

Premier Health Team

Quality Report

Bridgewater Medical Centre
Henry Street
Leigh
Lancashire WN7 2PE

Tel: 01942 481851

www.premierhealthteam.org

Date of inspection visit: 19 October 2016

Date of publication: 06/01/2017

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

Ratings

Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Outstanding practice	13

Detailed findings from this inspection

Our inspection team	14
Background to Premier Health Team	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Premier Health Team, Bridgewater Medical Centre on 19 October 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice used some innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the practice had engaged in annual school visits to encourage health promotion since 2011 and the office manager led the “Think Ahead” pilot to facilitate increased care and wellbeing for stroke patients.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients’ needs. They were the link practice for the Live Well Complex Team, holding two clinics per week for homeless patients across the Leigh Locality.
- The Patient Participation Group (PPG) had been in existence since 2009 and in addition to the PPG role, the practice was also part of the Atherleigh and Patient Focus Group (ALPF).
- The practice is part of the Prime Minister’s challenge fund awarded to Wigan Borough ensuring patients can access a GP at the practice Monday to Friday 8am to 8pm and Saturdays 10am to 4pm.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Feedback from patients about their care was consistently positive and the practice did a lot of charity work and fund raising annually for Children in Need, The Sturge-Weber Foundation and Macmillan support.

Summary of findings

- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There were strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice including:

- The practice manager submitted a business plan to the Single Commissioning Engagement and Outcome Scheme (SCEOS) and as a result of that the practice received money to fund a project creating displays and presentations on health topics for children of local schools. As a result vulnerable children had been identified and helped.

- The practice maximised opportunities to support learning and development for all staff. For example funding was provided for a diploma in management studies and placements were offered for pre-registration nurses so that students could experience this branch of nursing.
- As a result of links that had been forged with Wigan Council social services, the nurse partner became aware of and obtained cold-emergency boxes for elderly or vulnerable patients during the winter months. The boxes contained a blanket, gloves, hat, thermos, mask, socks and a hot water bottle. The practice shared this knowledge with other practices through the CCG-wide nurse forum so that they could also obtain supplies.

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 and staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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 (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good caring services. Data from the national GP patient survey showed patients rated the practice in line with others for most aspects of care. Feedback from patients about their care and treatment was consistently positive. We observed a strong patient-centred culture:

Good



- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles in achieving this.

Summary of findings

- The practice provided rooms free of charge to counsellors and link workers to held sessions where patients with mental health issues, vulnerable people, homeless people and those with social isolation can be seen in a safe and non-threatening environment when the practice is free of other patients. They did this for their own patients and also patients of other practices.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. At the request of the PPG, the practice purchased wall coverings to make the environment more visually appealing and less clinical for adults and children.
- The practice were heavily involved in annual fund raising events for Macmillan support, Children in Need and the Sturge-Weber Foundation.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met their patients' needs. Examples included identifying and tackling obesity and depression in school children, a breathlessness service, in-house INR clinics and inter-practice joint injections to their own and other patients. They offered reviews and identification of patients at risk of stroke and provided rooms for specialist clinics for homeless people and patients at risk of abuse.
- There were innovative approaches to providing integrated patient-centred care. For example Premier Health Team were one of the first practices in the country to take the focus away from GP only based care and took the lead on a whole team ethos approach to primary care. This was verified in newspaper cuttings that we saw.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the PPG. They made changes to the look and feel of corridors and clinic rooms to make it more welcoming and less clinical.
- As a result of feedback from the PPG the practice changed missed appointments (DNA) reporting from a negative slant to a

Outstanding



Summary of findings

positive one by reporting how many patients did attend for appointments rather than how many did not. The DNA rate decreased as a direct result of this and the current consistent attendance rate was 97%.

