Cheadle Medical Practice

Quality Report

1-5 Ashfield Crescent
Cheadle
Stockport
SK81BH
Tel: 0161 426 9090
Website: www.cheadlemedical.co.uk

Date of inspection visit: 30 June 2016
Date of publication: 22/08/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cheadle Medical Practice on 30 June 2016. Overall the practice is rated as good.

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

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with staff and stakeholders and was regularly reviewed and discussed with staff.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had a strong commitment to supporting staff training and development.
- Feedback from patients about their care was consistently and strongly positive. Patients described the GPs and staff as caring and professional.
- Patients were complimentary about the quality of service they received but some said that they found it difficult getting through to the practice by telephone. The practice was aware of this, and had been in consultation with the Clinical Commissioning Group (CCG) for a lengthy period of time. The practice had received confirmation that in September 2016 that a new call routing telephone system was going to be installed.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the practice had reviewed it patient appointment access and adapted their appointment system to improve access.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

We saw some areas of outstanding practice:

- A comprehensive spreadsheet tracking all patients designated at risk or with a safeguarding protection plan in place was maintained. This provided the safeguarding lead with quick access to the patients' past history and assisted monitoring of patients attending emergency departments.
- One GP had developed an easy read protocol for clinicians to follow should there be suspicion of infection or questions around the Zika virus. This had been shared and adopted by the CCG, the local public health team and by Public Health England in Manchester. The GP had also developed templates for use with the patient clinical record system which had also been shared by the CCG with other practices. These included the child immunisation, cardiovascular and flu.
- The practice was active in using national media to raise awareness about different health campaigns. For example the GP practice had recently featured on the local news programme Northwest Tonight to promote the uptake of the flu vaccine for adults and children. This had resulted in an increase uptake of the flu vaccine.
- The GP who was also the clinical lead for the CCG was actively involved and promoted (through online videos) Stockport Together, an initiative working with the local council, GP practices, NHS hospitals for acute medicine and mental health and the voluntary sector to look at ways to bring together health and social care services to provide a more responsive service to patients and people living in Stockport.

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?

Good

The practice is rated as good for providing safe services.

- Significant events and incidents were investigated and areas for improvement identified and implemented. The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. A comprehensive spreadsheet tracking all patients designated at risk or with a safeguarding protection plan in place was maintained. This provided the safeguarding lead with quick access to the patients' past history and assisted monitoring of patients attending emergency departments.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Formal clinical meetings were undertaken weekly, where patient's health care needs were reviewed, alongside the performance of the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received mandatory and role specific training. Staff said they felt supported by the management team.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice at a comparable level to other practices in the locality.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Twice weekly visits to a local care home were undertaken by the same GP to ensure continuity of care. Another GP visited a care home for people with a learning disability and complex health needs.
- Patients at risk of unplanned admission to hospital had an agreed recorded plan of care in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.
- Home visits to review patients who were housebound and had a long term conditions were undertaken.
- Patients said it was not always easy to get through to the practice by telephone but urgent appointments were available each day. Telephone consultations were also available each day. Action was being taken to improve the telephone system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice participated in pilot schemes to improve outcomes for patients. For example two GPs had received additional training and equipment to assess and treat skin lesions at the practice. In addition GPs had telephone access to a hospital consultant (for specific specialities) to discuss patients symptoms and health care needs, potentially reducing the need for the patient to be referred to secondary care.

Summary of findings

- GPs at the practice were proactive in raising the general public awareness of health care initiatives such as respiratory health, flu vaccinations and local health and social care initiatives.
- One GP had developed an easy read Zika virus protocol and clinical templates for use with the patient clinical record system which had also been adopted and shared by the CCG.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

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

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example a practice nurse visited housebound and vulnerable patients at home to review their needs and agree a care plan.
- Twice weekly visits to a local care home were undertaken by the same GP to promote continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly Gold Standard Framework (GSF) or palliative care meetings were held and community health care professionals attended these. GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life.
- The practice had an Age UK link worker to refer patients to, when additional support was required.
- The practice sent all patients a voluntary questionnaire on their 75th birthday to identify any health care issues. This enabled the practice to offer additional medical support if required.

