Orrell Park Medical Centre

Quality Report

Trinity Church
Orrell Lane /Rice Lane
Liverpool
L9 8BU
Tel: 0151 5253051
Website: www.ssphealth.com

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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

This is the report from our announced comprehensive inspection of Orrell Park Medical Centre on the 20 July 2015.

Overall the practice is rated as good.

Our key findings were as follows:

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. Systems were in place to ensure medication including vaccines were appropriately stored and in date. The practice used a pharmacy advisor to ensure the practice was prescribing in line with current guidelines.
- A Local Medical Director had been recently appointed to oversee the clinical governance of the practice and was proactively encouraging the use of clinical audits to ensure patients received treatment in line with best practice standards.
- Patients had their needs assessed in line with current guidance and the practice had a holistic approach to patient care offering longer appointments where necessary.
- Feedback from patients and observations throughout our inspection highlighted the staff were kind, caring and helpful. However some dissatisfaction was expressed with not being able to get through on the telephone to make an appointment and not seeing the same GP for consistency of care.

There were also areas of practice where the provider should make improvements.

The provider should:

- Improve the telephone systems for patients to arrange appointments as a matter of priority.
- Review their appointment system to maximise the number of appointments available for patients when their recruitment plans are fulfilled.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated within the practice to support improvement.

The practice had policies in place for safeguarding vulnerable adults and children and all staff had received training suitable for their role. The practice had a visiting pharmaceutical advisor for safer prescribing.

Are services effective?

Good

Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical staff were supported by a Local Medical Director who had implemented an agenda of audits to help improve standards of care for patients. Staff worked with other healthcare professionals locally to ensure the best outcomes for patients. Staff had received training appropriate to their role and regular appraisals.

Are services caring?

Good

Feedback from patients about their care and treatment was positive overall. We observed a patient-centred culture. Some staff had worked at the practice for many years and understood the needs of their patients well.

Are services responsive to people's needs?

Good

The practice reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Information about how to complain was available and learning points from complaints were discussed in practice meetings. The practice offered extended hours access and access for urgent care for children. The Citizen's Advice Bureau held a session at the practice for any patient requiring advice.

Are services well-led?

Good

The practice was supported by staff from SSP Health Ltd.'s head office in terms of administration so the practice staff could concentrate on providing clinical care. Staff were clear about the values of the practice being patient centred. The practice sought feedback from patients, which it acted on. Staff had received regular performance reviews and attended staff meetings and events.

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 offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services. For example, the avoidance of unplanned admissions scheme where patients who were identified on this service had completed care plans in place. The practice had a designated named GP for patients who are 75 and over. The practice carried out home visits.

People with long term conditions

Good

The practice continuously contacted these patients to attend annual reviews to check that their health and medication needs were being met. The practice had adopted a holistic approach to patient care rather than making separate appointments for each medical condition. The practice offered appointments up to 45 minutes to ensure patients with multiple needs were seen.

Families, children and young people

Good

One GP was the safeguarding lead for the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances.

The midwife visited the practice once a week and there were immunisation clinics. The practice had an 'early years' fact sheet to provide information for example on immunisations. The practice had developed an 'Access for Children' policy to ensure that all children under five could be seen on the same day if required.

Working age people (including those recently retired and students)

Good

The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered telephone consultations instead of patients having to attend the practice and the ability to text to cancel their appointments. The practice offered online prescription ordering and online appointment services.

People whose circumstances may make them vulnerable

Good

Notice boards in the waiting room had local support information displayed. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice referred patients to the appropriate services to provide help for patients with anxiety, depression and other mental health conditions. The practice maintained a register of patients with mental health needs in order to regularly review their needs or care plans.

Staff had recently attended Mental Capacity Act training and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards to all its practices.

Summary of findings

What people who use the service say

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

We received 36 comment cards (equivalent to 0.9% of patients) and spoke with a member of the patient participation group. All comments received indicated the staff team were very caring. However 11 cards indicated dissatisfaction with trying to make an appointment and six not being able to see the same GP.

