Rope Green Medical Centre

Quality Report

Rope Lane
Shavington
Crewe
Cheshire
CW2 5DA
Tel: 01270 275990
Website: www.ropegreenmedicalcentre

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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?	Outstanding
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rope Green Medical Centre on 11 August 2015.

Overall the practice is rated good and outstanding for providing effective care.

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

- The practice was clean and had good facilities including disabled access, lowered reception desks for wheelchair users, hearing loops, and easy read format information and translation facilities.
- The practice had other visiting healthcare professionals available including a physiotherapist, speech therapist, health visitors and podiatrists. There was also a consultant led rheumatology clinic available.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG) and acted on feedback.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice was very organised and well led. All staff had been at the practice many years and worked well together as a team.

There were areas of outstanding practice including:

- Bespoke reception support for each GP to ensure continuity of care for the patient.
- The practice had trained, experienced nurses for management of long term conditions such as diabetes. Each nurse had their own room containing all the facilities and patient information necessary to deal with that particular medical condition.
- The practice held regular meetings with other healthcare professionals and social services to support patients with more complex needs. The practice had made the decision to continue these meetings even though no further funding arrangements were available to ensure their patients received the best package of seamless joined up care.
- The practice mentored a local Care Home to provide support and training with a monthly meeting to review any hospital admissions/A&E attendances with a view

Summary of findings

to identifying plans to stop inappropriate attendances and admissions. Following each meeting a significant event analysis form was completed and submitted to the CCG with any outcomes or proposed changes.

However there were improvements the provider should consider:-

- Include the address and contact details of ombudsman services on the practice complaints information for patients.

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 

The practice is rated good for providing safe services. The practice was able to provide evidence of a good track record for monitoring safety issues. The practice took the opportunity to learn from incidents, to support improvement. There were systems, processes and practices in place that were essential to keep people safe including infection control, medicines management and safeguarding.

Are services effective?

Outstanding 

The practice is rated outstanding for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were at or above national averages. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Staff had received training relevant to their roles.

Are services caring?

Good 

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good 

The practice is rated good for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements from feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Information about how to complain was available. Learning from complaints was shared with staff.

Are services well-led?

Good 

The practice is rated good for being well-led. It had a clear vision and strategy. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received

Summary of findings

inductions and attended staff meetings and events. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice implemented innovative ways of working and recognised future challenges.

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 offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and nursing home visits. The practice participated in meetings with other healthcare professionals and social services to discuss any concerns. There was a named GP for the over 75s.

Good

People with long term conditions
These patients had a six monthly or annual review with either the GP and/or the nurse to check their health and medication. The practice had registers in place for several long term conditions including diabetes and asthma. Patients were allocated specific practice nurses for their management of the condition.

Good

Families, children and young people
There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice regularly liaised with health visitors who attended on a weekly basis. Immunisation rates were high for all standard childhood immunisations.

Good

Working age people (including those recently retired and students)
The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered online appointment bookings. The practice was working with other practices in the area to be part of the Prime Minister's Challenge Fund to offer extended hours opening specifically to target those patients who worked during normal practice opening times.

Good

People whose circumstances may make them vulnerable
The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability which were either scheduled at the beginning or end of a clinical session. Staff had received safeguarding training and additional training in communication techniques.

Good

Summary of findings

People experiencing poor mental health (including people with dementia)

Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. There were plans to introduce a clinic for elderly patients with mental health and dementia issues and staff and the PPG were involved in dementia friend training. The practice had received additional training from local psychiatrists and one GP partner had recently received training in Deprivation of Liberty Safeguards (DoLS) assessor training.

Good 

Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 125 responses which is equivalent to 0.7% of the patient list) demonstrated that the practice was performing in line with local and national averages. However; results indicated the practice could perform better in certain aspects of care, for example:

62% of respondents are satisfied with the opening hours compared with a CCG average of 71**%** and national average of 75%.

- 52% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 86% and national average of 85%.

