

Marple Cottage Surgery

Quality Report

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

Ratings

Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



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 Marple Cottage Surgery on 4 February 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice had a strong vision, which put quality, effective care and treatment as its top priority. The partnership was structured with distinct roles and responsibilities, utilising the experience and skills of partners to the full. As a result, all business and clinical matters were delivered effectively at the practice.
- The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

- Feedback from patients about their care was consistently and strongly positive. Patients described the GP practice as excellent; staff were described as caring and professional.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Forum, and its online patient reference group. For example following a patient survey in 2014-15 and subsequent consultation with the Patient Forum the practice introduced five minute on the day appointments to improve access to urgent appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.

We saw several areas of outstanding practice including:

Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes for example Marple Cottage surgery was one of two practices in England trialling video consultations (integrated with the practice's clinical system) enabling patient and doctor to see each other remotely.
- All GPs provided their email address so that patients could email them directly with any health concerns or questions. GPs aimed to respond to patients within 24 hours. Patients told us they valued this service.
- The practice was proactive in identifying positive feedback or the successful management of a situation (Good Service Examples) and these were used to improve customer service and staff development.

- The practice promoted the training and development of GP registrars by delegating (with support and supervision) the responsibility of visiting all housebound patients biannually, to monitor healthcare needs and undertake long term condition reviews.

The area where the provider should make improvement include:

- The practice's lack of a defibrillator potentially compromised their ability to respond effectively in the event of a cardiac arrest.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice had a 'Red Flag' policy whereby specific health care symptoms were triggers for reception staff to take immediate action including interrupting GP consultations.
- The practice scored 100% across all areas for an infection control audit undertaken in December 2015 by the local authority health protection nurse.

Good



Are services effective?

The practice is rated as outstanding for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. For example the clinical audit plan and clinical protocols were reviewed alongside guidelines and the appropriate action taken to ensure optimum care and treatment was provided to patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. The practice had consistently achieved 100% of the points available since 2010 in the Quality and Outcomes Framework (QOF).
- The practice used innovative and proactive methods to improve patient outcomes for example they were trialling video consultations.

Outstanding



Summary of findings

- The practice peer reviewed all secondary care referrals and data supplied by the practice showed that this review process impacted positively on the number of referrals they made for patients to secondary care when compared to the CCG average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A comprehensive clinical audit programme was in place to review and promote quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice highly and was higher or comparable to national averages for example 98% patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%) 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%) and 91% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).
- Feedback from patients about their care and treatment was consistently and strongly positive. Patients' comments provided examples of the personal support they received from GPs, for example coping with cancer and at times of bereavement.
- We observed a strong patient-centred culture. Patients could email GPs directly with concerns or issues and patients and their carers nearing end of life were given GP contact telephone numbers.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Staff were committed and trained to provide good customer care.
- We found many positive examples to demonstrate patients were consulted about the service provided and their choices and preferences were valued and acted on.

Good



Are services responsive to people's needs?

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

Outstanding



Summary of findings

Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had a local enhanced agreement with the CCG to provide an in house vasectomy service to both the practice's patients and patients registered within the Stockport CCG area. This enabled patients to access this service locally and quickly.

- The practice monitored GP appointment availability to ensure there were sufficient appointments available to meet demand. Patients were consulted about GP appointments and their feedback obtained with regards getting appointments. Patients 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.
- Patients told us they were able to get an appointment when they needed it and they received consistency of care from the GP of their choice.
- The practice offered extended opening three evening per week, patients were supported and encouraged to use the online appointment system and patients could email GPs directly with concerns and issues.
- GPs were allocated a specific care home and carried out planned weekly visits to each home. They also visited when requested.
- The practice implemented initiatives to promote the health and wellbeing of patients, including visiting housebound patients regularly, offering in house counselling and working closely with the Patient Forum to provide information and education on health matters.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. The practice was proactive in logging positive examples of where staff had been effective in managing a situation or conversation. These were logged as Good Service Examples (GSE). Learning from complaints and GSE was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as outstanding 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.