People with long term conditions

Good

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

- GPs were allocated a clinical lead role for chronic disease management, and they were supported by the practice nurses. Patients at risk of hospital admission were identified as a priority.
- The practice performed better than the national average in all five of the diabetes indicators outlined in the Quality of Outcomes Framework (QOF).
- Longer appointments and home visits were available when needed.
- Patients were referred to community support and education initiatives such as Xpert patient, Stockport Wellbeing group and Walk for health.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable or better than the CCG for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Data showed that the practice performed better than the CCG and England average for the percentage of women aged 25-64 who had received a cervical screening test in the preceding five years with 93% compared to 82% for the respective benchmarks.
- The practice referred young patients to the community paediatric team when needed.
- We heard about positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered early morning appointments from 7.30am one morning per week and late night appointments twice a week until 7.40pm, with GPs, practice nurses and healthcare assistants. In addition Saturday morning surgeries were held twice a month.
- 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

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- One GP visited a care home for people with a learning disability and complex health needs to ensure continuity of care.
- The practice offered longer appointments for patients who were vulnerable or with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- Data from 2014-15 showed that 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the Clinical Commissioning Group average of 87% and the England average of 84%.
- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which reflected local and the England average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Patients with a diagnosis of dementia had twice yearly reviews and staff had received dementia awareness training.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP Patient Survey results were published on 7 January 2016. The results showed the practice was performing in line or above national averages. A total of 284 survey forms were distributed, and 127 were returned. This was a response rate of 45% and represented approximately 1% of the practice's patient list.

- 45% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) of 79% national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG 80% and the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG of 88% and the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG of 83% and the national average of 79%.

The practice was aware of patients' concerns especially around getting through to the practice on the telephone. The practice was in consultation with the CCG to improve telephone access at the practice and had just received confirmation that a new telephone service with call routing was to be provided to the practice in September 2016.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards, all of which were positive about the standard of care received. The comment cards referred to GPs by name and gave examples of where the practice had supported them with their health care needs. Some of the cards referred to the support the practice provided to their children. Patients said they had enough time to discuss their concerns that they felt listened to and involved in decisions about their treatment. Three comment cards referred to concerns about telephone access and the availability of routine appointments.

We spoke with one patient during the inspection and two members of the patient participation group (PPG) who were also patients. All praised the quality of care and service they received.

The practice website provided minutes from the most recent patient participation group (PPG) meeting and a progress report on actions from PPG meetings action plan for 2015 – 2016. In addition information was provided on the action identified for 2016-2017.

Outstanding practice

We saw some areas of outstanding practice:

- A comprehensive spreadsheet tracking all patients designated at risk or with a safeguarding protection plan in place was maintained. This provided the safeguarding lead with quick access to the patients' past history and assisted monitoring of patients attending emergency departments.
- One GP had developed an easy read protocol for clinicians to follow should there be suspicion of infection or questions around the Zika virus. This had been shared and adopted by the CCG, the local public health team and by Public Health England in Manchester. The GP had also developed templates for use with the patient clinical record system which had also been shared by the CCG with other practices. These included the child immunisation, cardiovascular and flu.
- The practice was active in using national media to raise awareness about different health campaigns. For example the GP practice had recently featured on the local news programme Northwest Tonight to promote the uptake of the flu vaccine for adults and children. This had resulted in an increase uptake of the flu vaccine.

Summary of findings

- The GP who was also the clinical lead for the CCG was actively involved and promoted (through online videos) Stockport Together, an initiative working with the local council, GP practices, NHS hospitals for acute medicine and mental health and the voluntary sector to look at ways to bring together health and social care services to provide a more responsive service to patients and people living in Stockport.

Cheadle Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a second CQC inspector.

Background to Cheadle Medical Practice

Cheadle Medical Practice is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice is a partnership between four GPs. The practice has 11804 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy at 80 years and 84 years respectively is above both the CCG and England average of 79 years (male) and 83 years (female).

The GP partners (three male and one female) are supported by three female salaried GPs. The practice employs a general manager, an assistant general manager, a reception manager, three practice nurses, including one advanced nurse practitioner, one pharmacist, four health care assistants as well as reception and admin staff.