The practice scored higher than average in terms of patients finding staff helpful and overall satisfaction. For example:

- 93% of respondents describe their overall experience of this surgery as good compared with a CCG average of 83% and national average of 85%.
- 90% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 76% and national average of 78%.
- 98% of respondents find the receptionists at this surgery helpful compared with a CCG average of 84% and national average of 87%**.**

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards (which is 0.08% of the practice patient list size) comment cards which were overall positive about the standard of care received but there were four negative comments which made reference to getting through on the telephone and waiting for appointments. GPs and nurses all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with dignity and respect.

Rope Green Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor, a practice manager specialist advisor and another CQC inspector.

Background to Rope Green Medical Centre

Rope Green Medical Centre is a purpose built practice situated in a semi- rural area near Crewe, Cheshire. There were 17,100 patients on the practice list at the time of our inspection and the majority of patients were of white British background.

The practice is a training practice managed by two executive GP partners; two other GP partners and the practice manager who was also a partner. There are also three salaried GPs and trainee GPs and long term locums. There are five practice nurses and a healthcare assistant. Members of clinical staff are supported by the practice manager and two deputy managers, a personal assistant to the executive GP partners and 23 reception and administration staff.

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Central Eastern Cheshire nights and evening and weekends service.

The practice has a Personal Medical Service (PMS) contract and had enhanced services contracts for example, childhood vaccinations.

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

Detailed findings

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 11 August 2015.
- Spoke to staff and representatives of the PPG.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Good

Are services safe?

Our findings

Safe track record and learning

The practice was able to provide evidence of a good track record for monitoring safety issues. The practice took the opportunity to learn from internal and external incidents, to support improvement. All staff were involved in incident reporting and those we interviewed told us they could do this confidently and felt supported to do so without any fear of blame. There were recording systems in place which all staff used. Quarterly meetings were held to cover all incidents reported. Some improvement in the completion of some documentation we reviewed could be made with more emphasis on action taken and the evaluation of any changes made.

Overview of safety systems and processes

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

- Arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Clinical staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). 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.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.
- Procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and poster available. The practice had up to date fire risk assessments and had recently carried out a fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Standards of cleanliness and hygiene were followed. All areas of the practice were clean and cleaning schedules and monitoring systems were in place. Two of the practice nurses were the designated leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice carried out audits and monitored systems in place. The practice had carried out Legionella risk assessments and regular monitoring.
- Arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Arrangements to deal with emergencies and major incidents

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. There was also a first aid kit and accident book available.

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.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.

The Practice offers a Health Check to all patients between the ages of 40 and 74.

The practice had identified over 250 complex patients and had a 'Complex Patients Register'. Each of those patients had a care plan in place which was regularly reviewed with patients to ensure they were involved in any decision making and future plans. Any patients on this register who had an admission to hospital were contacted by a GP to update their care plan. Any patterns were fed back to the CCG to try to help reduce admissions.

The practice had worked with other practices in the area on an 'Early Intervention Scheme' during the winter months to proactively manage unnecessary hospital admissions. The practice worked with other practices in the area at 'Extended Practice Team' meetings to ensure those patients especially the frail elderly with complex long term conditions were supported to prevent unnecessary hospital admissions.

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice considered care closer to home for patients and had a variety of other services linked to the practice, for example, Rheumatology clinics, Counselling, Podiatry, Speech and Language Therapy and Phlebotomy.

The practice worked with other community groups for example, the Health and Wellbeing Coordinator who secured some funding to purchase items to help some of the most vulnerable members of the community to keep warm during the cold weather.

The practice had trained, experienced nurses for management of long term conditions such as diabetes. Each nurse had their own room containing all the facilities and patient information necessary to deal with that particular medical condition.

Childhood immunisation rates (2014) for the vaccinations given to two year olds and under ranged from 94.2% to 98.7% and were higher than CCG averages of 93.5% to.96.3%. Vaccination rates for five year olds were 100% for several immunisations and were higher than local averages.

The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 79.9% compared to a national average of 73%.

