

Chadsfield Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Chadsfield Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chadsfield Medical Practice on 24 August 2016. Overall the practice is rated as good.

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

- 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 staff and stakeholders and was regularly reviewed and discussed with staff.
- 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had

the skills, knowledge and experience to deliver effective care and treatment. The practice had a strong commitment to supporting staff training and development.

- Personalised patient centre care reflecting the different needs of patient population groups was evident in all aspects of the practice's work. The high level of compassion and respect provided was highlighted in the national GP patient survey, comment cards, and from patients and external professionals we spoke with as part of the inspection.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met people's needs.
- Effective care planning and a responsive approach to the different needs of its patient population groups had reduced the need for unnecessary hospital admissions.

Summary of findings

- 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 patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

We saw some areas of outstanding practice:

- The practice had a Carer's Champion who was a point of initial contact and support for carers. This was supplemented by a comprehensive carers pack

and a monthly Carer's Clinic provided at the practice by a local charity Signpost for Carers. The clinic appointments were fully booked every month and feedback from patients was that the service they received was excellent.

- The practice had reviewed the needs of its patients with a learning disability, autism or mental health issue and created a calm quiet waiting area away from the hustle and bustle of the main waiting areas. The waiting area was decorated in autism friendly colours and a small radio was available for patients to self-select music if required.

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.

- Significant events and incidents were investigated and areas for improvement identified and implemented. The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on thorough analysis and investigation. The practice used a web based document management and information system which allowed all staff access to incidents and the outcome of investigations.
- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently 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.
- Formal clinical meetings were undertaken weekly, where patient's health care needs were reviewed, alongside the performance of the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received mandatory and role specific training. Staff said they felt supported by the management team.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



Summary of findings

- Patients we spoke with during the inspection, and feedback received on our comments cards, indicated they were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment. This was reflected within the most recent national GP survey which showed that patients rated the practice above local and national averages in respect of all aspects of care. For example, 95% of patients said the last GP they spoke to was good at treating them with care and concern which was above both the Clinical Commissioning Group average of 89%, and the national average of 85%.
- Staff were very caring towards patients. We heard of examples where staff had gone the extra mile to assist patients including hand delivering prescriptions to patients homes. We observed reception staff, who were courteous and supportive towards patients and GPs and nurses came into the waiting area to personally collect patients by name.
- The practice had a carer's champion and facilitated a monthly Carers Clinic with the aid and support of a local charity Signpost for Carers. Feedback from patients about this service was 100% positive.
- The practice had an ethos of caring including caring for the welfare of their employees and they told us how they had introduced the employee of the quarter to recognise where staff had gone that extra mile for patients of the service.
- Staff supported charitable events. The practice had a monthly Dress Down Friday to support different charities including Jeans for Genes and Reuben's trust. In addition some staff had participated in runs (half and full marathons) for cancer, dementia and Stockport without Abuse charities.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Weekly visits to two local care homes were undertaken by an advanced nurse practitioner and a health care assistant carried out a weekly home visit to patients with complex mental health needs.
- The two advanced nurse practitioners carried out on average 6 home visits each, daily to patients who were housebound or

Good



Summary of findings

with a long term health condition and those identified at risk of unplanned admission to hospital at home. They carried out an assessment and recorded a care plan with the patient and or their carer.

- Urgent appointments were available each day. Patients said they sometimes had to wait to get a routine appointment but felt this was reasonable. The practice had reviewed its patient access and had looked at ways to improve this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice participated in pilot schemes to improve outcomes for patients. For example two GPs had received additional training and equipment to assess and treat skin lesions at the practice. In addition GPs had telephone access to a hospital consultant (for specific specialities) to discuss patients symptoms and health care needs, potentially reducing the need for the patient to be referred to secondary care.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The practice had had very few formal complaints but evidence was available that learning from informal complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision with 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

- The practice's patient population over the age of 65 years at 27% was much larger than the local average of 19% and the England average of 17%. The practice reflected on this and offered proactive, personalised care to meet the needs of the older people in its population.
- Weekly visits to a local care home were undertaken by the same advanced nurse practitioner to promote continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Multi-disciplinary meetings were held monthly and Gold Standard Framework (GSF) or palliative care meetings were held every second month and community health care professionals attended these. GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life.
- Care planning for avoiding admission to hospital was person centred and we saw evidence this was effective in maintaining a patient with palliative care needs to live at home.
- The practice had arranged for a patient ultrasound service to be available at the practice once a week to improve patient access to this particularly older people.
- One staff member was a designated Cancer champion, who was able to offer support and guidance to patients with a diagnosis of cancer.
- One staff member was the designated carer's lead and they worked closely with the Stockport charity Signpost for Carers.

