

# Pennine Medical Centre

## Quality Report

Mossley Surgery  
 193 Manchester Road,  
 Ashton Under Lyne,  
 Tameside  
 OL5 9AJ  
 Branch site  
 Greenfield Surgery  
 6/8 Chew Vale  
 Greenfield  
 Oldham  
 OL3 7B  
 Tel: Mossley surgery 01457 832590. Greenfield  
 surgery 01457 872048  
 Website: [www.penninemedicalcentre.nhs.uk](http://www.penninemedicalcentre.nhs.uk)

Date of inspection visit: To Be Confirmed  
 Date of publication: 14/06/2016

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

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Pennine Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pennine Medical Centre on 11 May 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Data showed patient outcomes were in line with or above those locally and nationally.
- Feedback from patients about their care was consistently and strongly positive.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and majority of staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw examples of outstanding practice including:

# Summary of findings

- The practice matron was involved in best interest meetings and supporting staff and carers in residential or nursing homes to ensure Deprivation of Liberty Safeguards (DOLs) where appropriate were in place.
- The practice employed a clinical pharmacist who provided medication reviews for patients. In addition they ran a minor ailments scheme in which patients could access appointments with the clinical pharmacist for ailments such as hayfever, allergies,

coughs and colds and emergency contraception. Results from the quarterly evaluations of the scheme showed high levels of patient satisfaction. Results also showed 2% of patients would have attended A&E and 19% would have gone to the walk in centre had they not seen the pharmacist at the practice.

**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 were systems in place for reporting and recording significant events.
- When there were unintended or unexpected safety incidents, people 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with others for several aspects of care.
- 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 also saw that staff treated patients with kindness and respect and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



# Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- People could access appointments and services in a way and at a time that suited them. Telephone consultations were readily available and home visits were provided to house bound patients including the phlebotomy service.
- The practice provided a minor ailments scheme in which patients could access appointments with the clinical pharmacist for ailments such as hayfever, allergies, coughs and colds and emergency contraception.
- The practice had recently appointed a practice matron to support the practice in meeting the needs of older patients in particular those over 75 years of age.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- 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. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- There was a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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
- The practice proactively sought feedback from staff and patients, which it acted on.

**Good**



# 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The newly appointed practice matron worked closely with residential and nursing homes providing support to staff and patients. Personalised care plans were developed and initial evidence from this work showed a reduction in unplanned hospital admissions for patients in residential and nursing homes.
- The practice embraced the Gold Standards Framework for end of life care. This included supporting patients' choice to receive end of life care at home.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice employed a clinical pharmacist who provided a range of services to patients with long term conditions including, medication reviews, monitoring and optimising medication for patients and provided hypertension reviews.
- Longer appointments and home visits were available when needed.
- Where appropriate patients with more than one long-term condition were able to access a joint review to prevent them having to make multiple appointments.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For patients with complex needs, a named GP and practice nurse worked with relevant community and healthcare professionals to deliver multidisciplinary support and care. Multidisciplinary meetings were held to review patients' needs and to avoid hospital admissions.

# Summary of findings

- The practice provided a comprehensive diabetes clinic for patients.
- Patients with COPD and asthma had self-management plans and access to medication at home for acute exacerbations and were directed to a structured education programme.

## 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 relatively high 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.
- We saw good examples of joint working with midwives and health visitors. A midwife held antenatal clinic weekly.

Contraceptive advice was available.

## 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.
- Appointments were available outside of normal working hours, offering same day, early morning, lunchtime and early evening appointments. A telephone triage system was in place for same day appointments.
- The practice employed a clinical pharmacist who provided medication reviews for patients. In addition they ran a minor ailments scheme in which patients could access appointments with the clinical pharmacist for ailments such as hayfever, allergies, coughs and colds and emergency contraception.

# Summary of findings

- 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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Vulnerable patients were identifiable with alerts noted on the secure computer system to ensure staff were alerted to needs.
- Annual reviews were provided for patients with learning disabilities.
- The practice was proactive in monitoring those patients identified as vulnerable or at risk. This included, monitoring A&E attendances, monitoring missed appointments from those known to be vulnerable and working with other services to ensure where appropriate information was shared to keep patients safe.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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).

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- 95% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate. We were shown anonymous examples of mental health care plans and noted these were detailed and personalised. For those patients unable to attend the practice GPs would carry out home visits to complete care plans.



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It 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 promoted self-referral to the local “Healthy Minds” service.
- It had a system in place to follow up patients who may have been experiencing poor mental health and had attended accident and emergency.
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing higher than local and national averages. There were 104 responses and a response rate of 40%, representing 0.9% of the practice population.

- 76% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 92% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 85% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 93% would recommend this surgery to someone new to the area compared with a CCG average of 75% and a national average of 78%

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. Results from the 130 patient responses received in March 2016 and April 2016 showed 82% would be 'Extremely likely' 15% would be 'likely' 3% 'neither likely or unlikely' to recommend Pennine Medical Centre to friends or family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. The seven patients we spoke with were complimentary of the staff, care and treatment they received.

