

# Stockport Medical Group

## 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stockport Medical Group on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Information about services and how to complain was available and easy to understand, although the complaints procedure required the additional contact details for the Parliamentary and Health Service Ombudsman.
- Patients said they did not always find it easy to get through to the practice on the telephone but could get an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day.
- The practice had facilities and equipment to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was open and transparent and apologised when they got something wrong.

# Summary of findings

We saw two areas of outstanding practice:

- Systems to monitor and identify children who were risk of abuse were rigorous and included detailed searches of past medical history (in case of newly registered families), close scrutiny of data including attendance at Accident and Emergency, and close liaison with health visitors, school nurses and midwives.
- In 2015 the practice had started using a formula or algorithm (QDiabetes) to identify patients who potentially were at risk of developing diabetes. The search identified over 300 patients and the practice invited those patients with a risk of 50% or more of developing this chronic disease for a review and lifestyle awareness discussion. The practice had now extended this invitation to patients with a potential lower risk of between 10% and 49% for a review.

The areas where the provider should make improvement are:

- Ensure a periodic analysis of complaints and significant events is carried out to identify themes and trends so that appropriate action can be taken as required.
- Ensure second cycle audits are undertaken in a timely manner.
- Ensure the staff training matrix includes a record of GP mandatory training.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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. Systems to monitor and identify children who were risk of abuse were rigorous.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were similar to the average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although a planned programme of audit and re-audit would strengthen the practice's clinical governance.
- The practice was actively identifying patients who were at potential risk of developing type 2 diabetes by using a QDiabetes algorithm. Those identified were invited into the practice for a health care review.
- The practice introduced and used a specific code on the electronic patient record system to flag up patients that GPs wanted to specifically monitor and to follow up.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff and nursing staff benefited from regularly clinical supervision.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice for care they received similarly to local and national averages. For example 80% of patients surveyed said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%). 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%) and 90% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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 was involved in developing and delivering a 'Predict and Prevent' model of care enabling patient access to health care professionals on Saturday and Sundays in the practice neighbourhood.
- 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.
- Patients said they did not always find it easy to get through to the practice on the telephone but could get an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day. Patients told us they liked the online appointment booking facility.
- The practice employed a nurse specifically to review and support patients identified as being at risk of an unplanned admission to hospital. The practice nurse visited all the identified patients at home, carried out an assessment and recorded a care plan with the patient and or their carer. All patients living in a nursing home or residential care home also had care plan in place.

# Summary of findings

- The practice had facilities and equipment to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The complaints procedure required the additional contact details for the Parliamentary and Health Service Ombudsman.

## Are services well-led?

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

- The practice had a clear vision and 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 and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

**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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- GPs were allocated a specific care home and carried planned weekly visits to the home.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A practice nurse was specifically employed to support those patients considered at risk of unplanned admission to hospital. Agreed care plans were in place for these patients.
- Monthly palliative care meeting were held and community health care professionals attended these.

### People with long term conditions

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

Good



- Nursing staff had lead roles in 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 was actively identifying patients who were at potential risk of developing type 2 diabetes by using a QDiabetes algorithm. Those at risk were invited in for appointment to discuss the risk and seek ways of reducing the risk.
- The nurse practitioner carried out insulin initiation.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- Multi-disciplinary Neighbourhood team meetings had recently commenced to review those patients with the most complex needs.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Systems to monitor and identify children who were risk of abuse were rigorous and included detailed searches of past medical history (in case of newly registered families), close scrutiny of Accident and Emergency attendances, close liaison with health visitors, school nurses and midwives.
- Quality and Outcome Framework (QOF) data showed that the practice performed slightly below the national average with 72.27% 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.
- 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 (with 84.15% compared to the national average of 81.83%).
- In addition to routine and urgent appointments the practice recognised that a significant proportion their patients were children and offered dedicated same day children's surgeries on Monday and Tuesday afternoons. Appointments were also 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 good communication with health visitors.
- The practice offered a family planning service including in-house vasectomies and intrauterine contraceptive device (IUCD) fittings.