- Patients could access appointments and services in a way and at a time that suited them either by attending at the practice, telephoning or directly on-line. The practice had made all appointments available on-line (except for emergency ones) and patients had the same view of appointments as the reception staff. The system was continually monitored to ensure it was not abused and so far it had been successful with no inappropriate access.
- The practice was open from 8am until 8pm Monday to Friday and Saturday 10am to 4pm as part of the Prime Minister's challenge fund awarded to Wigan Borough. GPs from the practice also provided out of hours services to support continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs including 24 hour heart monitoring.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- High standards were promoted and owned by all practice staff and teams worked together across all roles. There was a high level of constructive engagement with staff and a high level of staff satisfaction. They consistently received awards and had been recognised for their good practice over a number of years.
- 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 it. They consistently engaged in fund raising each year and all the staff were involved.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development and had assisted with business plans to procure funding for projects to help patients in the community. The PPG was also involved in the

Outstanding



Summary of findings

wider Atherleigh and Patient Focus Group ALPF group where improvements for the whole Borough were discussed and implemented. This involvement had created positive impact for patients of the practice and throughout the wider community.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels. The leaders at the practice encouraged and supported staff at all levels by providing training, offering lead roles, developing staff skills and creating an empathic environment where patients felt involved and valued. Staff were encouraged to develop lead roles which led to positive impact for patients such as those with learning disabilities, people with cancer diagnoses and carers.
- Premier Health Team were a training practice for pre-registration student nurses studying at the University of Central Lancashire. The practice also maintained a relationship with Wigan and Leigh College for on-going staff education.

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.

- Care and treatment of older people reflected current evidence-based. The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients aged 75 and over, and not just those on disease registers, were offered health checks.
- Weekly get active walks were arranged by the PPG.

Good



People with long term conditions

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

- The practice was responsive to the needs of the population. Due to the historical coalmining and cotton mill working area, the nurse partner set up one of the first in-house chronic obstructive pulmonary disorder (COPD)/respiratory care clinics in the Borough.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had a total of 19 long term condition registers including hypertension, epilepsy, COPD and diabetes.
- Outcomes for all clinical domain indicators except diabetes were 100 per cent. Outcomes for diabetes were 98%.
- Longer appointments were available for patients on several disease registers so that all their needs could be assessed and monitored at one visit and home visits were available when needed.
- All these patients had a named GP and a structured annual review, at the least, to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP undertook monthly integrated neighbourhood team meetings and worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Outstanding



Summary of findings

- The practice has worked with local schools since 2011 offering health promotion/prevention programmes. Joint working has included school visits into the practice, healthy eating and lifestyle promotions and information leaflets which have been sent to three local schools as a result of the practice's "summer safety" campaign. As a result of these visits the practice formed an affiliation with fitness groups and helped to set up "fitness for fun" in schools.
- The practice has visited schools to give talks and advice to children about services available at the practice. Feedback has been positive and as a result of their attendance, three vulnerable children who may not otherwise have sought help, have been identified and followed up.
- The practice identified 19% of their patient population as aged 18 or below and offered services according to their needs. Appointments were available outside of school hours and the premises were suitable for children and babies.
- All children aged 16 and below were offered same day urgent appointments and staff told us that children and young people were treated in an age-appropriate way and recognised as individuals. We saw evidence to confirm this.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. We saw positive examples of joint working with midwives, health visitors and community matrons who attended monthly neighbourhood meetings to discuss case management.
- Immunisation indicator rates were 100% for all but three standard childhood immunisations. The practice offered immunisations to young people as part of the recent catch up programmes and also offered sexual health discussions and advice.
- Cervical screening indicators were higher than average for females attending cervical screening within the target period. The practice indicators were 82% compared to the CCG average of 78% and National average of 74%.

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



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Premier Health Team was one of the first practices in the country to take the focus away from the “GP only” based care and took the lead on a whole team ethos approach to primary care. The practice is run and managed by a GP and Nurse partner.
- The GP partner had an interest in cardiology, minor surgery and dermatology. He was well known to his patients for participating in at least one marathon per year and encouraging patients by example. A small number of the practice patients competed against him via media applications improving their fitness levels in the process.
- 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.
- Patients could access appointments and services in a way and at a time that suited them either by attending at the practice, telephoning or directly on-line. The practice had made all appointments available on-line (except for emergency ones) and patients had the same view of appointments as the reception staff.
- The practice was open from 8am until 8pm Monday to Friday and Saturday 10am to 4pm as part of the Prime Minister’ challenge fund awarded to Wigan Borough.
- GPs from the practice provided out of hours services, including the Saturday morning clinic, to support continuity of care.

Following a recent review of requirements for patients, nurse led appointments were offered between 8am until 6.30pm Monday to Friday.