The practice is training practice for qualified doctors who are training to be a GP. Two of the GP partners are trainers. The practice also accepts undergraduate medical students for teaching.

The practice reception is open from 8am until 8pm Monday and Thursdays with late night appointments available until 7.40pm. On Tuesdays early morning appointments are available from 7.30am and on Wednesdays and Fridays the practice is open from 8am until 6.30pm. The practice opens two Saturday mornings per month to see patients who have made a pre-bookable appointment.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book appointments and order prescriptions. The practice advertise a mobile telephone number patients can use to cancel appointments.

Cheadle Medical Practice is situated in a row of four Georgian houses. There is an independent pharmacy in the ground floor extension. There are 12 consulting rooms - two of which are equipped for procedures including minor ops and intrauterine device (IUD) insertions.

Facilities to support people with disabilities are available. These include a passenger lift, an adapted toilet and hearing loop.

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 30 June 2016.

During our visit we:

- Spoke with a range of staff including three GP partners, a trainee GP, the practice manager, deputy practice manager, the pharmacist, a health care assistant, a practice nurse, a senior receptionist and a receptionist.
- We spoke with one patient, two members of the patient participation group and reviewed 13 comment cards
- We observed how reception staff communicated with patients.
- Reviewed a range of records including staff records and environmental records.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Different staff told us of incidents which they had been involved in. They confirmed there was an open safe environment to raise issues. A policy was in place to support 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).
- Records of significant events showed that detailed investigation had been carried out and actions to improve service delivery recorded. All incidents and many complaints were also investigated as significant events. A log of significant events was maintained and each incident was supported by a detailed record of the investigation into the incident. This included a description of the event, identification of the risk, the actions taken, a review of what went well and what could have been better. In addition, the analysis of the significant event included a section for the team to reflect and for the individual staff member involved to personally reflect on their role in the incident and identify changes made as a result of the investigation. Weekly clinical team meetings were held where learning from significant events and complaints were shared.
- Changes in practice as a result of significant event investigations included a change in procedure for patients wanting to book travel vaccinations, the provision of protected time to check expiry dates of medicines and improved recording by clinicians of patient's wishes regarding their health and treatment.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One GP partner was the lead member of staff for safeguarding. A second GP was the deputy lead for safeguarding. A comprehensive spreadsheet tracking all patients designated at risk or with a safeguarding protection plan in place was maintained. This provided the safeguarding leads with quick access to the patients' past history and assisted monitoring of patients attending emergency departments. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Staff we spoke with gave examples of where they had flagged potential safeguarding concerns to the safeguarding lead GP.
- Notices in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The infection control clinical lead liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the practice posted their infection control audit on their website. An infection control audit was undertaken in September 2016 by the local authority Infection prevention nurse. This identified some areas

for improvement. A re-audit (also available on the practice website) undertaken in April 2016 showed the practice had made the required improvements and they scored 100% across all sectors of the audit.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice employed a pharmacist who carried out regular medicines audits. The pharmacist had commenced work to audit the use of benzodiazepines with a view to working with patients to reduce their use. Blank prescription forms and pads were securely stored and a system to monitor their use was in place. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had a building fire risk assessment and regular fire alarm checks were undertaken. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had copies of other risk assessments in place for the premises such as Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support and anaphylaxis training.
- A defibrillator was available on the ground floor and this was accessible to all practices in the building. This was checked daily.
- Oxygen with adult and children's masks was 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.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The business continuity plan was implemented on 29 December 2015. There was a power outage in Cheadle which resulted in the practice being unable to provide any type of service from their practice location. Contingency procedures were implemented successfully which resulted in the practice being up and running and offering a service to patients from another practice. Following the incident a significant event analysis was undertaken and the contingency plan updated to ensure future implementation of the plan ran even more smoothly.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw clinical audit referred to current guidance as a base line for best practice. Clinical staff provided examples of where they had responded to guidance including medicine alerts, such as the use of Valproate and its use in pregnant women. (Valproate is a medication primarily used to treat epilepsy and bipolar disorder and to prevent migraine headaches.)
- All new guidance came through to the practice manager who ensured clinicians received this.
- Clinical meetings were held weekly, where new guidance and alerts were discussed.