Results received from the National GP Patient Survey from July 2015 from a total of 104 responses (2.6% of patients) showed that:

- 73% of patients described their overall experience of this surgery as good compared to the local average of 79% and the national average of 85%.
- 54% found it easy to get through to this practice by phone compared with a local average of 65**%.**
- 45% of respondents with a preferred GP usually get to see or speak to that GP compared with local average of 58% and national average of 60**%.**
- 97% said the nurse was good at listening to them which was higher than the local and national averages of 91%.
- 71% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to a local average of 83%.
- 89% found the receptionists helpful which was higher than the local averages of 83%.

We also saw results from the Friends and Family Test which is a national survey all GP practices participate in to ascertain if their patients would recommend the practice. Results showed that for June, 26 people were extremely likely or likely to recommend the service and 4 patients were unlikely to recommend.

Areas for improvement

Action the service SHOULD take to improve

- Improve the telephone systems for patients to arrange appointments as a matter of priority.
- Review their appointment system to maximise the number of appointments available for patients when their recruitment plans are fulfilled.

Orrell Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was carried out by a CQC Lead Inspector and included a GP specialist advisor.

Background to Orrell Park Medical Centre

Orrell Park Medical Centre is located in the outskirts of Liverpool. There were 3987 patients registered at the practice at the time of our inspection.

The practice has two male GPs, a practice nurse, a healthcare assistant, and reception and administration staff. The practice also has locum GPs.

The practice is open 8.00am to 6.30pm Monday to Friday. The practice offers extended hours opening on Tuesdays until 8pm and appointments with the practice nurse from 7.30am Monday to Thursday. Patients requiring a GP appointment outside of normal opening hours are advised to contact an external out of hours service provider (Integrated Care Sefton). The practice held a primary medical services contract (PMS). The practice had recently been accredited as a training practice and already teaches medical students.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We spoke with a range of staff including three GPs, the practice healthcare assistant and nurse, reception staff and the practice manager. We also spoke with one of the directors, the Chief

Detailed findings

Operating Officer, the head of HR, a data quality manager and the Local Medical Director for SSP Health Ltd on the day. We sought views from patients and looked at comment cards and reviewed survey information.

Good

Are services safe?

Our findings

Safe track record

There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of these significant events and this also formed part of GPs' individual revalidation process.

Learning and improvement from safety incidents

The practice held staff meetings at which significant events were a standing item on the agenda and were discussed in order to cascade any learning points. We saw minutes from meetings and one where an annual summary of significant events was discussed along with actions to be taken.

We viewed documentation which included details of the events, details of the investigations, learning outcomes including what went well and what could be improved. We saw that information from patient complaints were also incorporated into significant event evaluation. For example, one event had led to a system being implemented for receptionists to be able to communicate with clinicians when they were busy with patients.

Reliable safety systems and processes including safeguarding

The practice had policies in place for safeguarding vulnerable adults and children which 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.

All staff had received safeguarding children training at a level suitable to their role. Staff had also received safeguarding vulnerable adults training and understood their role in reporting any safeguarding incidents. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

The practice had a computer system for patients' notes and there were alerts on a patient's record if they were identified as at risk.

The practice nurse or health care assistant acted as chaperones if required and a notice advising of this service was displayed in the waiting room and consulting/ treatment rooms. Staff had received training to carry out this role and had received a disclosure and barring service (DBS) check. These 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.

Medicines management

The practice worked with pharmacy support from the local clinical commissioning group (CCG) and in addition SSP Health Ltd had their own pharmaceutical advisor from another company who visited the practice. Regular medication audits were carried out with the support of the pharmacy teams to ensure the practice was safely prescribing in line with best practice guidelines. The practice carried out audits around the prescribing of high risk drugs and also audits covering over and under use and uncollected prescriptions. This had led to a new system being implemented to ensure prescriptions were collected at the practice by patients.

The practice had two fridges for the storage of vaccines. The practice nurse took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Fridge temperatures were checked daily. In addition, there was a recording device which was used in the event of a change in temperature whereby the device would give a computer read out as to the exact time the fridge had gone out of temperature range. Regular stock checks were carried out to ensure that medications were in date and there were enough available for use.