Outstanding



Summary of findings

- 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.
- The practice gathered feedback from patients and it had a very active patient participation group which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.
- Plans were in place to meet future challenges and implement projects and patient focused initiatives.

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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice routinely visited all housebound patients to review their health care needs. Care plans were place for all these patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs were allocated a specific care home and carried out planned weekly visits to each home.
- Care plans were in place for those patients considered at risk of unplanned admission to hospital.
- Monthly palliative care meetings were held and community health care professionals attended these. Patients on the palliative care register had care plans in place.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed better than the national average in all five of the diabetes indicators outlined in the Quality of Outcomes Framework (QOF). The practice carried out insulin initiation.
- Longer appointments and home visits were available when needed. All housebound patients with a long term condition were visited regularly to ensure the appropriate screening was undertaken. All these patients also had a self-management or an advanced care plan in place.
- The practice nurse and health care assistant were trained in anticoagulant management and held clinics to monitor patients' blood to determine the correct dose of anti-coagulant medicine. The nurses worked closely with other health care professionals to ensure patients who required surgical procedures were closely monitored and treated to ensure the optimum anti-coagulation therapy both pre and post operatively.

Outstanding



Summary of findings

- 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.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Quality and Outcome Framework (QOF) data showed that the practice performed better than the national average with 84.38% of patients with asthma, on the register, who had had an asthma review in the preceding 12 months (national data 75.35%).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice was trialling a new system of video consultation for children with asthma. The video consultation was integrated into the practice's electronic patient record.
- Data showed that the practice performed better than the national average for the percentage of women aged 25-64 who had received a cervical screening test in the preceding five years (85.68% compared to the national average of 81.83%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives. There was a weekly baby clinic at the practice and virtual online meetings were held with health visitors.
- The practice offered a family planning service including in-house vasectomies and intrauterine contraceptive device (IUCD) fittings.

Outstanding



Working age people (including those recently retired and students)

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

Outstanding



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- GP appointments were offered until 8pm on Tuesday, Wednesday and Thursday and the practice was open one Saturday morning every month 8.30am until 10.30am. The practice nurse also offered an extended opening service until 8pm one evening per week.
- Patients could email a GP using the GP's NHS email address and get advice and support within 24 hours.
- 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 outstanding for the care people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Care plans were recorded for patients with a learning disability.
- 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.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- 95.83% 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 national average of 84.01%.
- 97.22% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was above the national average of 88.47%.

Outstanding



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice offered an in- house counselling service.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 above local and national averages. A total of 255 survey forms were distributed and 110 were returned. This represents a 43% completion rate and 1.59% of the practice's patient list.

- 84% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 15 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards also referred to being able to get an appointment when they needed and consistency of care from the same GP. Many referred to being made welcome on arrival at the surgery.

We spoke with four patients during the inspection and three members of the Patient Forum (patient participation group) who were also patients. All praised the quality of care and service they received. Two members of the Patient Forum gave examples of where they were consulted on the development and improvement of the service. For example the Patient Forum had requested patient education sessions and following the success of one of these on pain management in November 2015, further education sessions were planned for 2016.

Areas for improvement

Action the service SHOULD take to improve

- The practice's lack of a defibrillator potentially compromised their ability to respond effectively in the event of a cardiac arrest.

Outstanding practice

We saw several areas of outstanding practice including:

- The practice used innovative and proactive methods to improve patient outcomes for example Marple Cottage surgery was one of two practices in England trialling video consultations (integrated with the practice's clinical system) enabling patient and doctor to see each other remotely.
- All GPs provided their email address so that patients could email them directly with any health concerns or questions. GPs aimed to respond to patients within 24 hours. Patients told us they valued this service.
- The practice was proactive in identifying positive feedback or the successful management of a situation (Good Service Examples) and these were used to improve customer service and staff development.
- The practice promoted the training and development of GP registrars by delegating (with support and

Summary of findings

supervision) the responsibility of visiting all housebound patients biannually, to monitor healthcare needs and undertake long term condition reviews.

Marple Cottage Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a specialist adviser with practice management experience.