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 from 2014 -2015 were 99.6%. The practice has of the total number of points available with a rate of 9.1% exception reporting for all clinical indicators. This was 3% above the average for the Clinical Commissioning Group (CCG) and reflected the England average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had consistently achieved over 99% of the points available since 2011 and confirmed that they had achieved 100% of the points available for the QOF year 2015-2016.

This practice was not an outlier for any QOF (or other national) clinical targets. The practice achieved similar or higher percentages in of the QOF diabetic indicators for 2014-15 when compared to the CCG and the England averages. However the clinical exception reporting was also higher. For example:

- Data for diabetic patients and the record of HbA1C blood tests in the preceding 12 months showed 92% of patients had received this compared to the CCG average of 80% and England average of 78%. However the exception reporting was also higher with the practice rate of 17% compared to the CCG rate of 8% and the England average of 12%.
- The record of diabetic patients with a blood pressure reading recorded within the preceding 12 months was 84%. The CCG average was 80% and the England average was 78%.
- The record of diabetic patients with a record of foot examination recorded within the preceding 12 months was 93%, which was higher that both the CCG average of 85% and the England average of 88%. Clinical exception reporting was almost 10% for the practice, 6% for the CCG and 8% for the England average.

The practice explained their exception reporting was higher than the CCG average because they had a number of patients with other health care conditions which prevented screening, a number of patients refused screening and a number of patients were uncontactable because they left the country for several months each year.

Other data from 2014-15 showed the practice performance was better than the local and England averages. For example:

- 88% of patients with hypertension had their blood pressure measured in the preceding 12 months compared to the CCG of 85% and the England average of 84%.
- 79% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG of 76% and the England average of 75%.
- 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was slightly higher than the CCG average of 87% and the England average of 84%.

Good

Are services effective?

(for example, treatment is effective)

- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was comparable to the CCG and England average of 90%.

There was evidence of quality improvement including clinical audit.

- Good evidence from clinical audits was available and these were linked to national guidelines such as NICE. The audit for diagnosing and treating urinary tract infections for children above 3 months of age resulted in the development of practice guidelines (flow diagrams) for treating children in different age groups (below three months of age, between three months and three years old and above three years old). The audit of women with a diagnosis of polycystic ovary syndrome (PCOS) identified variation in the planned regular screening for type 2 diabetes. (Patients with PCOS are more prone to developing type 2 diabetes in later life). The re-audit identified the recommendation recalling patients with the diagnosis PCOS for an annual blood test to screen for diabetes had been effective in that almost 100% of patients had been screened or had received an invite to be screened.
- Other recent clinical audits included monitoring of two week referrals to secondary care for suspected cancer and subsequent to this an audit on actual cancer diagnosis.
- The practice also participated in pilot schemes including providing practice based assessment and treatment of skin lesionsandusing the 'GP Consultant Connect' scheme to discuss a specific patient health care conditions directlywith a hospital consultant.
- One GP had developed an easy read protocol for clinicians to follow should there be suspicion of infection or questions around the Zika virus. This had been shared and adopted by the CCG, the local public health team and by Public Health England in Manchester.
- The practice pharmacist had assisted the GP partners to review the practice expenditure on medicines. We heard that historically the practice overspend on medicines was between 10-13%. The pharmacist had been in post less than 18 months and the medicine overspend had reduces to between 6-8%.

Effective staffing

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

- The practice was committed to providing staff with training and support to ensure they provided evidence based clinical care.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months
- 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.

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.

Good

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Systems to monitor and track the status of patient care plans, referrals and hospital discharges were maintained and responded to rigorously when issues were identified.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis. Care plans were reviewed for patients who required palliative care and those who had complex health care needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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 audits of patient records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 93%, which was almost 10% higher than the CCG and England average of 82%. However clinical exception reporting was also higher for the practice at 17% compared to the CCG average of 4% and the England average of 6%. There was a policy to send reminders and letters to patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening and the practice followed up women who were referred as a result of abnormal results. One of the practice patients had participated in an audio description (available on You Tube) of their experience of being encouraged and supported by the practice nurse at the practice to have a smear test undertaken.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data supplied from the National Cancer Intelligence Network (NCIN) indicated that the practice's screening rates for breast and bowel cancer reflected the CCG and England average.
- Childhood immunisation rates for the vaccinations given reflected the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 77% compared to the CCG rates of 93% to 79%. Data for five year olds ranged from 95% to 92% compared to the CCG range of 93% to 88%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 13 Care Quality Commission patient comment cards. All were positive about the service they experienced from the staff at the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients referred to being able to get urgent appointments when they needed them although at times they had to wait for routine appointments. GPs were identified by name and were described as being responsive to individual circumstances. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one patient and two patients from the patient participation group (PPG) who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were comparable to the clinical commissioning group (CCG) and England averages. For example:

