice:

- The practice had recognised that loneliness can impact on the health and wellbeing of its patient population and had addressed this through community integration. This had been driven by the practice and the PPG. It had included the production of a comprehensive newsletter which had been distributed across the population, offering patient transport to those who had difficulty in attending the practice and facilitating social events both in the practice and the local community hall. We saw evidence that this had reduced social isolation and increased well-being for several patients, especially those who were housebound. Staff in co-operation with other patients had collected and returned patients from their homes. Any monies raised from these events were given to local and national charities.
- The practice had a very active PPG which showed a person centred culture for the patients and care they received. There was evidence of a strong engagement within the local community to help local patients and the local community. The group had strong leadership from both the chair and vice chair, worked

collaboratively with the local community to help support local events, offered dementia sessions to families to help care for loved ones and invited all housebound patients to participate in PPG meetings, and offered to provide transport for them. They also produced a comprehensive newsletter that was sent to all patients registered with the practice. The recent renovation and redecoration of the surgery was implemented by the practice in cooperation with the PPG.

- The practice identified that the need to promote lesbian, gay, bisexual, and transgender (LGBT) information and services for those patients. The practice staff had received training and there was a LGBT notice board in the waiting area that promoted LGBT patient inclusion in the practice, had information on LGBT matters and signposted them to appropriate available services. LGBT patients commented on how they considered the new patient process for them to be welcoming and inclusive. This work had been accredited by the LGBT foundation, a charity based in Manchester, and the practice received their “pride in practice” silver award for this.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had good arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as outstanding for providing caring services. We observed a strong patient-centred culture:

Outstanding



- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Summary of findings

- Staff were fully committed to working in partnership with patients.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The Practice held charity events to encourage patients to come together and to help reduce social isolation.
- There was a staff member nominated as the dedicated carers' champion who maintained a carers' register and signposted those patients accordingly to the appropriate support service.
- The practice worked with the local Integrated Neighbourhood Team (INT) to ensure their patients were cared for in the community, offering extra support where needed and reducing isolation.
- The practice had a proactive patient participation group (PPG) who supported the community and patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from the examples reviewed 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.

Good



Summary of findings

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us that they felt empowered to make suggestions and recommendations for the practice.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The leadership team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice had a proactive patient participation group (PPG) who supported the community and patients. The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. GPs had attended training sessions in end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- All the diabetes indicators we reviewed from Quality and Outcomes Framework (QOF) data were above the CCG and national averages.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- The organisation SSP also had an in house pharmacist who was the pharmaceutical advisor available to support all practice staff.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice had an early year fact sheet for all new parents in the practice, providing information around vaccination schedules, breast feeding, cervical cytology screening and other health related information. This was also sent with a congratulations letter to all new parents.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, , for

Good



Summary of findings

example, appointments were available one evening a week until 7.30pm and the practice participated in a local extended hours hub in where patients could access GP services in the evening and on Saturdays and Sundays.

- 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.

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 an “Important patient” register which included vulnerable patients, carers, drug monitoring, learning disabilities, military veterans, deprivation of liberty safeguards (DOLs), cancer, gold standard framework (GSF), childhood asthma and those patients who were housebound. End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice offered an in house counselling service available to all patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Good



People experiencing poor mental health (including people with dementia)

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

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Good



Summary of findings

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People experiencing poor mental health (including people with dementia)

Good

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

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the clinical commissioning group (CCG) and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was variable compared to the local and national averages. 276 survey forms were distributed and 108 were returned. This represented approximately 4% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared with the CCG average of 88% and the national average of 85%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 79% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all extremely positive about the standard of care received. Several patients commented that they had asked for advice about both clinical and non-clinical issues and had received advice and guidance from staff which they considered to be above what was required of staff.

We spoke with one patient during the inspection who was a member of the patient participation group (PPG). They were satisfied with the care they received and thought staff were approachable, committed and caring. Information from the "Friends and Family Test" indicated that the all of patients completing the form were extremely likely or likely to recommend the practice to others.