Background to Marple Cottage Surgery

Marple Cottage Surgery is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a Personal Medical Services contract with NHS England. The practice confirmed they had 6895 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area is slightly below the CCG and England average for males at 78 years and 82 years for females.

The patient numbers in the older age groups were higher than the CCG and England averages. For example data from Public Health England for 2015 showed that 24.4% of the patient population was over the age of 65, 11% were over 75 and 2.9% were over 85 years. The CCG averages were 18.6%, 8.7% and 2.5% respectively and the England averages were 17.1%, 7.8% and 2.3% respectively. In addition data showed that the practice had a significantly higher number of nursing home patients 1.5% per GP registered population compared to the England practice average of 0.5%.

The practice has one male non clinical partner and two male GP partners. The practice employs two female salaried GPs, one nurse practitioner, one practice nurse, one healthcare assistant, two reception supervisors, one informatics manager and seven reception and administrative staff.

The practice is a teaching practice accepting undergraduate medical students and a training practice for qualified doctors who are training to be a GP. Both GP partners are trainers.

The practice is open Monday to Thursday from 8am until 6.30pm and until 6pm on Fridays. On Mondays the practice closes at 12.30-13.30 for training. Extended opening is offered until 8pm on Tuesday, Wednesday and Thursday and the practice is open one Saturday morning every month 8.30am until 10.30am. The practice nurse also offers an extended opening service until 8pm one evening per week.

Patients are asked to contact NHS 111 for Out of Hours services.

The practice provides online patient access that allows patients to book appointments and order prescriptions and review some of their medical records.

Marple Cottage Surgery is provided from a large late Victorian detached property. The building has been adapted to provide access for people with disabilities. Almost all patient consultations rooms are provided on the ground floor. However if a patient is unable to access the first floor then arrangements are in place to see patients on the ground floor.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 February 2016. During our visit we:

- Spoke with a range of staff including four GPs, one registrar, the practice manager, one nurse practitioner, one healthcare assistant, five administration and reception staff. We also spoke with seven patients who used the service.
- Observed how people were spoken with and observed the practice's systems for recording patient information.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

- 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 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. Every member of staff we spoke with were able to provide examples of significant events that had been discussed at the team meetings.
- The practice carried out a thorough analysis of the significant events. Weekly team meetings were undertaken and significant events was a standing item on the meeting agenda.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. GPs, nurses and administrative staff provided examples of significant events and the action taken as result of analysis. Examples of significant events provided included clinical, prescribing, governance and administration.

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 that reflected relevant legislation and local requirements and 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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a policy in place that reception and administrative staff did not undertake this role. All administrative and reception staff spoken with had a clear understanding that they were not to be alone with patients at any time.
- The practice maintained appropriate standards of cleanliness and hygiene. The premises were clean and tidy. The local authority health protection nurse had undertaken an infection control audit at the practice in December 2015. The practice scored 100% across all areas including: Management, Clinical Practices, Clinical Areas, Domestic Store and Waste Management. The practice manager and nurse practitioner were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. In addition to the local authority infection control audit the practice carried out monthly infection control audits and we saw evidence that action was taken to address any issues identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription paper was securely stored and there were systems in place to monitor its use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed a sample of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 and the practice had up to date fire risk assessments and carried out regular fire drills. 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and 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 that enough staff were on duty. The staff teams reviewed at regular intervals future staff availability and seasonal demand to ensure sufficient staff were available to meet patient demand. All staff teams worked flexibly to cover sudden absences or to enable staff training.