- 94% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and the England average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the England average of 85%.
- 91% 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 England average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the England average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 similar to local and England averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England average of 85%.

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

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

Good

Are services caring?

- A hearing loop system was available for those people with hearing impairment and a sign language service was also available if required.
- Information about health conditions was available in different languages.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them at their convenience. The practice had identified that this was an area they wanted to improve on so that practice offered a consistent standard of service to its bereaved patients.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered evening appointments with a GP, a practice nurse and a health care assistant on Monday and Thursdays with appointments available until 7.40pm. On Tuesdays early morning appointments were available from 7.30am. In addition the practice opened two Saturday mornings each month.
- There were longer appointments available for patients with a learning disability or special health care needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A practice nurse visited housebound patients, those with a long term condition and patients at risk of unplanned admission to hospital and carried out an assessment and recorded a care plan with the patient and / or their carer.
- GPs provided home visits to patients living in care homes as requested. In addition the practice carried out twice weekly visits to the care home allocated to their practice. This reduced the number of requests by the care home for urgent visits and ensured continuity of care for patients.
- One GP also visited weekly a care home for people with a learning disability and complex health issues, which again provided better continuity of care.
- The practice offered twice yearly reviews of patients with dementia. Staff had received training in dementia.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent out birthday health questionnaire for patients on their 75th birthday and offered additional support if required.
- The practice was working with the Clinical Commissioning Group (CCG) and participated in pilot schemes to improve service to patient. For example two GPs had recently received training in dermatology and been provided with a Dermatoscope (an instrument to study skin lesions in more detail). The aim of the pilot was to reduce the number of patient referrals to dermatology (secondary care) by providing GPs with the additional knowledge and equipment to undertake a more thorough assessment of skin lesions.
- The practice also participated in the local pilot scheme 'GP Consultant Connect'. This enabled GPs to contact a hospital consultant to discuss a specific patient health care condition. The aim of the pilot was to provide a more responsive service to the patient and potentially reducing the need for a hospital referral.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice promoted patient access to a range of community health care support initiatives including patient education programmes for the self-management of long term conditions such as diabetes and walking for health initiative.
- One GP was a member of the Primary Care Respiratory Society UK and their worked had influenced national policy on the treatment of patients with Chronic Obstructive Pulmonary Disease (COPD).
- Another GP was the clinical lead for Stockport CCG. They had developed an easy read Zika virus protocol, which had been adopted by the CCG and the local public health team. This was subsequently adopted and shared by Public Health England in Manchester.The GP had also developed templates for use with the patient clinical record system which had also been shared by the CCG with other practices. These included the child immunisation, cardiovascular and flu.
- The practice was active in using national media to raise awareness about different health campaigns. For example the GP practice had recently featured on the local news programme Northwest Tonight to promote the uptake of the flu vaccine for adults and children. This had resulted in an increase uptake of the flu vaccine. The GP for respiratory health at the practice participated in advertisement campaign to raise awareness of respiratory conditions.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- The GP who was also the clinical lead for the CCG was actively involved and promoted (through online videos) Stockport Together, an initiative working with the local council, GP practices, NHS hospitals for acute medicine and mental health and the voluntary sector to look at ways to bring together health and social care services to provide a more responsive service to patients and people living in Stockport.

Access to the service

The practice reception was open from 8am until 6.30pm Monday to Fridays with later evening appointments available twice a week and early morning appointments available once a week. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice also offered a GP patient call back service.