Emergency medicines were available. These were stored securely and available in the reception area. The health care assistant had overall responsibility for ensuring emergency medicines were in date and carried out monthly checks. All the emergency medicines were in date.

Prescription pads were securely stored and systems were in place to monitor their use.

Cleanliness and infection control

Comments we received from patients indicated that they found the practice to be clean. Treatment rooms had hand

Good

Are services safe?

washing facilities and personal protective equipment (such as gloves) was available. Hand gels for patients were available throughout the building. Clinical waste disposal contracts were in place.

We were told the practice nurse was the designated clinical lead for infection control. There was an infection control protocol in place and staff had received up to date training. This included the use of spillage kits. Staff were aware of what they needed to do in the event of a needle stick injury.

The practice had previously taken part in annual external audits from the local community infection control team and also had their own audits and acted on any issues where practical. The practice had carried out Legionella risk assessments and regular monitoring.

Equipment

All electrical equipment was checked to ensure the equipment was safe to use.

Clinical equipment in use was checked to ensure it was working properly. For example blood pressure monitoring equipment was annually calibrated. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was in good working order.

Staffing and recruitment

The practice had a lead GP who worked every day and another permanent GP who worked part time. There had been a nurse practitioner at the practice who had left in May and locum GPs were being used to cover the shortfall in appointments. The practice used the same locum GP as much as possible. The practice had recently been accredited as a training practice which meant they would be taking a registrar GP at a later date.

There was also a practice nurse, a healthcare assistant, and reception and administration staff.

The practice was also supported by SSP Health Ltd office staff. SSP Health Ltd utilise other staff from nearby practices if there are any unexpected shortfalls in reception and administration staff.

All clinical staff working at the practice had received a DBS check to ensure they were suitable to carry out their role. Non clinical staff were risk assessed for the need for a DBS check.

Monitoring safety and responding to risk

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and health and safety leaflets were available for staff. The practice had up to date fire risk assessments and management plans in place and had recently carried out a fire drill. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the reception area. The practice had recently purchased oxygen but staff had not yet been trained in its use. There was also a defibrillator available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. There was a list of emergency contacts in reception for staff to refer to however staff did not where the hard copy of the emergency plan was located.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Once patients were registered with the practice, the health care assistant carried out a full health check which included information about the patient's individual lifestyle as well as their medical conditions. The health care assistant referred the patient to the GP when necessary.

The practice carried out assessments and treatment in line with best practice guidelines for example, NICE guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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. Patients who had long term conditions were continuously followed up by letter throughout the year to ensure they all attended health reviews. The practice had constantly increased its QOF score year on year and their current results were 99% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2013-2014 showed that care and treatment targets for patients with diabetes and mental health problems was higher than national averages. These included patients with dementia, for example, each dementia patient had received a face to face review of care plans, compared to a national average of 83%.

All GPs and nursing staff were involved in clinical audits. Examples of completed audit cycles included diagnosis and treatment of tonsillitis and high risk medication audits. In addition, the Local Medical Director cascaded the results to the GPs and ensured that locum GPs also received the information.

Effective staffing

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.

Staff received training that included: -safeguarding, fire procedures, chaperone training and basic life support and information governance awareness. Staff also had access to e-learning training modules. The GPs were further supported by a Local Medical Director who arranged clinical meetings to discuss any improvements to the practice.

All staff received annual appraisals and staff told us training needs were discussed. All GPs were up to date with their yearly continuing professional development requirements and they had been revalidated.

Working with colleagues and other services

All incoming hospital letters requiring action and test results were read by the lead GP on a daily basis.

The practice liaised with the out of hours service for patients requiring end of life care for example, faxes were sent with any relevant information to the service over weekends.

The practice worked with district nurses, health visitors and midwives.

Information sharing

Systems were in place to ensure information regarding patients was shared with the appropriate members of staff. Individual clinical cases were analysed at a team meeting as necessary. For example, the practice in conjunction with community nurses and matrons held regular meetings for patients who were receiving palliative care.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. These included patients on the 'at risk' register, learning disabilities and palliative care register.