People whose circumstances may make them vulnerable

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

- The practice had devised their own registers of vulnerable patients to ensure that patients did not fall off the practice radar. Those registers included asylum seekers, vulnerable children and homeless people. They were the link practice for the Live Well team at Wigan Council who used the practice, free of charge, twice a week to hold open clinics for homeless people in the Leigh locality. This service was not limited to patients who registered at the practice.

Outstanding



Summary of findings

- Direct links were held with the local homelessness and inclusion team and annual updates were received from the team leader who also referred new patients, including asylum seekers, to the practice for registration.
- Monthly integrated neighbourhood team meetings were held to discuss the case management of the most vulnerable patients of the practice, including those identified in all the other population groups.
- The practice offered longer appointments for patients with a learning disability and used several different referral pathways for patients requiring additional support such as access to 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. We saw evidence where staff vigilance had identified patients where there may be cause for concern.
- As a result of links that had been forged with Wigan Council social services, the nurse partner became aware of and obtained cold-emergency boxes for elderly or vulnerable patients during the winter months. The boxes contained a blanket, gloves, hat, thermos, mask, socks and a hot water bottle. The practice shared this knowledge with other practices through the CCG-wide nurse forum so that they could also obtain supplies.

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).

- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local average of 84% and national average of 84%. However no patients had been excepted, compared to the local exception rate of 6% and the national rate of 8%. (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. Practices with lower exception rates have provided better outcomes for patients).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12

Good



Summary of findings

months was 100% compared to the local average of 92% and the national average of 88%.The exception rate was only 5% compared to the local average of 10% and the national average of 10%.

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

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with or above local and national averages. 285 survey forms were distributed and 111 were returned. This represented approximately 4% of the practice's patient list.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Comments included very high praise for all the staff, positive comments about the environment and satisfaction with the care, treatment, dignity and respect received from both newly registered and long term patients.

Outstanding practice

- The practice manager submitted a business plan to the Single Commissioning Engagement and Outcome Scheme (SCEOS) and as a result of that the practice received money to fund a project creating displays and presentations on health topics for children of local schools. As a result vulnerable children had been identified and helped.
- The practice maximised opportunities to support learning and development for all staff. For example

funding was provided for a diploma in management studies and placements were offered for pre-registration nurses so that students could experience this branch of nursing.

- As a result of links that had been forged with Wigan Council social services, the nurse partner became aware of and obtained cold-emergency boxes for elderly or vulnerable patients during the winter months. The practice shared this knowledge with other practices through the CCG-wide nurse forum so that they could also obtain supplies.

Premier Health Team

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.

Background to Premier Health Team

Premier Health Team is based within Bridgewater Medical Centre in Henry Street, Leigh, Lancashire, WN7 2PE. The patient list size is 2,786 and the service is available to patients within Leigh Central and Leigh East boundaries. It is close to public transport and there is car parking available with disabled spaces.

The team consists of a male GP and a female Nurse Practitioner who are the practice partners. In addition there is a male salaried GP and a female practice nurse. These clinicians are supported by a practice manager, office manager and a team of reception and administration staff. The nurse partner is advanced nurse practitioner who is able to prescribe medicines and the practice nurse is currently training to be a prescriber.

The practice offers a number of services including the management of long term conditions, family planning, well health clinics, minor surgery and travel vaccinations. These services are commissioned to the practice by Wigan Borough Clinical Commissioning Group under a Personal Medical Services Contract. There are district nurses, community matrons and health visitors associated with the practice who undertake dressings, ear syringing and child development assessments.

As part of the Prime Ministers challenge fund, Premier Health Team support the new extended hours hub service. This means that patients can access a GP and Nurse for routine appointments 6.30pm-8pm Monday to Friday and also Saturday's 10am-4pm in the practice premises. These hours are in addition to standard opening hours.