Arrangements to deal with emergencies and major incidents

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

- The practice had a 'Red Flag' policy whereby specific health care symptoms were triggers for reception staff to take immediate action including interrupting a GP consultation if the patient was on the telephone. One staff member told us of how they had recently implemented the policy which resulted in the patient receiving emergency paramedic care.
- 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 oxygen with adult and children's masks. A first aid kit and accident book were available. The practice had taken the decision following risk assessment not to have a defibrillator available at the practice. The decision not have a defibrillator was reviewed annually.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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 peoples' 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 100% of the total number of points available with 10.6% exception reporting for all clinical indicators. (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). Exception reporting at the practice was slightly higher than the Clinical Commissioning Group (CCG) and national averages. The practice explained their exception reporting was higher than the CCG because they had a number of diabetic children who received hospital consultant care and a high number of patients resident in nursing homes who were on the end of life care pathway. These patients were excluded from the practice's performance indicators. The practice had consistently achieved 100% of the points available since 2010. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- The practice achieved higher percentages in all the QOF diabetic indicators for 2014-15 when compared to the CCG and the England averages. For example data for diabetic patients and the HbA1C blood tests showed 89.19% of patients had received this compared to the

national average of 77.54%. The record of diabetic patients with a blood pressure reading recorded within the preceding 12 months was 90.86%. The national average was 78.03%.

- 90.55% of patients with hypertension had their blood pressure measured in the preceding 12 months compared to 83.65% nationally.
- 84.36 % of patients with asthma, on the register had an asthma review in the preceding 12 months compared to national data 75.35%.
- 95.83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was better than the national average of 84.01%.
- 97.22% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was above the national average of 88.47%.

The practice implemented a strategy of ensuring all patients that were housebound and had a long term condition did not miss their regular health care review. In 2013 one GP at the practice was allocated a quality improvement project to ensure all housebound patients were reviewed on a regular basis. The GP with support of the practice IT lead developed a coded practice template, (based on the CCG Advance Care Plan) to allow GPs and nurses to record information easily. The template included the patients' views on end of life care and focussed on screening for chronic disease such as diabetes and cardiovascular disease. To support the completion of the template a protocol was developed that detailed what screening should be undertaken and included a review of other health issues. Patients and carers valued these visits and one care home used the GP Advance Care Plan to support patients' end of life care to die peacefully in the care home. As a result of the project all housebound patients were visited approximately twice yearly and these visits were undertaken by the trainee GP registrar, with GP support and mentoring. The partners at the practice had recognised that their population was an ageing population and that the regular monitoring visits ensured that other health care issues were picked up and treated quickly.

Clinical audits demonstrated quality improvement.

The practice had an annual clinical audit plan which was underpinned by the practice's annual Strategy and Improvement Plan and Clinical Strategy. The clinical audit



Are services effective?

(for example, treatment is effective)

plan identified the audits /re-audits and the clinical protocols that needed reviewing for the coming year month by month and showed when these had been completed. These were linked to national guidelines such as NICE. The practice's clinical strategy actively involved medical students and trainee GP doctors to undertake research and carry out the clinical audits to demonstrate practice quality improvement and to educate and develop the clinical auditing skills of the auditor.

- The practice provided many examples of clinical audit covering a wide range of topics including asthma, diabetes, and hypertension. For example as a result of the hypertension re-audit (third cycle) the practice identified a drop in control from 83% to 75%. The outcome of this resulted in GPs and all GP trainees being reminded of the standards and a further re-audit was planned for 2016.
- Practice nurses also carried out clinical audits. Annual audits for different aspects of diabetes medicine and control were available. One of the most recent reviewed patients to monitor the effectiveness of Lantus insulin to control diabetes. This was supported by a snap shot patient questionnaire to seek patient views of their understanding of their disease and the management of it. The results from the snap shot feedback were 100% of respondents were satisfied with the information they had to manage their diabetes.
- Data supplied by the practice for October 2014 to October 2015 showed that the practice had approximately 310 patients per 1000 of A&E attendances compared to the CCG average of 340 attendances per 1000. The practice carried out a recent audit to monitor the effectiveness of the Admission Avoidance Care Plan. The outcome of the audit identified some key themes and recommendations to improve the effectiveness of the Admission Avoidance Care Plan. Evidence presented showed that where the patient's carer and the patients were aware of their admission avoidance care plan there were fewer emergency admissions to hospital. Recommendations included involving patients, their carers and care home staff more in the development of the admission avoidance care plan, holding more frequent reviews with the patient and carers and providing information in the practice newsletter about admission avoidance.
- The practice had a system of peer review for all secondary care referrals. These were logged and

responded to within two to three hours. GPs told us they believed this process enhanced their learning and used NHS resources effectively. Data supplied by the practice showed the peer review process impacted positively on the number of referrals they made for patients. For example the practice referred approximately 150 patients per 1000 for their first outpatient appointment between October 2014 and October 2015 compared to the CCG average of approximately 249 patients per 1000.