The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 83.5% compared to a national average of 81.8%.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 test results. The practice was reviewing systems available to allow voice activated clinical data input. There was bespoke reception support for each GP to ensure continuity of care for the patient.

There was an information governance policy in place to ensure patient's details were kept safe and staff received training in handling confidential data and used smart cards to access computer systems. There was a confidentiality policy available.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by reception staff. Each GP had their own receptionist to ensure continuity of care for the patient. Arrangements were in place to share information for patients who needed support from out of hours.

The practice worked with a variety of other health care professionals including health visitors, midwives, district nurses and Macmillan nurses.

The practice held regular meetings with other healthcare professionals and social services to support patients with more complex needs. The practice had made the decision to continue these meetings even though no further funding arrangements were available to ensure their patients received the best package of seamless joined up care.

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 throughout the year to ensure they all attended health reviews. Current results were 98.9% 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:

- Performance for diabetes assessment and care was higher than the national averages for some aspects of care.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- Performance for mental health assessment and care was much higher than the national averages for care plans in place.

The practice could evidence quality improvement with clinical audits and all relevant staff were involved. One audit was regarding the standard of discharge letters sent from hospitals and to review how many unplanned admissions to hospital there had been. The practice identified that a third of unplanned admissions came from nursing homes.

The practice mentored a local Care Home to provide support and training with a monthly meeting to review any hospital admissions/A&E attendances with a view to identifying plans to stop inappropriate attendances and admissions. Following each meeting a SEA was completed and submitted to the CCG with any outcomes or proposed changes.

The practice had been involved in a 'Telehealth' Pilot Project with the local Consultant in Endocrinology and the CCG. The system works by supplying the patient with a small piece of equipment connected via blue tooth which enables the patient to take their own readings, for example blood pressure . These readings are then sent to a hub monitoring systems which are then reviewed with the clinician proactively managing any potentially abnormal readings to avoid admission to hospital.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- There were enough staff to provide services and this was monitored. The practice did use locums but these were regular locums who received induction and continuous support and they were encouraged to attend staff meetings.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training. Practice nurses attended local nursing forums for additional training and clinical staff attended protected learning events organised by the CCG.

All GPs were up to date with their continuing professional development. There were annual appraisal systems in place for all other members of staff. Training needs were identified through appraisals and quality monitoring systems. For example, the practice wanted to improve on outcomes for patients with diabetes and one of their practice nurses was enrolled on a diploma level course for diabetes management. Staff had also undergone training to improve communication skills when engaging with patients who had learning difficulties.

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. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The majority of the 14 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and clinicians were helpful, caring and treated them with dignity and respect. We also spoke with three members of the PPG. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

The practice's website contained information for carers and there was a file in the waiting room and noticeboard with further information. Carers were asked to sign up to a register so that their needs could be met. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and would visit them at home to discuss any of their needs

Data from the National GP Patient Survey July 2015 showed from 125 responses that performance was in line with local and national averages for example,

- 87% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice recognised the impact of changes within the local area resulting from a reduction and centralisation of other healthcare support. The practice held regular meetings with other healthcare professionals and social services to support patients with more complex needs. The practice had made the decision to continue these meetings even though no further funding arrangements were available to ensure their patients received the best package of seamless joined up care.

The practice worked with the local CCG to improve outcomes for patients in the area. The practice recognised that 25% of their population were over 75 years of age and that there was a gap in the community to provide services for elderly patients with mental health conditions. There were plans in place to introduce a clinic for the practice patients and also for others in the local area. The practice had also identified the need for intermediate care support for patients who had been discharged from hospital and were in negotiations with the CCG to introduce a new service for the area.

There was an established and very active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG promoted other services for example, dementia awareness and carers' organisations. The PPG and the practice recognised the need to have younger members and had plans to engage with the local school to gather young people's feedback on the services provided.

The National GP Patient Survey Results from July 2015 showed that the percentage of respondents who found it easy to get through to the practice by telephone (61%) was in line with local average (62%) but lower than national average response rate (73%). In response to patients concerns about getting through to the practice by telephone, a new telephone system was being explored.