Outstanding practice

- The practice had recognised that loneliness can impact on the health and wellbeing of its patient population and had addressed this through community integration. This had been driven by the practice and the PPG. It had included the production of a comprehensive newsletter which had been distributed across the population, offering patient transport to those who had difficulty in attending the practice and facilitating social events both in the practice and the local community hall. We saw evidence that this had reduced social isolation and increased well-being for several patients, especially those who were housebound. Staff in co-operation with other patients had collected and returned patients from their homes. Any monies raised from these events were given to local and national charities.
- The practice had a very active PPG which showed a person centred culture for the patients and care they received. There was evidence of a strong engagement within the local community to help local patients and the local community. The group had strong leadership from both the chair and vice chair, worked collaboratively with the local community to help

support local events, offered dementia sessions to families to help care for loved ones and invited all housebound patients to participate in PPG meetings, and offered to provide transport for them. They also produced a comprehensive newsletter that was sent to all patients registered with the practice. The recent renovation and redecoration of the surgery was implemented by the practice in cooperation with the PPG.

- The practice identified that the need to promote lesbian, gay, bisexual, and transgender (LGBT) information and services for those patients. The practice staff had received training and there was a LGBT notice board in the waiting area that promoted LGBT patient inclusion in the practice, had information on LGBT matters and signposted them to appropriate available services. LGBT patients commented on how they considered the new patient process for them to be welcoming and inclusive. This work had been accredited by the LGBT foundation, a charity based in Manchester, and the practice received their "pride in practice" silver award for this.

Astley General Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser.

Background to Astley General Practice

Astley General Practice provides primary care services to its registered list of about 2850 patients.

The surgery has suitable facilities with disabled access.

The surgery is open Monday to Friday:

Monday 8am to 7:30pm

Tuesday 8am to 6:30pm

Wednesday 8am to 1pm

Thursday 8am to 6:30pm

Friday 8am to 6:30pm

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

There are three GPs (two female and one male), supported by a practice nurse who provide clinical care to the patient

population. There is also a practice manager and reception team. There is regular support for the practice from senior leadership team, including clinicians and managers, at SSP Health.

The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of NHS Wigan Borough CCG. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. It offers direct enhanced services that include minor surgery, accountable GP, learning disabilities, pertussis for pregnant women, hepatitis B for new born babies, the childhood vaccination and immunisation scheme, meningitis provision, and influenza and pneumococcal immunisations

The practice is part of SSP Health GPMS Ltd, a federated organisation and benefits from support from the leadership and governance teams. The practice has access to support and leadership from a nursing lead and pharmacist as well as access to human resources, auditing and finance teams.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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 23 May 2017. During our visit we:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke with clinical and non-clinical staff, patients, a member of the Patient Participation Group (PPG) as well as staff from SSP Health GPMS.
- Reviewed patient survey information.
- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system 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).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. There was evidence of a review of all significant events. These include a review of new cancer diagnoses and deaths. There was clear evidence of open discussion and learning. The minutes were comprehensive and any staff not at the meeting could learn from these. They share all these with the CCG via the online reporting tool. The practice also monitored trends in significant events and evaluated any action taken. The practice carried out a thorough analysis of the significant events.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice were also able to seek advice and guidance from the SSP safeguarding

lead. From the documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had a system for managing safety alerts from external agencies. For example those from the Medicines and Healthcare Products Regulatory Agency (MHRA). These were reviewed at practice meeting by clinical staff and the practice manager and action was taken when required.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits. There was a pharmacist from SSP

Are services safe?

who worked with the practice to support regular medicines audits and 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 to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice had a robust system for safe prescribing of high risk drugs. They ran regular background searches for Disease-modifying anti-rheumatic drugs (DMARDs), amiodarone, digoxin, warfarin and lithium. The prescriptions for these were done as acute only for additional safety. Patients on these drugs were included in their "Important Patient Register".

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. SSP head office was responsible for appropriate recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had good arrangements to respond to emergencies and major incidents.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 99% of QOF points available compared to the CCG average of 97% and national average of 95% and with 6.3% exception reporting which was below the CCG and national averages. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Examples from the latest published data showed:

- Performance for diabetes related indicators were above the CCG and national averages. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80mmHg or less was 94% compared to CCG average of 83% and the national average of 78%.
- Performance for mental health related indicators was comparable to the CCG and national averages. For example 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months which was comparable to the CCG average of 91% and national average of 88%.

- Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the CCG at 100% (2% above the CCG and 4% above the national averages).

We reviewed evidence at the practice that they had achieved a 100% and maintained low exception reporting for QOF results for 2016-17. We also saw evidence of the practice participating in the Wigan Quality and Engagement Scheme. This was a quality practice scheme over and above QOF with modules which included childhood asthma, emergency admissions, flu vaccination. These were all incorporated in the "important patient" register.

There was evidence of quality improvement including clinical audit:

- There had been a range of full cycle and single cycle clinical and non-clinical audits completed in the last two years. Audits had been identified from clinical events, CCG data and review of new clinical guidance. We were provided with examples of completed audits where the improvements made were implemented and monitored, including appropriate prescribing of medicines.
- The practice also carried out non clinical audits which looked at for example, patient access and referrals.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.
- The practice used data to effectively monitor and improve outcomes for patients.
- A pharmacist provided support to the practice. They ran prescribing safety checks and audits, where any issues were highlighted these were passed to a GP to act on. Outcomes of audits were discussed routinely during clinical meetings within the practice.
- The practice also worked with set performance indicators set by the provider SSP and met with the provider and colleagues within the organisation to benchmark, monitor and review quality on a monthly basis.
- Information about patients' outcomes was used to make improvements such as the clinical IT system having an alert set up for all GP to ensure safe prescribing of high risk medicines following from advice given from an alert.

Are services effective?

(for example, treatment is effective)

- The practice held an “Important patient” register which included vulnerable patients, carers, drug monitoring, learning disabilities, military veterans, deprivation of liberty safeguards (DOLs), cancer, gold standard framework (GSF), childhood asthma and those patients who were housebound. This was to ensure that these groups of patients had additional systems in place for monitoring them. This was regularly maintained and provided clinicians with appropriate information in a timely manner to treat patients accordingly. Patients on the register had alerts on their patient record to ensure those who needed prompt intervention can access this easily. These patients were also regularly discussed at the integrated neighbourhood team (INT) meeting. We saw several examples of how this register had benefitted patients such as early intervention for several patients who had a relapse in mental health and assisting patients who were carers to complete documentation that supported both their health and social needs.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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.
- We saw evidence that Locum GPs used by the practice had received a thorough induction into the practice clinical and non-clinical routine ways of working. There was a comprehensive induction pack and policy which included contact numbers and consultation audits to ensure that locums work safely.
- 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, by access to on line resources, nurse and clinical leads with SSP, and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- The practice had identified additional responsibilities for staff so they could focus on key patient groups. These were known as staff champions and included staff who took the lead for bereavement support and advice, carer support and there was a cancer champion. The cancer champion closely monitored all two week wait suspected cancer referrals and supported patients through their cancer journey. These vulnerable patients were proactively and regularly contacted by the practice to ensure they received the appropriate support, timely intervention when necessary and the care they needed. We saw examples of how this had helped the patient population.
- 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. We also saw evidence of further enhanced training for clinical staff in the area of female genital mutilation (FGM).
- The practice had operated an apprentice scheme for reception staff. The scheme had led to employment post scheme in this practice.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Are services effective?

(for example, treatment is effective)

moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients 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.

The practice's uptake for the cervical screening programme was 92%, which was above the CCG average of 84% and the national average of 82% with a lower rate of exception reporting than the CCG and national averages.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, 97% of two year olds and 97% of 5 year olds had received immunisations. Some

children from Eastern European countries did not follow the immunisation schedule in England. The practice sought guidance from Public Health for this group of patients.

There was a policy to offer telephone or written 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 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. There were failsafe systems 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.

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.

The practice had an early year fact sheet for all new parents in the practice, providing information around vaccination schedules, breast feeding, cervical cytology screening and other health related information. This was also sent with a congratulations letter to all new parents.

The practice had a wide range of health and social care information which included a welcome pack for new patients. This explained about the practice and their processes with literature that included information on antibiotics, cytology, childhood immunisations, COPD and Heart Failure. These were also available in Czech, Polish, Bulgarian and Hungarian languages.

The practice produced a newsletter which was circulated to the patient population. It included information about appointments and screening programmes, general health advice as well as information about how the practice worked with the local community. The newsletter also contained information about any environmental changes to the practice, opening times and how to complain if needed.