The practice had information governance systems in place with nominated leads and there was a confidentiality policy which formed part of employment contracts for all staff.

Consent to care and treatment

We spoke with the GPs about their understanding of the Mental Capacity Act 2005 and Gillick guidelines. They were aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Good

Are services effective?

(for example, treatment is effective)

Staff had recently received Mental Capacity Act training and SSP Health Ltd had also disseminated information regarding Deprivation of Liberty Safeguards to all its practices.

Health promotion and prevention

The practice had a variety of patient information available to help patients manage and improve their health. There were health promotion and prevention advice leaflets available in the waiting rooms for the practice including information on dementia.

Data from 2013-2014 showed immunisation uptake rates for children up to two years of age to be between 77.4%-95.1% which was lower than the CCG averages of 82.8-100%. A similar trend was seen for over five year olds.

The practice performed better for seasonal flu vaccination uptakes for patients 65 and older; the uptake rate was 55.34% which was in line with the national average of 52.9%.

The practice worked pro-actively with the local Alcohol Support Team and smoking cessation clinics to promote healthy lifestyles. In addition there were weighing scales available in the waiting room for patient's' convenience. The practice also held phlebotomy clinics and offered an in house audiology service so that patients did not need to travel to other services.

Good

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. Some staff had worked at the practice for many years and knew their patients well. All CQC comment cards we received indicated that patients found staff to be helpful, caring, and polite and that they were treated with dignity. However, we received six cards which showed patients dissatisfaction in not being able to see the same GP and some commented that their continuity of care was lost.

Results from the National GP Patient Survey (from 106 responses) showed that 71% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to a local average of 83% and 74% said the last GP they saw or spoke to was good at listening to them compared to a local average of 87%.

Curtains were provided in consulting rooms and treatment 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.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey showed that 73% said the last GP they saw or spoke to was good at explaining tests and treatments and 67% said the last GP they saw or spoke to was good at involving them in decisions about their care which was lower than the local and national averages.

Eighty nine percent of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care which was higher than the local and national averages of 85%.

Patient/carer support to cope emotionally with care and treatment

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients who had been bereaved were contacted to see if they required any additional support.

There was supporting information to help patients who were carers in the waiting room. The practice also kept a list of patients who were carers and alerts were on these patients' records to help identify patients who may require extra support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had previously had a Patient Participation Group (PPG) but membership had dwindled. The practice manager was in the process of establishing a PPG and had advertised the PPG availability in the waiting room and website.

At the time of our inspection the practice had received some response to this initiative and we spoke to one of the members who confirmed they had met with the practice to discuss concerns which the practice manager was exploring.

The practice sought patient feedback by a variety of other means such as utilising a suggestions box in the waiting room, having an in-house patient survey and utilising the Friends and Family test. Survey results were displayed in the waiting room and demonstrated that some patients were not fully aware of appointment systems in place. In response to this, the practice had produced a newsletter available at the reception desk which outlined appointment arrangements.

Tackling inequity and promoting equality

The building had disabled access. There was no hearing loop but practice information leaflets were available in large print for partially sighted patients.

Staff told us there had been a recent increase in the number of asylum seekers using the service. Staff could access translation services if needed. The practice manager was liaising with community health teams to see how they could improve patients first visit experience to the practice by making sure interpreters were available to the patient.

The practice had an equal opportunities and anti-discrimination employment policy which was available to all staff on the practice's computer system.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. It also had extended hours opening on a Tuesday until 8pm and from 7.30am Monday to Thursday for pre bookable appointments with the practice nurse. The practice operated a mixture of pre-bookable, same day and emergency appointments. Appointments could be booked up to two weeks ahead. Telephone consultations and home visits were available. Results from the GP National Patient Survey showed 81% of respondents were able to get an appointment to see or speak to someone the last time they tried which was the same as the local average.