## Working age people (including those recently retired and students)

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

Good



- 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.



# Summary of findings

- Stockport Medical Group had two GP practices where later evening and early morning appointments were available on different days. GP, practice nurse and health care assistant appointments were available at the extended opening times. In addition each GP practice was open one alternate Saturday per month.
- Telephone consultations were available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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

- The practice held 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.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- GPs were training to recognise and record female genital mutilation (FGM) and were working closely with midwives.

Good



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

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

- 87.95% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was slightly above the national average (84.01%).
- 91.18% 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 regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



## Summary of findings

- The practice nurse employed specifically to support patients at home was undertaking 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing slightly below local and national averages. A total of 338 survey forms were distributed and 99 were returned. This represents a 29.3% completion rate and 0.78% of the practice's patient list.

- 68% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 77% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 72% 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%).

The practice was aware of patient concerns especially around getting through to the practice on the telephone. The practice was in consultation with the Clinical Commissioning Group to improve telephone access at the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards, 24 of which were positive about the standard of care received. The comment cards referred to GPs by name and gave examples of where the practice had supported them with their health care needs. A number of cards referred to the support the practice provided to their children. Patients said they felt listened to and involved in decisions about their treatment. Four comment cards referred to not being able to get through to the practice by telephone.

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

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure a periodic analysis of complaints and significant events is carried out to identify themes and trends so that appropriate action can be taken as required.
- Ensure second cycle audits are undertaken in a timely manner.
- Ensure the staff training matrix includes a record of GP mandatory training.

## Outstanding practice

We saw two areas of outstanding practice:

- Systems to monitor and identify children who were risk of abuse were rigorous and included detailed searches of past medical history (in case of newly registered families), close scrutiny of data including attendance at Accident and Emergency, and close liaison with health visitors, school nurses and midwives.
- In 2015 the practice had started using a formula or algorithm (QDiabetes) to identify patients who potentially were at risk of developing diabetes. The search identified over 300 patients and the practice invited those patients with a risk of 50% or more of developing this chronic disease for a review and lifestyle awareness discussion. The practice had now extended this invitation to patients with a potential lower risk of between 10% and 49% for a review.

# Stockport Medical Group

## 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 practice manager specialist advisor.

## Background to Stockport Medical Group

Stockport Medical Group is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice confirmed they had 12592 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as four 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 below the England and CCG average for males at 77 years and 81 years for females (England average 79 and 83 respectively). The practice's unemployed patient population was much higher, 12.8% compared with the CCG average of 4.7% and the England average 5.4%

The patient numbers in the younger age groups were higher than both the CCG and England averages. For example 8.3% of the patient population was aged 0-4 years (CCG and England average 5.9%) and the percentage of young people under 18 years of age was 24.3% compared to the CCG 20.4% and England average 20.7%.

The practice has seven GP partners (four female and three male), one salaried GP and three GP trainees. The practice

employs a practice manager, deputy manager, an office manager, one nurse practitioner, three practice nurses, one pharmacist, one assistant practitioner and three healthcare assistants. In addition the practice employs 22, secretarial, reception and administrative staff.

The practice is a training practice for qualified doctors who are training to be a GP and is a medical student training practice.

Stockport Medical Group provides services from two GP practices. One is the registered location at Edgeley Medical Practice, 1-3 Avondale Road, Edgeley, Stockport. The second GP practice is classed as branch surgery and is known as the Delamere Practice, 257 Dialstone Lane, Great Moor, Stockport. The Delamere GP practice branch surgery provides a full range of services including GP appointments, nurse led health screening clinics and a weekly baby clinic. We did not visit this branch surgery. Patients can request appointments at either the main surgery or the branch surgery. We did not visit the Delamere GP practice.

Edgeley Medical Practice is open Monday 8am to 8pm, Tuesday 7am to 6.30pm, Wednesday to Friday 8am to 6.30pm and one Saturday per month 8.30am to 12pm.