- To support GPs and the practice nursing team to monitor and treat patients with long term conditions more effectively clinical pathways and treatment protocols had been developed to ensure patients received consistent, evidence based and personalised health care and treatment. Examples of clinical protocols included 24 hour blood pressure monitoring. This protocol had been shared with the other locality GP practices and the GP federation.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- A comprehensive induction programme was in place for undergraduate medical students and trainee GPs. This was supported by a structured training programme suitable to the stage of education and professional development of the medical students and trainee GPs. Both GP partners were practice trainers and provided mentorship and clinical supervision.
- 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 on line resources and discussion at practice meetings. In addition, the nurse practitioner was a nurse prescriber and was trained in insulin initiation. The practice nurse and health care assistant were trained in monitoring anti-coagulation therapies



Are services effective?

(for example, treatment is effective)

and treating patients accordingly. Regular audit of blood results and calibration of equipment was undertaken and closely monitored by the nurses and GPs. The practice nurse and the health care assistant had just completed their training (and passed) ARTP Spirometry.

- 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 during sessions, one-to-one meetings, appraisals, personal development plans, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Nurses were reviewing how they could support each other with nurse revalidation. All staff at the GP practice had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. GPs discussed with patients the options available to them when referring to secondary care. Patients were provided with all the information they needed to make an informed choice about where to arrange a secondary care appointment.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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. The GPs were aware of patients living in care homes who had Deprivation of Liberty Safeguards (DoLS) plans in place or applications pending.
- 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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice had implemented an Exercise on Prescription project between August 2015 and February 2016. A Sports and Exercise medicine trainee was supported to design and implement an exercise clinic initially for patients with chronic disease. The trainee used the resources and local knowledge of the members of the Patient Forum and a patient information leaflet was developed and given out to recruit suitable patients to the programme. The Exercise on Prescription Project included a personalised exercise plan, patient education and the monitoring of set clinical indicators. Twelve patients were supported and assessed on the programme. Ten patients showed



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

improvement in at least two clinical areas and all twelve patients felt the exercise clinic was beneficial to their health and wellbeing. The practice was planning to continue with this project.

- The practice at the request of the Patient Forum provided, in November 2015, a GP trainee and former spinal registrar to give a talk to patients on how to manage back and musculoskeletal pain. The evening event was extremely well attended by patients. Further patient education events are planned for 2016. The subjects being considered by the Patient Forum include childhood ailments, efficient ways of taking prescribed medication and managing depression.
- The Patient Forum asked the practice to provide some information about the health care risks associated with living in the locality of Marple. Four audits were undertaken for blood pressure, cardiac events, atrial fibrillation and strokes. The audits reviewed patient clinical data over a 10 year period between 2005 and 2015 and identified the risks to patients registered at the practice for each health condition and compared the practice data with national data. Each audit was presented simply with colourful bar charts and included elements of patient education to identify how individuals could minimise risks of each health condition. In addition a patient leaflet titled 'What are your chances' was printed and this pulled together all four audits results.

The practice's uptake for the cervical screening programme was 85.68% which was above the national average 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening

test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example uptake by patients aged between 60-69 years screened for bowel cancer within 6 months of the invitation was 60% compared with the CCG and national average of 55.4%, The uptake by women aged between 50-70 years screened for breast cancer within the last 3 years was 67.7% which was slightly lower than the CCG average of 70.6%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.1% to 95.2% and five year olds from 94.9% to 96.2%. Data supplied by the practice showed their overall childhood immunisation and vaccination achievement to be 98.7% for 2014-15.