# Pennine Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor and practice nurse specialist advisor.

### Background to Pennine Medical Centre

Pennine Medical Centre provides primary medical services in Mossley, Tameside and within a branch surgery in Greenfield, Oldham from Monday to Friday. The practice is open 8.00am to 6.30pm Monday to Friday.

Appointments with a GP are available throughout the day from early morning, lunchtime, afternoon and early evening.

Mossley is situated within the geographical area Tameside and Greenfield is within Oldham. The whole practice is within Oldham Commissioning Group (CCG).

Pennine Medical Centre is responsible for providing care to 11263 patients, of which approximately 75% are from within the Mossley area and 25% Greenfield.

The practice consists of six GPs, two of who are female, a clinical pharmacist, two practice nurses a new practice matron and two health care assistants. The practice is supported by a practice manager, deputy practice manager, receptionists administrators and secretaries.

When the practice is closed patients are directed to the out of hours service.

### Why we carried out this inspection

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

### How we carried out this inspection

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

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

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

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

## Detailed findings

- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 11 May 2016 and visited the main site in Mossley and the branch site in Greenfield. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with seven patients, two member of the patient participation group and nine members of staff, including GPs, clinical pharmacist, practice manager, practice nurse, practice matron, reception and administration staff.

We reviewed 37 Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for consistency.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up and discussed, following which action plans were implemented.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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 named GP lead for safeguarding children and adults. The lead attended local safeguarding meetings and attended where and when possible case conferences 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 and the nurse had received training in children's safeguarding to level three as required.
- A notice was displayed in the waiting room, advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). (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).

- 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 carried out regular fire risk assessments. All of the electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and checks were carried out which included hand hygiene procedures with staff. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
- Staff recruitment checks were carried out and the five files we reviewed showed recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had increased the number of GP sessions and health care assistant hours in the past 12 months to improve access. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty to meet patients' needs.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the

## Are services safe?

premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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. We noted new guidelines issued by NICE were standing agenda items for clinical meeting.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.1% of the total number of points available, with 6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were in line or above the national average in a number of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators was 94.5%. This was better than the CCG average of 81.8% and national average of 89.2%.
- Performance for hypertension related indicators was 100%. This was better than the CCG average of 96.7% and the national average of 97.8%.
- Performance for mental health related indicators was 100%. This was better than the CCG average of 91.7% and the national average of 92.8%.

Clinical audits demonstrated quality improvement.

- The practice had a structured programme of audits in place, with a range of non clinical audits completed in the last two years, all were either in the process or completed audits where the improvements made were implemented, reviewed and monitored. The practice also carried out full audits in response to significant events or clinical alerts.

- Findings were used by the practice to improve and monitor services. For example a minor surgery audit was completed annually alongside other audits, such as an audit to assess the management and review of patients prescribed Amiodarone medication and a review of children under 19 being prescribed asthma medication.
- The practice also participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, one-to-one meetings, appraisals, facilitation and support for the revalidation of doctors and nurses.
- Staff received training that included: safeguarding children, fire procedures, basic life support and information governance awareness. Staff had access to e-learning training modules and in-house training, including training for staff in relation to the Mental Capacity Act.

### 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 people to other services.

# Are services effective?

## (for example, treatment is effective)

- The practice matron worked closely with residential homes, having daily contact, supporting staff in meeting the needs of patients within the residential home and developing personalised care plans with the involvement of carers where appropriate. Initial evidence of this new role showed a reduction of unplanned hospital admissions from patients within residential care.

Staff worked together and with other health and social care services to understand and meet the range and complexity of peoples' needs and to assess and plan ongoing care and treatment. This included when people 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 and were minuted. We noted these were routinely attended by district nurses, health visitors and Macmillan nurses.

### Consent to care and treatment

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

- All clinical staff understood the relevant consent and decision-making requirements of legislation and guidance and the majority of clinical staff this included the Mental Capacity Act 2005 (MCA).
- The practice matron was involved in best interest meetings and supporting staff and carers in residential or nursing homes to ensure Deprivation of Liberty Safeguards (DOLs) where appropriate were in place.
- 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 patients' mental capacity to consent to care or treatment was unclear GPs would assess the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor mental health and those requiring advice on their diet and smoking and alcohol cessation. Patients who may be in need of extra support were identified by the practice and where they required emotional and or psychological support the practice referred them to the Healthy Minds service.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 80.55% which is in line with the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 75.4% and five year olds from 67.5% to 70.1%.

Patients had access to appropriate health assessments and checks and reviews.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 37 patient CQC comment cards we received and the seven patients we spoke with were positive about the service experienced.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

The practice had scores on consultations with doctors at or above the national and CCG average scores and above average for the nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 100% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and national average of 97%.