The PPG were very engaged with the practice and had been involved in the design and planning of the practice. The building had won a Health Investors Award for the facilities.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were good disabled facilities including lowered reception desk areas for patients in wheelchairs, hearing loop, easy read format style information leaflets and translation services available.
- There was a sub-waiting room for those patients that struggled to walk from the main room to the consulting room.

Access to the service

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was only 62% compared to the CCG average of 71% and national average of 75%. The practice did not offer any extended hours service, however they were part of the Prime Minister's Challenge Fund (which aids practices to open for longer hours) along with other practices in the area and were planning to open additional hours in the future.

The practice was open from 8am to 6.30pm. Pre-bookable appointments could be booked up to six weeks in advance and same day urgent appointments were also available. Ten minute time slots were allocated for patients but there were no constraints on how many medical issues could be discussed at any given appointment. This resulted in appointment waiting times were increased. Results from the National GP Patient Survey showed that 52% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 86% and national average of 85%. We spoke to one of the GP partners about this who advised us that longer appointments would hamper patients being able to receive an appointment and the GPs had an ethos of ensuring the patient received care that was patient centred and aimed to reduce the need for making further multiple appointments. The practice had employed GPs for more sessions and the PPG had discussed waiting times and the practice was looking at ways to combat this issue.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in a practice leaflet. 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 but did not detail their address or contact details. The practice manager advised us this would be rectified.

We reviewed complaints and found that both written and verbal complaints were recorded and written responses for both types of complaints which included apologies given to the patient, an explanation of events and sometimes an invite to discuss issues further.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision and a mission statement to 'maximise healthcare and to improve patients' lives by responding to their needs'. The mission statement had been produced by the GP partners and reviewed by all staff. The practice team were passionate about providing the best possible care. Management were aware of their strengths and weaknesses, opportunities and external challenges facing the practice.

Governance arrangements

The practice had implemented a management model whereby it had two GP partners who were executives for the practice; one dealing with financial aspects and the other learning and quality outcomes for patients. This management approach helped the practice bridge any gaps between part time partners and implement any initiatives. There was a nurse lead to oversee the nursing team and practice manager and deputies to oversee various administration roles.

The practice had policies and embedded procedures in place to cover seven key areas of governance: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access. Practice policies were linked to e-learning training modules and training could not progress until the member of staff had read the policy. Policies could be improved by having a system of version control for all documents produced.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place. One GP partner was examining how systems could be improved by making greater use of analysis tools. (Root cause analysis).
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. A wide range of meetings were planned and regularly held including: significant event and complaints meetings, health and safety meetings, clinical meetings, palliative care meetings, executive and partner meetings and practice manager meetings. Lunch time briefs had recently been introduced for all staff where guest speakers were invited. Meeting minutes were circulated and available on the staff noticeboard.
- Organised premises and equipment to meet patients' and staff needs. For example, all consultation rooms and treatment rooms were meticulously organised and monitored on a weekly basis by the healthcare assistant. Every desk draw was labelled with contents and checked to ensure the clinician had the relevant clinical items available.
- Proactively gained patients' feedback and engaged with the PPG in the delivery of the service and responded to any concerns raised by both patients and staff.
- Encouraged and supported staff via informal and formal methods including structured appraisals to meet their educational and developmental needs. The practice offered training and support for medical students and foundation level 2 GPs. The practice had previously had GP registrars and this was being considered again.
- The practice had also been involved in research with links to universities and were awarded a plaque from Keele Research (Research and Primary Care Sciences) for participation in Research.
- The practice engaged with the local school and had previously invited sixth form students to attend the practice to learn more about the healthcare professions.

Innovation

The practice team was forward thinking and had set up a variety of schemes to improve outcomes for patients in the area. Initiatives were evaluated and when not successful the practice tried different methods. For example, the practice had an idea to set up a drop in clinic for teenagers but the uptake was monitored and found to be poor despite advertising within the local school and the practice had gone back to utilising an appointment system.