Flu vaccination rates for the over 65s were 83.06% and at risk groups 77.46%. These were almost 10% higher than the national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups of the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 15 patient Care Quality Commission comment cards we received were 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. Comment cards detailed specific experiences of personalised support they received from GPs at times of bereavement and, following a cancer diagnosis. In addition newer patients compared (with their previous practices) the 'extra mile' staff at this practice made to ensure the right care and support was provided. All cards consistently described the staff as taking time to listen, being responsive to their concerns and to providing help and support compassionately. We spoke with four patients who all confirmed they were very happy with the quality of service they received. They told us they could get appointments when they wanted and were willing to wait the couple of days if needed to see a GP of their choice. We heard that all staff were pleasant and they were made to feel welcome at the practice.

The practice had a Patient Forum which had about 12 members who met regularly every six to eight weeks. This was supported by a virtual (online) patient reference group (PRG) of about 585 patients. We spoke with three members of the Patient Forum who were also patients. They also told us the service they received was excellent. They said the regular meetings were very useful, the GP practice updated them on the changing NHS and potential impact to services and they said the practice was responsive to their

requests. They confirmed they were consulted and listened to about how to improve services this included the introduction of five minute on the day appointments to improve access to urgent appointments.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores for consultations with GPs and nurses were comparable to the CCG and national averages. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 91% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

The practice carried out a patient survey between November 2014 and March 2015. In total 331 patients responded and the feedback was analysed and an action plan for three priority areas developed and implemented. These included improving patient access to appointments, flexibility of appointments and development of the patient participation group.

The Patient Forum had a dedicated notice board in the practice waiting room and this contained a range of information about the practice and support services. The patient notice board also displayed information on World Cancer Day, information about the recent talk by a doctor on the management of back pain and a copy of the patient newsletter was also present.

Care planning and involvement in decisions about care and treatment

The practice provided holistic patient centred care. Many examples were seen demonstrating that patients were treated with dignity and received compassionate care. For the last eight years the GPs had provided their NHS email

Are services caring?

address to patients and this was displayed on the practice webpage. Patients could email GPs directly with questions or concerns about their health and GPs responded in accordance with the concern identified. GPs received up to five emails per day and aimed to respond to patients within 24 hours. One patient told us of the immediate response they received to their email from a GP, which reassured and supported them. In addition GPs provided patients on the palliative care register who were nearing end of life and their carers with their mobile telephone numbers to enable these patients to seek care and support quickly.

We saw that care plans were recorded for patients with long term conditions, learning disabilities, mental health, dementia, palliative care and unplanned admissions. Patients with asthma and chronic obstructive pulmonary disease (COPD) had personalised management plans and were provided (if required with medicine rescue packs containing antibiotics and steroids). 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 on the comment cards we received was also positive and aligned with these views.

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 with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.

- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 95% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

The practice did not have many patients who did not speak English as a first language however translation services were available if required.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had identified 120 patients who were also carers. The practice had participated in local pilots schemes to support patients who were carers. Written information was available to direct carers to the various avenues of support available to them and electronic links to different support organisations were available on the practice website.

Evidence was available that the practice sent out reminder emails to their patients with information they received from Carer's Voice, a support service based in Stockport.

Staff told us that if families had suffered bereavement, the practice sent a sympathy card and the patient's usual GP contacted them by telephone. 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.