The practice standard opening hours are :

Monday 8am to 6.30pm

Tuesday 8am to 6.30pm

Wednesday 8am to 5pm

Thursday 8am to 1pm and 4pm to 8pm

Friday 8am to 6.30pm

Premier Health Team is a training practice for pre-registration student nurses.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2016. During our visit we:

- Spoke with a range of staff including the GPs, nurse partner, practice nurse, practice and office managers and reception and administration staff.
- Spoke with patients who used the service and the chairman of the Patient Participation Group.
- Observed how patients were being cared for at reception.
- Reviewed an anonymised sample of the personal care or treatment records of patients where required.
- 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events, discussed and recorded significant events at team meetings, disseminated minutes and implemented change.
- We saw evidence of clinical events and administrative events where learning had been achieved. We saw evidence where learning from clinical events had improved outcomes for patients with potential cancer diagnoses.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with all staff, clinical and administrative, and action was taken to improve safety in the practice. For example, staff were instructed to use staples instead of paper clips following a prescription incident, and an alert about the safety of prescription sun cream was discussed and the information disseminated to all staff to action.

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 to safeguard children and vulnerable adults from abuse. These arrangements reflected

relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when applicable and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nursing staff were also trained to the appropriate levels.

- A notice in the waiting room, in treatment rooms and in the practice information leaflet advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice had embarked on the GP Prevent Infection Together (PIT) programme led by Wigan Borough CCG to help GP practice to pass CQC inspections. We saw that the practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There was an infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice had undertaken a self-assessment and had identified areas for improvement which they had addressed. For example all plugs had been removed from sinks and hand hygiene audits had been completed. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific

Are services safe?

clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support 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 stored securely.
- 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. Disaster recovery and business continuity was successfully implemented when the practice was flooded in 2007 and the staff received an award in 2008 in recognition of their efforts following the disaster. Since then they were vigilant that the plan was kept up to date and all staff were aware of it.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks. There was a system in place to monitor clinical activity so that clinical staff were alerted if targets were not being met and guidelines not being followed.

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 98% of the total number of points available and their exception reporting was 5% lower than average at 5%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was better than local and national averages. The practice attained 98% which was 6.1% above the CCG average and 8.4% above the national average.
- Performance for mental health related indicators was better than local and national averages. The practice attained 100% which was 5% above the CCG average and 7% above the national average.

Most of the QoF data was consistently higher than average and this was continual over a period of several years. In addition to the higher than average figures, exception reporting was consistently lower than average.

There was evidence of quality improvement including clinical audit.

- There had been a number of audits completed in the last two years and many of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included

Information about patients' outcomes was used to make improvements such as identifying obesity in children and tackling the issues through school visits and parent and child health education.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, continuous personal development for those staff in lead roles and ongoing assessment and training. Staff had received training in awareness of female genital mutilation. As a result, two cases had been identified and managed appropriately.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. They were pro-active in identifying children at risk of obesity, patients at risk of cancer, those with breathlessness, those at risk of homelessness and those who may be prone to developing mental health conditions. Patients were signposted to relevant support services and offered support from within the practice.
- Staff were available on the premises to provide diet and smoking cessation advice.
- The practice's uptake for the cervical screening programme was 82% against the target of 80% in the last five years. This figure was comparable to the CCG and national average of 82%. The practice operated a recall system which included telephone reminders for women who did not attend the cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and for five year olds the immunisation indicator rates were 100% for all but three of the standard childhood immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients 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 saw evidence of kindness displayed by all the staff at the practice and many public reports where this had been acknowledged in newspaper clippings, letters to the practice and other articles where the practice had been recognised for their involvement and assistance to vulnerable patients or those with unusual and long-term conditions.

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 a private room to discuss their needs.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with the chair member of the patient participation group (PPG) who had received the Patient Ambassador of the Year award for their duties with the PPG and the positive changes that had been implemented for patients of the practice. They also told us that as a patient of the practice they were satisfied with the care provided 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 practice provided rooms free of charge to counsellors and link workers to hold sessions where patients with mental health issues, vulnerable people, homeless people

and those with social isolation can be seen in a safe and non-threatening environment when the practice is free of other patients. They do this for their own patients and also patients of other practices.

The practice were heavily involved in annual fund raising events for Macmillan support, Children in Need and the Sturge-Weber Foundation. As a result of links that had been forged with Wigan Council social services, the nurse partner became aware of and obtained cold-emergency boxes for elderly or vulnerable patients during the winter months. The boxes contained a blanket, gloves, hat, thermos, mask, socks and a hot water bottle. The practice nurse took these boxes out to patients on home visits and practice staff were also asked to identify anyone they thought might be vulnerable and need this helpful equipment. The practice shared their knowledge about this service with other practices through the CCG-wide nurse forum so that they could also obtain supplies.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had identified that the figures for some of the satisfaction scores in July 2016 were lower than those given in January 2016. Since July 2016 they had discussed the scores with the PPG, had identified the reasons for the reduction and had taken action to make improvement. The scores in July 2016 were :

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Are services caring?