The Delamere Practice is open Monday 8am to 6.30pm, Tuesday 8am to 8pm, Wednesday 7am to 6.30pm and Thursday and Friday 8am to 6.30pm. The practice is also open one Saturday per month (alternate weeks to Edgeley) 8.30am to 12pm.

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.

# Detailed findings

The practice buildings have been adapted so they are accessible to people with disabilities.

## 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 17 February 2016.

During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, one nurse practitioner, two practice nurses, one assistant practitioner, the office manager, the Information governance officer and the IT officer. We also spoke with four 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.
- The practice carried out an analysis of significant events. Six weekly clinical team meetings were held where learning was shared. Clinical meeting minutes did not always have a list of the attendees. This would provide an audit trail of who benefited from any learning discussed as a result of significant event or complaints.

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 and nurses we spoke with provided examples of significant events and the action taken as result of analysis. A log of significant events was maintained, although these were not analysed to identify potential trends or themes.

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. Systems to monitor and identify children who were risk of abuse were rigorous and included detailed searches of past medical history (in case of newly registered families), close scrutiny of attendance at Accident and Emergency

departments, close liaison with health visitors, school nurses and health visitors. A GP safeguarding assurance toolkit was in place which risk assessed the activities being undertaken by the practice and identified areas that required further development. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. GPs were also undertaking training in female genital mutilation (FGM) and were working closely with midwives to recognise and record this appropriately.

- Training records for safeguarding vulnerable adults were not up to date and it was not clear from discussion with the practice manager if staff had received this training. However the practice manager confirmed to us the following day that the e-learning provided by the Clinical Commissioning Group (CCG), which staff had completed included adult safeguarding also.
- 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The local authority health protection nurse had undertaken infection control audits at both GP practices in 2015 and had recently revisited both locations. Where action had been identified, response plans were recorded and evidence was available to demonstrate these had been actioned. There was an infection control protocol in place and staff had received up to date training.
- 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 employed their own pharmacist who carried out regular medicines audits, 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 their use. One of the nurses

## Are services safe?

had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Evidence of identity was not consistently included in all files.
- 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 whose test results were abnormal.

### 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. 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. Staff teams confirmed they 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.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff gave recent examples of how effective this was.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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. A copy of the plan was available at both GP practices.



# 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 99.9% of the total number of points available, with 9.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). 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 patients with other health care conditions which prevented screening, a number of patients refused (despite repeated requests) to attend for screening and diabetic children who received hospital consultant care were also excluded from the practice's performance indicators. The practice had consistently achieved over 99.5% of the QOF points available since 2011. 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 86.8% 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 80.8%. The national average was 78.03%.

- 85.04% of patients with hypertension had their blood pressure measured in the preceding 12 months compared to 83.65% nationally.
- 72.27% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to national data 75.35%.
- 87.95% 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%.
- 91.18% 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 introduced and used a specific code on the electronic patient record system to flag up patients that GPs wanted to specifically monitor and to follow up. For example, if a GP wanted a patient to have a repeat blood test after a course of treatment.

Clinical audits demonstrated quality improvement.

- Evidence from two completed audits was available which demonstrated improvements were implemented and monitored. These included a minor surgery audit to monitor rates of infection. After the first cycle the practice purchased hyfrecator; this is used to destroy tissue, and to stop bleeding during minor surgery. In addition the Assistant Practitioner received wound care training. Following a re-audit no incidences of wound infection were recorded.
- There were a number of first cycles of clinic audits available; however re-audit of these were not always undertaken in a timely manner. Timely re-audit would enable the practice to monitor the effectiveness of the actions implemented as a result of the initial audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice was part of the Salford and Stockport Lung Study.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- 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. Records of induction training were not always held with the staff member's personnel file.
- 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. The practice had trained their practice nurse for the management and monitoring of long term conditions. The nurse practitioner was a cytology mentor and supported practice nurses with their training and development in carrying out smears. The nurse practitioner also carried monthly clinical supervision with the practice nurses, the assistant practitioner and health care assistants.
- 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 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. However a central record of GP training in these topics was not held. Staff had access to and made use of e-learning training modules and in-house training.
- 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.
- Multi-disciplinary neighbourhood team meetings had recently commenced to review those patients with the most complex needs
- 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.