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 monitored patient appointment availability to ensure there were sufficient appointments available to meet demand.
- All GPs provided their email address so that patients could email them directly with any health concerns or questions. GPs aimed to respond to patients within 24 hours, and systems were in place for patients to receive a response when a GP was on annual leave. Feedback from patients we spoke to who had used this service provided overwhelming praise for this. The practice carried out a short poll of patients immediately after our visit and provided the following results: 394 patients responded; 200 responded yes to having used the email service and 194 patients had not used the service. Comments from those that had used the email service were all positive and referred to the speediness of response by GPs and the good use of resources by not taking up an appointment. As a result of the poll 167 patients out of 194 who had not used the service stated they would now use the service.
- The practice had a local enhanced agreement with the CCG to provide an in house vasectomy service to both the practice's patients and patients registered within the Stockport CCG area. The practice has carried 163 vasectomies between January 2015 and December 2015, eight of these were undertaken on the practice's patients. At the time of the inspection the practice was undertaking a patient survey of the pain patient's expected to feel and the actual pain they felt. Data from the practice identified that to date they had an 80% response rate from patients but this had not yet been analysed. In addition a further audit was planned for April 2016 to request feedback from patients to identify any complications 12 months after the procedure.
- The practice ensured all housebound patients received twice yearly health checks including long term health care reviews. All patients had an advanced care plan in place.
- The practice provided in house counselling for their patients three evenings per week. The three counsellors were volunteers; two were in their final year of training.
- The practice was trialling video consultations with patients with asthma. The consultation was carried out through the practice's electronic patient record system. The patient was sent a web URL address to log into so that the consultation could be undertaken and a record maintained. The trial targeted patients with asthma and parents with asthmatic children were users of the service.
- The practice nursing team provided in house insulin initiation and anticoagulant management so patients received treatment and support locally without having to travel to the nearest hospital.
- The practice supported an active Patient Forum and patient reference group (PRG) and responded to their requests. For example undertaking audits of common health conditions and providing talks on health conditions.
- GP appointments were offered until 8pm on Tuesday, Wednesday and Thursday and the practice is open one Saturday morning every month 8.30am until 10.30am. The practice nurse also offers an extended opening service until 8pm one evening per week.
- Dedicated GP leads were allocated to nursing and residential care homes. In addition to responding to urgent requests for a GP visit planned weekly visits were also undertaken to the care homes. This reduced the number of requests by the care home for home visits and ensured continuity of care for patients.
- The practice provided weekday GP cover to a step up and step down community hospital which was part of Stockport NHS Foundation Trust. The GPs worked closely with hospital consultants and other healthcare professionals such as Macmillan Nurses and provided medical, palliative care and support to patients in end stages of life and to patients with complex care needs. In addition the GPs provided weekday support to patients receiving care and treatment on a step down ward for older patients with mental health conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service



Are services responsive to people's needs?

(for example, to feedback?)

The practice was open Monday to Thursday from 8am until 6.30pm and until 6pm on Fridays. Extended opening was offered until 8pm on Tuesday, Wednesday and Thursday and the practice was open one Saturday morning every month 8.30am until 10.30am. The practice nurse also offered an extended service until 8pm one evening per week.

Patients could book appointments on line and in advance. The practice had developed a patient online services information leaflet to support patients to access online services and their records.

On the day emergency appointments were available and following consultation with the Patient Forum and the PPG the practice offered a number of dedicated 5 minute appointments for urgent healthcare needs only. The reception staff always explained to patients that the appointment time slot was five minutes. Dedicated 5 minute urgent appointment slots were available each day for children also. Patients told us that they had no problem getting an appointment and they were willing to wait two or three days to see a GP of their choice.

The practice carried out a patient survey between November 2014 and March 2015. One of three priority areas identified was improving patient access to appointments. The result of the poll identified that 71% of patients who responded could get an appointment on the same day or within two working days. In response to the poll the practice recruited a GP to replace an absent GP and re-evaluated the availability of routine appointments. Following consultation with the patient forum it was agreed to provide 5 minute urgent on the day appointments. A further poll on patient access was carried out between October and December 2015 and this identified a 7% improvement to 78% in response to the same question.

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 national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.

- 84% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 65% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

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.
- We saw that information was available to help patients understand the complaints system and a poster was displayed in the patient waiting room.
- The practice recognised patient feedback was valuable and senior reception staff had undertaken customer care courses to ensure staff responded to patients with care and concern.

The practice manager logged all complaints and undertook an annual analysis to identify themes and trends. We looked at sample of complaints received. These were acknowledged and responded to in a timely manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Evidence showed that where complaints were about specific individuals the staff involved reflected on their own practice and offered apologies where appropriate. In addition some complaints were also investigated as significant events.