The practice worked with the community link worker (CLW). The CLW took referrals for patients who needed extra help, but not necessarily medical help. It varied from advice on

Are services effective?

(for example, treatment is effective)

benefits to social issues such as loneliness and not knowing which services were available and how they could be accessed. This service worked in co-operation with Age UK so that patients over 65 were linked to the services available through them.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 27 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Several patients commented that they had asked for advice about both clinical and non-clinical issues and had received advice and guidance from staff which they considered to be above what was required of staff.

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

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

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 79% of patients said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 80% of patients said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

We saw evidence that the practice had analysed the results of the survey and had put actions together to address the shortfalls.

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 also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 generally above the local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% the national average of 82%.



Are services caring?

- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The electronic referral service was used with patients as appropriate. (The national electronic referral service gave patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice monitored and peer reviewed referrals made by clinicians to ensure they were appropriate and carried out in appropriate time frames.

Patient and carer support to cope emotionally with care and treatment

The practice had a very active patient participation group (PPG), which showed a person centred culture for the patients and care they received. There was evidence of a strong engagement within the local community to help local patients and the local community, the group:

- had a very proactive and strong chair,
- worked collaboratively with the local community to help support local events,
- offered dementia sessions to families to help care for loved ones,
- engaged with the carers support team to offer support and help,
- hosted local charity events for community and patients,
- invites all housebound patients to participate in PPG meetings and provided transport if required,
- offered support for young carers in the community,
- had over 60 registered PPG members of which 10 were regular attendees at meetings and the remainder contribute via email as virtual members.
- Minutes were sent to all members and there were also replies of actions from the emails sent out.

- Sent a quarterly newsletter sent to all patients.

The practice worked as part of the integrated neighbourhood team (INT), the aim was to ensure patients were cared for in the community to help reduce loneliness and ensure the wellbeing of the patients. The practice worked closely with other teams in the community for example, district nurses and complex care nurses along with the INT coordinator.

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. Support for isolated or house-bound patients was monitored and these patients were included within the practice 'important patient' list

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers (approximately 3% of the practice list). There was a Carers Champion within the practice who maintained a carers' register and signposted those patients accordingly to the appropriate support service. There was a dedicated carers information board within the waiting area.

Carers were provided with an annual health review and where it was difficult for carers to attend the practice for appointments due to caring responsibilities, home visits were available.

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

The practice had recognised that loneliness can impact on the health and wellbeing of its patient population and had addressed this through community integration. This had been driven by the practice and the patient participation group (PPG). It had included the production of a comprehensive newsletter which had been distributed across the population, offering patient transport to those who had difficulty in attending the practice and facilitating social events both in the practice and the local community hall. We saw evidence that this had reduced social isolation and well-being for several patients, especially those who



Are services caring?

were housebound. Staff in co-operation with other patients had collected and returned patients from and to their homes. Any monies raised from these events were given to local and national charities.

The practice identified the need to promote lesbian, gay, bisexual, and transgender (LGBT) information and services for those patients. The practice staff had received training and there was a LGBT notice board in the waiting area that promoted LGBT patient inclusion in the practice, had information on LGBT matters and signposted them to

appropriate available services. LGBT patients commented on how they considered the new patient process for them to be welcoming and inclusive. This work had been accredited by the LGBT foundation, a charity based in Manchester, and the practice received their “pride in practice” silver award for this.

The practice worked closely with local pharmacy to offer educational talks, to help the elderly reduce medication stock piling.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- The practice had been using a text to cancel system since 2013, providing patients with an option to text the practice to cancel appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- There was parking for patients and disabled parking spaces were also available.
- 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 surgery was open Monday to Friday:

Monday 8am to 7:30pm

Tuesday 8am to 6:30pm

Wednesday 8am to 1pm

Thursday 8am to 6:30pm

Friday 8am to 6:30pm

Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hours service which was provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients could access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

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

- 81% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 90% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 62% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

Comments from patients on the CQC comment cards confirmed that they were able to get appointments when they needed them.

The practice had a system to assess:

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

This was achieved by the GP triage, in which a GP would telephone the patient or carer in advance to gather information to allow an informed decision to be made on

Are services responsive to people's needs?