Results from the GP National Patient survey showed 54% of respondents found it easy to get through to this surgery by phone which was much lower than the local average of 65%. Comments from patients also indicated that patients experienced difficulty in getting through to the surgery to make an appointment. We discussed this with the practice manager who told us that a new telephone system was being considered.

Comments we received from patients indicated some dissatisfaction because they did not always see the same GP for consistency in care or did not know who they were seeing. When the practice's recruitment plans for a registrar are in place, they should review their appointment system to maximise the number of appointments available and to advertise to patients how the system works in order for patients to make best use of the service.

The practice operated a cancellation service whereby patients could cancel their appointments by text to try to reduce wasted appointments. We received positive comments about the use of the cancellation service.

Listening and learning from concerns and complaints

The practice had a complaints policy in place and information about how to make a complaint was available both in the waiting room and within the practice leaflet and website. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

We looked at a review of an annual summary of formal complaints received by the practice from April 2014 to March 2015. Complaints were broken down into twelve different categories such as whether the complaint was a clinical issue or about staff attitude in order to identify any trends. The review outlined whether patients' complaints had been dealt with in an appropriate timescale and highlighted whether the patient was happy with the outcome of the complaints process and there was a good

Good

Are services responsive to people's needs?

(for example, to feedback?)

audit trail of information. Complaints were discussed at staff meetings so that any learning points could be cascaded to the team. Verbal complaints and compliments were also recorded and taken into account.

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 an information handbook for patients containing the SSP Health Ltd vision statement 'to deliver outstanding clinical services responsive to patient needs'. Staff told us the practice was patient centred and there was a 'patient charter' in the waiting room. Some staff had been working at the practice for many years and knew their patients well.

SSP Health Ltd provided the administrative support to allow the practice to focus on patient care.

Governance arrangements

There was a clinical governance policy in place. SSP Health Ltd had a range of policies and procedures which were available to all staff on the practice's computer system. The policies included a 'Health and Safety' policy and 'Infection Control' policy. All the policies were regularly reviewed and in date and staff we spoke with were aware of how to access the policies on the computer system.

There was a recently appointed Local Medical Director to oversee the clinical governance of the practice to ensure best practice was followed. There were clinical governance meetings in which clinical audits and continuous improvements were addressed.

There were quality assurance procedures to ensure the full implementation of policies and procedures. This included comprehensive checks carried out by the Chief Operating Officer for SSP Health Ltd, monthly checks carried out by the Regional Manager and random sample checks done by head office.

Performance audits covering consultations and appropriate referrals by GPs were also carried out monthly by the Local Medical Director.

Leadership, openness and transparency

The appointment of the Local Medical Director provided clinical leadership. There was also a lead GP available every day and a practice manager. There was an organisational chart showing staff roles and responsibilities available in the reception area which staff referred to.

All staff said they felt supported by management and worked well together as a team. SSP Health Ltd encouraged staff motivation and the practice nurse had won nurse of the year awards within the organisation.

The practice had a protocol for whistleblowing and staff we spoke with were aware of the policy and what to do if they had to raise any concerns. All staff we spoke with told us they felt listened to by the practice manager if they needed to discuss any concerns.

Practice seeks and acts on feedback from its patients, the public and staff

Results of surveys and complaints were discussed at staff meetings. Practice administration staff met monthly and staff told us they could raise issues openly.

The practice used Friends and Family Test, suggestion boxes and in house surveys in order to gain patients feedback. The practice also reviewed NHS choices. Information from results from surveys was displayed in the waiting room and the practice was in the process of recruiting more members for the PPG.

Management lead through learning and improvement

The appointment of the Local Medical Director was welcomed by staff. The practice was making greater use of audits and the results of these were cascaded to all staff including locum GPs to ensure the practice learnt from any issues arising and were following best practice guidelines.

All staff received annual appraisals and had personal development plans in place. SSP Health Ltd encouraged career development. The GPs were all involved in revalidation, appraisal schemes and continuing professional development. The practice worked with the Mersey Deanery and taught medical students. The practice had recently been accredited as a training practice for placements for GP registrars which was due to start later in the year.