The practice was proactive in reviewing demand for patient appointments and capacity to meet the demand. Early in 2016 the practice had reviewed its appointment systems and implemented changes with the view to improving patient access to appointments. The changes had been implemented from April 2016. These included:

- Keeping the majority of morning appointments available for on the day urgent appointments. These were 10 minute appointments.
- Additional flexibility to provide more urgent appointments if demand was high.
- A limited number of pre-bookable appointments were available in the morning but more of these were available in afternoon. The routine pre-bookable appointments were 12 minutes long. These could be booked on line.
- A GP was available all day to undertake home visits as required. The designated home visiting GP was also available as 'back up' resource if another GP was absent.
- Telephone consultations were available each day.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the England average of 78%.
- 45% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the England average of 73%.

The practice was aware of patient's frustrations of getting through to the practice by telephone. We heard that part of the telephone access issue was related to the telephone exchange that did not have capacity to process all the telephone calls within the Cheadle and immediate surrounding areas. The practice was however working with the Clinical Commissioning Group to improve their in house telephony system. The practice had received confirmation that a new telephone call routing system would be installed by September 2016. People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

- The practice had an effective system in place for handling complaints and concerns.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

All complaints were recorded on a spreadsheet which logged the progress and outcome of the complaints investigations and the actions taken by the practice. Some complaints were also investigated as significant events. The practice carried out an annual review and analysis of all complaints received and identified themes (if any) from these. We looked at two complaints received in the last 12 months and found these were satisfactorily handled. They were dealt with in a timely way, with openness and transparency. Between April 2015 and March 2016 the practice had received 52 complaints. Evidence was available to demonstrate that the practice used the learning from complaints to improve the quality of service they provided to patients.

In addition the practice maintained a log of all compliments the practice received and these were shared with staff. Between April 2015 and March 2016 the practice had received 60 compliments.

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's vision which started with "Cheadle Medical Practice endeavour to provide high quality service, patient centred care, which is accessible to all in a safe and friendly environment" was displayed on the practice website.

- Staff confirmed that they had been consulted and had contributed to the development of the practice vision. The vision was also shared with the practice's patient participation programme and their views and comments listened to.
- There was a commitment by all the practice staff to deliver a quality service. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.The practice held weekly clinical and administration meetings.

Governance arrangements

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

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment.
- The practice partners had distinct leadership roles and there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice encouraged inclusive team work and all staff had been allocated specific areas of responsibility and leadership.
- Clinical governance procedures were well established and weekly clinical governance meetings were undertaken.
- Clinical and internal audit, significant event analysis and complaint investigations were used to monitor quality and drive improvements for the practice and for the individual.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These were reviewed regularly.
- The practice engaged with the Clinical Commission Group (CCG) and attended meetings to contribute to wider service developments. One GP partner was the clinical lead for the CCG and was actively involved in developing a strategy and promoting the Stockport Together initiative.

Leadership and culture

The partners in the practice 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 partners were very approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings, approximately four times per year. The practice closed for half a day and this time was used to share information and learning and development. In addition weekly clinical meetings and monthly nursing team meetings were held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff gave examples where they had made an error and described the support they received from the practice to investigate the incident.

Are services well-led?

Good

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us they were consulted about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through monitoring survey results surveys and from complaints received. A core group of patients were active members of the PPG which met at least four times yearly. Members of the PPG told us they had been consulted on and updated on the issues regarding telephone access. They confirmed that they were listened too and had influence in improving the service. For example the PPG requested that routine appointments be available up to six weeks in advance. The practice tried this and after 12 months they reverted back to four weeks because there had been an increase in patients not attending for booked appointments.The PPG had requested that staff wear names badges. All staff now did so. Future request made by the PPG included displaying the photographs of staff in the practice with their name and role so that patients knew who they were seeing.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice was a long standing teaching and training practice. Two partners were trainers and they supported trainee GPs with their education. Structured learning and support was provided to trainee GPs in years 2 and 3. The practice had also been successful in supporting extended placements for year 3 trainee GPs.
- The practice was proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care.
- The practice recognised future challenges and areas for development. Some of the challenges included improving the telephone system, recruitment and seven day working. Areas planned for further development included developing a bereavement officer role and cancer champion to support patients and developing further neighbourhood working.
- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.
- The practice worked closely with the Clinical Commissioning Group (CCG).