Care planning and involvement in decisions about care and treatment

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

The practice manager spent a lot of time liaising with partner services and patients and their families to ensure that the appropriate support and treatment was provided and received.

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 in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- There were lead members of staff who were dedicated to providing information to patients to help with prescriptions, cancer diagnoses, learning disabilities and other patients who were vulnerable or at risk.

Patient and carer support to cope emotionally with care and treatment

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

The practice had a carers' register and the computer system alerted GPs if a patient was also a carer. They reviewed the register regularly and added and removed alerts from patient records following bereavement or changes in circumstances. Currently 62 patients were identified as carers (approximately 2.5% of the patient list). We saw evidence that patients who were also carers were given information about other services and avenues of support available to them. They were also offered annual health checks and, flu vaccinations and advice on how to keep themselves mentally and physically well such as relaxation workshops and exercise plans.

Staff showed us how families who had suffered bereavement were offered support. Their usual GP and/or the practice manager contacted them and sent them a sympathy card. They were offered a consultation at a flexible time and location to meet the family's needs and/or advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice manager submitted a business plan to the Single Commissioning Engagement and Outcome Scheme (SCEOS) as a result of which the practice received money to fund a project creating displays and presentations on health topics for local school children. As a result of the practice interventions, three vulnerable children who may not otherwise have sought help were identified and reviewed.
- As a direct consequence of the school visits, the practice was contacted by a new company going in to schools and trying to make sport fun. Together they were tackling sedentary lifestyles and getting children active for half an hour each day after school. Staff also had an opportunity to signpost patients on to other active living teams that worked in conjunction with the practice.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met their patients' needs. Examples included identifying and tackling obesity and depression in school children, a breathlessness service, in-house INR clinics and inter-practice joint injections to their own and other patients.
- There was a system to ensure patients who had had a stroke or were at risk were offered reviews and they provided rooms for specialist clinics for homeless people and patients at risk of abuse at no cost to the counsellors.
- There were innovative approaches to providing integrated patient-centred care. Premier Health Team were one of the first practices in the country to take the focus away from GP only based care and took the lead on a whole team ethos approach to primary care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from

patients and from the PPG. At the request of patients they made changes to the look and feel of corridors and clinic rooms to make it more welcoming and less clinical.

- As a result of feedback from the PPG the practice changed missed appointment rates (DNA) reporting from a negative slant to a positive one by reporting how many patients did attend for appointments rather than how many did not. The DNA rate decreased as a direct result of this and the current consistent attendance rate was 97%. The practice shared what they had done with another practice who then introduced the same system and also found that the DNA decreased as a result.
- The practice offered longer appointments for patients with learning disabilities or several long term conditions; home visits were available for older patients and those who had a clinical need; same day appointments were available for children and others when required.
- The practice was responsive to patients with disabilities, older patients and those who were frail. Staff held lead roles and patients in these categories had a named person to contact if they needed assistance.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice provided 109 patient contacts per 1000 patients every week which was above average. The practice had signed up for the Winter Pressures Locally Commissioned Service and was providing seven additional appointments per week to meet the requirements.

Access to the service

As part of the Prime Ministers challenge fund, Premier Health Team support the new extended hours hub service. This means that patients can access a GP and Nurse for routine appointments 6.30pm-8pm Monday to Friday and also Saturday's 10am-4pm in the practice premises. These hours are in addition to standard opening hours

The practice standard opening hours were :

Monday 8am to 6.30pm

Tuesday 8am to 6.30pm

Wednesday 8am to 5pm

Thursday 8am to 1pm and 4pm to 8pm

Friday 8am to 6.30pm



Are services responsive to people's needs?

(for example, to feedback?)