The practice also logged positive feedback from patients and examples of where staff had been effective in managing a situation or conversation. These were logged as Good Service Examples (GSE). The practice used these examples to assist learning and development, improve customer service and promote a consistent and supportive approach to patients.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a clear vision to deliver high quality care and promote good outcomes for its patients. The practice's mission statement 'A caring and progressive healthcare team. Striving for excellence supporting you to lead a healthier life Team work' was displayed in the practice and the practice objectives were included in the patient information leaflet. The practice values were driven by the management team and embraced by all practice staff we spoke with. Feedback from staff, patients and the meeting minutes we reviewed showed regular engagement took place to ensure all parties knew and understood the vision and values.
- There was a commitment by all the practice staff to deliver a quality service. The practice's robust strategy and supporting business plans and reflected the vision and values. The practice had a Strategy and Improvement Plan, which was supported by a range of other plans and strategies such as the Clinical Strategy. The practice held weekly clinical and administration meetings. A rolling programme of planned topics were discussed at these meetings. Community healthcare professionals were invited to palliative care meetings and virtual meeting held with health visitors as required for safeguarding 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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities and how they contributed to the practices vision of delivering patient centred care.
- Practice specific policies were implemented and were available to all staff. A planned programme of monthly review of policies and protocols was implemented.
- 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 initiated quality

improvement projects to improve patient care and outcomes for example since 2013 all housebound patients received twice yearly visits to review their healthcare needs. In addition the practice performance in the Quality and Outcomes Framework (QOF) had consistently achieved 100% of the points available since 2010.

- The practice had distinct leadership roles across the partnership, which facilitated strong business leadership by a non clinical business partner, whilst the two GP partners led on all clinical matters.
- A comprehensive programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements. The practice effectively used the skills of medical students and trainee GPs to carry out specific clinical audits relevant to changes in official guidance such as NICE and demographic needs of its patient population. This also enhanced and supported the students and trainees learning and development.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These were reviewed regularly.
- The practice encouraged inclusive team work and all staff had been allocated specific areas of responsibility and leadership. GPs and nurses led on clinical areas and administrative and reception staff members were allocated responsibilities commensurate with their role and experience.
- The practice engaged with the Clinical Commissioning Group (CCG) and attended meetings to contribute to wider service developments. The non clinical practice partner was the Practice Manager Director for Viaduct Health (Stockport GP federation) for 2015-16 and Stockport Clinical Commissioning Group (CCG) IT board Practice manager. A GP partner was the Vice Chair for the CCG and the CCG Cancer lead.

Leadership and culture

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

Are services well-led?

Outstanding



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

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 which they valued.
- 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. We noted team away days were held every one to two years and these included review of the practice's vision, aims and objectives, the practice's achievements, and future challenges.
- Staff said they felt respected, valued and supported, particularly by all the partners 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.
- Staff told us that the practice was very supportive and understanding in times of personal crisis.

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 gathered feedback from patients through the Patient Forum, the patient reference group (PRG) and through surveys and complaints received. The practice carried out a patient survey between November 2014 and March 2015. In total 331 patients responded and the feedback was analysed and an action plan for three priority

areas developed and implemented. These included improving patient access to appointments, flexibility of appointments and development of the patient reference group.

The practice had an active Patient Forum which had about 12 members who met regularly every six to eight weeks. This was supported by a virtual (online) patient reference group (PRG) of about 585 patients. The Patient Forum had a dedicated notice board in the practice waiting room and this contained a range of information about the practice and support services. A patient information leaflet explaining the role of the Patient Forum and requesting new patients to join was readily available.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run. They confirmed they attended away days and were provided with opportunities to attend training and develop their skills.

Continuous improvement

There was a strong 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.

- The practice was a long standing teaching and training practice, two partners were trainers and as a result of training the practice had been able to recruit GP partners from the scheme.
- The practice has a history of forward thinking and innovation. They have won awards previously for their innovative approaches to providing patient care. The practice continued with its innovative approach by trialling the video patient consultations.
- The practice supported medical students and trainee GPs with their education. The practice used this resource effectively to develop skills and abilities by delegating responsibility to undertake planned and co-ordinated clinical audits to evaluate and progress the quality of the services provided.
- The practice was aware of and preparing for future challenges such as the review of personal medical contracts and had projects and improvement plans in place for 2016 and onwards.