### Consent to care and treatment

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

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

### 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 and smoking. Patients were then signposted to the relevant service.
- In 2015 the practice commenced using a formula or algorithm (QDiabetes) to identify patients who potentially were at risk of developing diabetes. The search identified over 300 patients and the practice invited those patients with a risk of 50% or more of

### 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.

# Are services effective?

(for example, treatment is effective)

developing this chronic disease for a review and lifestyle awareness discussion. The practice had now extended this invitation to patients with a potential lower risk of between 10% and 49% for a review.

The practice's uptake for the cervical screening programme was 84.15% which was comparable to the national average of 81.83%. There was a policy to write and 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 having language translation services available. 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 or higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.4% to 94.6% and five year olds from 84.6% to 94.5%.

Data supplied by the practice for 2014-15 showed their flu vaccination rates for the over 65s were 87% and at risk groups 76%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We received 28 CQC patient comment cards; 24 of which were positive about the standard of care received. The comment cards referred to GPs by name and gave examples of where the practice had supported them with their health care needs. A number of cards referred to the support the practice provided to their children. Patients said they felt listened to and involved in decisions about their treatment. Four comment cards referred to not being able to get through to the practice by telephone.

We spoke with two patients during the inspection and two members of the patient participation group (PPG) who were also patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The two members of the PPG we spoke with practice said they attended face to face meetings that were held about twice a year. We heard that the PPG had about 15-20 patients who attended the meetings but this was supported by a virtual (online) patient reference group (PRG) of about 300 patients. The members of the PPG told us they were satisfied with the service they received. They said attending meetings were useful, the GP practice updated them on the changing NHS and potential impact to services and they confirmed they were consulted and listened to about how to improve services. This included discussions regarding the telephone access to arrange appointments.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to or slightly below the Clinical Commissioning Group (CCG) and the national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 90%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

The practice had reviewed the GP Patient Survey results published in July 2015 and implemented an action plan to respond to the issues identified by patients in the survey.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Twenty four out of 28 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 slightly below local and national averages. For example:

- 77% 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%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).

## Are services caring?

- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language and we were provided with examples when these services had been used. The practice website also had a language translation facility.

### **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. Written information was available to direct carers to the various avenues of support available to them.

The practice told us that they knew their patients well and if families had suffered bereavement, they sent a bereavement card offered patient specific support.

# 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 worked closely with the Clinical Commissioning Group and had recently introduced a weekend GP service (Saturday and Sunday) 'Predict and Prevent' for patients living in the neighbourhood.

- The practice offered a pre-bookable appointment up to six weeks in advance. Patients had access to GP appointments from two GP practice surgeries where early morning and late evening appointment were available on different days. GP, practice nurse and health care assistant appointments were available at the extended opening times. In addition each GP practice was open one alternate Saturday per month.
- 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 provided minor surgery and 24 hour ambulatory blood pressure service to their own patients and patients living within the CCG area.
- The practice employed a nurse specifically to review and support patients identified as being at risk of an unplanned admission to hospital. The practice nurse visited all the identified patients at home, carried out an assessment and recorded a care plan with the patient and / or their carer. All patients living in a nursing home or residential care home also had care plan in place and benefited from regular visits by the practice nurse.
- Dedicated GP leads were allocated to nursing and residential care homes. Planned weekly visits were 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 had ensured that care home staff had a means of access to patient medical records (following the receipt of consent from patients) so that staff could refer to these as required to ensure patients' received the right care and treatment.

- In addition to planned and urgent appointments the practice recognised that a significant proportion of their patients were children and offered dedicated same day children's surgeries on Monday and Tuesday afternoons. Appointments were available outside of school hours and the premises were suitable for children and babies. All children under five years of age were given a same day appointment.
- There were longer appointments available for patients with a learning disability, dementia, and mental health problems and for people over the age of 75 years.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities for the disabled access and practice had language translation services available.
- The practice published an on line practice newsletter approximately twice a year.