Patients could access appointments and services in a way and at a time that suited them either by attending at the practice, telephoning or directly on-line. The practice had made all appointments available on-line (except for emergency ones) and patients had the same view of appointments as the reception staff. The system was continually monitored to ensure it was not abused and so far it had been successful with no inappropriate access.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Someone would speak to the patient or their carer in advance of the visit to gather information and allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits and understood when they should tell a patient to get to hospital in an emergency.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as leaflets and posters. Information on the practice website could be translated into different languages.

We looked at the complaints received in the last 12 months and found that they were satisfactorily handled and dealt with in a timely way. The practice was open and honest when dealing with the patients and offered detailed explanation. Lessons were learnt from individual concerns and complaints and also from analysis of trends. We saw that action was taken as a result to improve the quality of care. For example when patients complained about the practice's negative approach to missed appointments, the practice changed their slant and displayed information about appointments that were attended, rather than those that were missed.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

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:

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a clear staffing structure and all staff were aware of their own roles and responsibilities as well as the responsibilities of other members of staff who held lead roles.
- Practice specific policies were implemented and continually reviewed. All staff had access to the policies via their links on their desktop.
- A comprehensive understanding of the performance of the practice was maintained by and shared with all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements and included nursing and administration staff.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and we saw evidence of this. Staff told us the partners were approachable and always took the time to listen to all members of staff.

- In 2016 the practice were nominated and received two awards from Wigan Borough Council (Wigan Borough Primary Awards July 2016). Innovation in Practice Commendation was awarded to the practice manager and Patient Ambassador of the year was awarded to the chair of the PPG. The surgery had consistently received awards over the years for its good practice. In 2008 they received Practice Team of the Year and Receptionist of the Year from the Royal College of General Practitioners.
- There was a strong focus on continuous learning and improvement at all levels. The leaders at the practice were inspiring and encouraged and supported staff at all levels by providing training, offering lead roles, developing staff skills and creating an empathic environment where patients felt involved and valued.
- The nurse partner was Nurse Champion and Clinical Supervisor for Wigan Borough CCG. They facilitated practice nurse teaching every month, and reflected on meetings. They shared good practice within their own organisation and across other practices in the Borough.
- Premier Health Team was a training practice for pre-registration student nurses studying at the University of Central Lancashire. The practice also maintained a relationship with Wigan and Leigh College for on-going staff education.
- The practice held continuous personal development files for each member of staff with annual appraisals and on-going training/development. Staff were encouraged to progress and the practice paid for additional staff training such as diplomas for administration staff.

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

Are services well-led?

Outstanding



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

- Staff told us the practice held regular team meetings and we saw evidence that these were regular and well documented. They also held daily clinical meetings which were documented and actioned as necessary.
- 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 and supported in doing so. We saw evidence that staff were involved in practice peer reviews, documented significant event analysis and learning outcomes.
- 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 practice had been recognised for the support it had given to a patient and the education it had provided to staff, when a patient had presented with Sturge Webber syndrome.
- At least two team social outings were held by the practice at Christmas time and to celebrate QoF achievement. All staff were offered free health checks led by Health First Federation.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development and had assisted with business plans to procure funding for projects so the practice to help patients in the community. The PPG was also involved in the wider ALPF group where improvements for the whole Borough were discussed and implemented.
- The PPG obtained funding to provide free paediatric first aid training for borough-wide patients and this continued to be presented annually.
- At the request of the PPG, the practice purchased wall coverings to make the environment more visually appealing and less clinical for adults and children.
- The practice had gathered feedback from staff through appraisals, staff meetings, and informal discussions. Staff were encouraged to provide suggestions for improvement and they were listened to. For example the practice introduced a flexible working pattern policy to ensure that those employees with families had the right to ask for support and change to working hours. They identified that 88% of their workforce had family commitments and did their best to ensure continuity of that workforce through flexibility.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice manager had attended a local cluster meeting discussing new models of care. As a result of suggestions for an area management role for practice managers the PM was asked to present a paper/business case with ideas for this role. This was done and sent to the group. It was currently under review.

The practice helped people in the wider community and not just patients of their own practice. They provided rooms free of charge to counsellors and link workers to hold sessions at the practice. They discussed and thought about how these sessions could be best undertaken for

Are services well-led?

Outstanding



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

vulnerable patients who were attending and for patients at the practice. They made sure that the practice was empty of regular patients when the sessions took place, to ensure anonymity and confidentiality.