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

Patients we spoke with and comment cards received, told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. These results were above local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%

Staff told us that translation services were available for patients who did not have English as a first language and an extended appointment would be booked if an interpreter was required.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission. All patients over 75 years old were offered a care plan and the practice matron provided personalised care plans for all patients living in residential and nursing homes. In addition care plans were developed for patient at risk of unplanned hospital admissions.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.5% of the practice list as carers. All clinicians had information to pass onto patients they identified as carers during consultations. Written information and a dedicated display board were available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them where appropriate. This 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included neighbourhood teams.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- Appointments with a GP were available throughout the day from early morning, lunchtime, to afternoon and early evening.
- There were longer appointments available for patients with a learning disability or those who required them.
- Home visits were available for older patients and patients who would benefit from these.
- The practice participated in an A&E avoidance project working with those patients most vulnerable to A&E attendance and worked with patients and other health and social care professionals to look at how they could reduce attendance at A&E.
- The newly appointed practice matron worked closely with residential and nursing homes providing support to staff and patients. Personalised care plans were developed and initial evidence from this work showed a reduction in unplanned hospital admissions for patients in residential and nursing homes.
- The practice employed a clinical pharmacist who provided medication reviews for patients. In addition they ran a minor ailments scheme in which patients could access appointments with the clinical pharmacist for ailments such as hayfever, allergies, coughs and colds and emergency contraception. Results from the quarterly evaluations of the scheme showed high levels of patient satisfaction. Results also showed 2% of patients would have attended A&E and 19% would have gone to the walk in centre had they not seen the pharmacist at the practice.
- Same day appointments were available for children and those patients with serious medical conditions.
- Pre bookable appointments were available on a daily basis by contacting the practice by telephone or online.

- There were disabled facilities, a hearing loop and translation services available.
- Patients who had two or more long term conditions such as asthma or diabetes were invited to attend one review to avoid them having to visit the practice multiple times for each condition.
- A phlebotomy service was available daily and via home visits for house bound patients.

Patients were able to receive travel vaccinations which were available on the NHS and for those only available privately patients were referred to other clinics.

- The practice secured funding to renovate the Mossley site which would improve access and increase the number of clinical rooms to enable the practice to expand and invite other providers into the practice. A lift was being installed allowing patients to easily access first floor clinical rooms.

### Access to the service

Appointments with a GP are available 8am to 6.00pm Monday to Friday. Appointments were throughout the day from early morning, lunchtime, to afternoon and early evening.

The appointments system enabled patients to book in a variety of ways including same day access either by telephoning the practice or booking online. Pre-bookable appointments could be booked up to four weeks in advance for GPs and up to 12 weeks in advance for nurses.

The practice had a system in place to assess:

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

The practice regularly monitored the demand on the service and the number of appointments available and the appointment system had evolved over the last few years in response to patient demand and feedback. For example additional GP sessions, increased health care assistant hours and increased capacity within the reception team to meet patient demand and improve patient experience.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was at or above the local and national averages. For example the GP survey results showed:



# Are services responsive to people's needs?

(for example, to feedback?)

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 76% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 93% of patients describe their overall experience of this surgery as good compared to the CCG average of 83% and national average of 85%.

## Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written and verbal complaints. We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice carried out an annual review of complaints to identify any patterns or trends and these were shared during team meetings.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas, within the practice leaflet and displayed on the practice website. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Partners and managers had protected time annually to review the business plan, review succession plans and future developments within the practice.
- The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs, this included participation in the CCG quality contract. One GP was a member of the CCG Governing Body and had the role of Clinical Director Wider Primary at Scale (WPCAS) within the CCG.

### 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 staff were aware of their own roles and responsibilities. Each GP had a lead role for example quality and safeguarding and there was a lead nurse in post.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was in place with a broad spectrum of clinical and non clinical audits in place.
- A programme of internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Partners and managers met as a practice twice a month to monitor and review quality and performance within the practice. The practice was engaged with the local CCG quality improvement scheme.

### Leadership, openness and transparency

The GPs and practice manager within 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 GPs and management team were visible, for example the practice manager had an open door policy and staff told us that they were approachable and took time to listen to staff. The practice encouraged a culture of openness and honesty.

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. The practice had clinicians within the practice with a range of clinical and management expertise. Clinicians with lead areas were clearly visible within the practice and staff knew who lead in different areas for example there was a lead GP for safeguarding.

- The practice held and minuted a range of multidisciplinary meetings including monthly meeting with district nurses and Macmillan nurses to monitor vulnerable patients and those patients nearing the end of life. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- The practice had a programme of internal meetings which included clinical meetings bi-monthly, nurse meetings, quality and performance meetings fortnightly and annual full team meetings. Meetings were minuted and shared securely via the internal intranet system.
- 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 said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Good 

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

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.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and complaints received. The practice had an active patient participation group (PPG) who met formally on a quarterly basis. Speaking with two members of the PPG they told us they felt valued and listened to by the practice.

The practice had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, but would welcome more opportunities. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice engaged in a wide range of audits and monitored quality and performance to improve patients outcomes. The practice reviewed and acted on patients feedback, a result of which was increased GP sessions and additional health care assistant hours to meet demand. The practice looked at alternative ways to meet patients' needs and improve outcomes; example included the introduction of clinical pharmacist three years ago. The role had developed to present day with increased hours and setting up a minor ailments scheme. Evaluation of the scheme has shown high levels of patients' satisfaction. The practice also recruited a practice Matron in January 2016 to support the practice in meeting the needs and improving outcomes for older patients.