### Access to the service

Stockport Medical Group provided services from two GP practices. Patients could request appointments at either the main surgery or the branch surgery. Edgeley Medical Practice was open Monday 8am to 8pm, Tuesday 7am to 6.30pm, Wednesday to Friday 8am to 6.30pm and one Saturday per month from 8.30am to 12pm. The Delamere practice was open Monday 8am to 6.30pm, Tuesday 8am to 8pm, Wednesday 7am to 6.30pm and Thursday and Friday 8am to 6.30pm. The Delamere practice was also open one alternate Saturday per month from 8.30am to 12pm.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 68% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 48% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

The practice was aware of the problems patients had in getting through to the practice on the telephone and was working with the CCG and other GP practices within the CCG to update the telephone network platform.

# Are services responsive to people's needs?

(for example, to feedback?)

Consultations were taking place with BT. In addition the practice had implemented an action plan following the GP patient survey results published in July 2015 to try and improve access and patient satisfaction.

People told us on the day of the inspection that they were able to get appointments when they needed them.

## **Listening and learning from concerns and complaints**

The practice had an effective system in place for handling complaints and concerns. We looked at sample of complaints received in the last 12 months and these were satisfactorily handled, dealt with in a timely way, openness

and transparency. However the complaints information leaflet for patients and final letters to complainants did not include the contact details for the Parliamentary and Health Service Ombudsman should the complainant wish to pursue their complaint further. The practice manager confirmed she would address this.

Information about how and who to complain to was displayed on the notice board in the waiting room and in the patient information leaflet. The practice held regularly teams meetings and complaints were reviewed regularly. However a periodic analysis of complaints to identify themes and trends was not undertaken.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice's aims and objectives were to deliver high quality care and promote good outcomes for patients, employees and the wider local community.

- Staff spoken with knew and understood the aims and objectives of the practice and felt able to contribute to these.
- The practice had a robust strategy and held weekly partner meetings to monitor their performance progress and reflect on the practice vision and values.

### 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 GPs and nurses led on clinical areas and administrative and reception staff members were allocated responsibilities in line with their role and experience.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements however a planned programme of clinical audit and re-audit would assist the practice to monitor quality improvements in patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice engaged with the Clinical Commissioning Group (CCG) and attended meetings to contribute to wider service developments. One GP partner was also the CCG Chief Clinical Officer and also a member of the strategic partnership board leading on Greater Manchester Devolution. Another GP partner was a Director for Viaduct Health (Stockport GP federation) and was the lead for Urgent Care and, Seven day Access.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise 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.

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, approximately every six weeks. The practice closed for half a day and this time was used to share information and learning and development.
- 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 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. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through monitoring survey results surveys and from complaints



# Are services well-led?

Good 

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

received. A core group of patients were active members of the PPG which at least twice yearly. The PPG was supported by approximately 300 patients who were part of the virtual (online) patient reference group. Members of the PPG told us they had been consulted on and updated on the issues regarding telephone access.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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

- The staff team were actively encouraged and supported with their personal development. Nursing and administrative staff gave examples of how the GP Partners and the practice supported them to develop their skills and abilities. Examples included a receptionist who was supported to undertake a degree in Health and Social Care was now employed as an assistant practitioner. Both practice nurses joined the

practice without experience or training in the role of practice nurse and were trained to the standards expected by the surgery. One of the practice nurses was being supported to enrol in the nurse practitioner university course for September.

- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients. The neighbourhood multi-disciplinary team had recently had their first meeting.
- The practice implemented rigorous monitoring of data and patient information to monitor children identified as at risk of abuse and to identify others at potential risk. Close working relationships were established with health visitors and midwives.
- The practice worked closely with the Clinical Commissioning Group (CCG) and provided a recognised and valued health research service.
- The practice was proactive in its succession planning. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Two of the GP partners were leads on designing and implementing a 'Predict and Prevent' model of care promoting patient access to GP and nursing and health care assistant appointments at weekends within the neighbourhood.