(for example, to feedback?)

prioritisation according to clinical need. 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 a system 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.

- We saw that information was available to help patients understand the complaints system.

There were no complaints received in the last 12 months, however we noted there were also compliments recorded in the process. We looked at historic complaints where a response was required and these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and

complaints and action was taken to as a result to improve the quality of care. For example, we reviewed the annual compliments and complaint log where there is a clear action log documented.

An annual analysis of all compliments and complaints was carried out to identify any patterns or trends.

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 leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. This aligned with the overarching values of the provider, SSP Health GPMS Ltd.
- Practice staff had been consulted on the mission statement and values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was proactively engaged with the local Clinical Commissioning Group (CCG) by having attendance at meetings and forums to ensure services met the local population needs.
- The practice and PPG worked together as partners for patient engagement and ensured that any changes to both clinical and non-clinical practice were circulated across the wider patient population.

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 and ensured that:

- The practice was part of SSP Health GPMS Ltd, a federated organisation and benefited from support from the leadership and governance teams. The practice had access to support and leadership from, for example a dedicated medical director, nursing lead and pharmacist as well as access to human resources, auditing and finance teams.
- The practice had access to SSP Health's safeguarding adviser who was able to give additional guidance on complex safeguarding issues to the practice.
- The practice had daily clinical and non-clinical management support from within the practice, but also had a failsafe support network from SSP in the event of any unplanned absence. There was always both clinical and non-clinical advice available in this case.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, nurses, practice management and administrative support staff had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice manager also attended meetings with SSP to review the practice performance. They then provided feedback to the team any relevant developments within the organisation as a whole.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. This was supported by a dedicated audit team within SSP.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings a structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the leadership team from the practice and SSP Health demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the leadership team were approachable and always took the time to listen to all members of staff.

The practice had benefitted from being part of the wider federated organisation, SSP Health. Although a small practice they had been able to call upon the wide ranging support available when required to ensure continuity of care. This included both clinical and administrative support and offered access to shared learning, training, mentoring and personal development. We saw examples of how this federated model had reduced isolation for the practice by sharing good practice.

SSP Health offered an incentive scheme across the organisation for administrative and nursing staff. This was

Are services well-led?

Good 

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

awarded to teams who met their key performance indicators for health outcomes and patient satisfaction. The incentive was an extra week's annual leave and this practice had successfully achieved this for several years.

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The leadership team encouraged a culture of openness and honesty. From the documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the leadership team in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. These conversations with staff had led to the services provided for the LGBT patient community.
- Staff we spoke with told us that protected time was given to them to undertake training and personal development. The practice had a defined training plan for all staff to ensure that their development needs were met.

The practice had systems and processes in place to share good practice and for peer support. This included meetings to discuss significant events, peer review of referrals, audits and to collaborate to deliver local initiatives and enhanced services. Both staff and patients had benefited from this style of shared working. In the event of an emergency appointment being unavailable at the practice locally then an appointment was made available from the wider SSP network of practices. Minor surgery was also offered across several sites for patients. This had demonstrated better recruitment as this allowed portfolio GP careers. A portfolio GP career can give great personal satisfaction by enriching a doctor's skill base, presenting new challenges, and reducing the risk of burnout. The practice lead GP told us they had benefitted from this approach and felt safe and supported in their role. This had also improved safe clinical practice because nobody was working in isolation because there was a wider support network available at all times.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints. The PPG met on a regular basis. It was a proactive PPG which discussed proposals for improvements with the practice management team. These included discussions on the appointment system, charitable events and the practice building.
- The NHS Friends and Family test, complaints and compliments received and via the suggestion box and feedback from the practice newsletter.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- Patient newsletters were available within the practice and on the practice website providing update and details of staff roles including champions. The newsletters also provided details of local events and healthy lifestyle information.
- The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice and paper version was available in reception.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had been given staff enhanced training to educate them on female genital mutilation (FGM). SSP had

recognised that recruitment of GPs was a major challenge. They adopted the this shared style of working and portfolio career options for GPs in order to provide continuity of treatment and care, positive health outcomes and high levels of patient satisfaction. The survey information we reviewed was aligned with these views.