Outstanding



People with long term conditions

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

- GPs were allocated a clinical lead role for chronic disease management, and they were supported by the practice nursing team.
- Patients at risk of hospital admission were identified as a priority and detailed care plan evidence was available that demonstrated the work undertaken with patients to support them to stay at home.

Good



Summary of findings

- The practice performed better than the national average in all five of the diabetes indicators outlined in the Quality of Outcomes Framework (QOF).
- Longer appointments and home visits were available when needed.
- Patients were referred to community support and education initiatives such as X-PERT Diabetes programme. (This is an education course for patients to increase knowledge, skills and understanding and management of diabetes).
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable or better than the CCG for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. A weekly baby clinic was held at the practice.
- Data showed that the practice performed similarly to the CCG and England average for the percentage of women aged 25-64 who had received a cervical screening test in the preceding five years with 83% compared to 82% for the respective benchmarks.
- The practice referred young patients to the community paediatric team when needed.
- We heard about positive examples of joint working with midwives, health visitors and school nurses.

Good



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.
- The practice offered a range of early morning and evening appointments. For example from 7am three mornings each week with health care assistants (Tuesday, Thursday and Friday); from 7.30am on Wednesday with a GP and a health care assistant and later evening appointments with GPs and the advanced nurse practitioners until 7.20pm on Monday and Tuesday and a GP on Fridays until 6.55pm.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had created a quieter separate waiting area for people with a learning disability, autism or complex mental health need. This had been painted in an autism friendly neutral colour.
- The practice offered longer appointments for patients who were vulnerable or with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations such as Stockport without Abuse and the Wellspring for homeless people.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- Data from 2014 to 2015 showed that 81% of patients diagnosed with dementia had had their care reviewed in a face to face

Good



Summary of findings

meeting in the last 12 months, which was slightly below the Clinical Commissioning Group average of 87% and the England average of 84%. However the practice's clinical exception reporting was 1%; much lower than the CCG's 5% and The England average 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).

- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was slightly higher than the local and the England average.
- The advanced nurse practitioner visited housebound and vulnerable patients at home to review their needs and agree a care plan.
- The practice had identified a small group of patients with very complex mental health needs who did not access health care checks. In response one of practice's health care assistants undertook a weekly home visit to these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Patients with a diagnosis of dementia received regular reviews.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing in line or above national averages. A total of 250 survey forms were distributed, and 118 were returned. This was a response rate of 47% and represented approximately 1.7% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 79% and national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, all of which were positive about the standard of care received. The comment cards

referred to GPs by name and gave examples of where the practice had supported them with their health care needs. One of the cards referred to the support they received from practice staff and the charity Signpost for Carers. Patients said they had enough time to discuss their concerns that they felt listened to and involved in decisions about their treatment. Patients spoken with said they could get appointments when needed them. They said they had on occasion to wait for a routine appointment; however both said they believed this to be reasonable.

We spoke with two patients and one member of the patient participation group (PPG) who was also a patient. All praised the quality of care and service they received. We also spoke with professionals who worked with the practice including the support planning officer for Signpost for Carers and the team leader from one of the local care homes the practice supported. Both were very positive of the working relationship they had with the practice team and described how this work improved or assisted patients with their health and wellbeing.

The practice manager had invested time and energy in trying to re-energise the patient participation programme and a face to face meeting had taken place recently and a further meeting was scheduled in September. The practice website provided historical reports from the patient participation group (PPG).

Outstanding practice

We saw some areas of outstanding practice:

- The practice had a Carer's Champion who was a point of initial contact and support for carers. This was supplemented by a comprehensive carers pack and a monthly Carer's Clinic provided at the practice by a local charity Signpost for Carers. The clinic appointments were fully booked every month and feedback from patients was that the service they received was excellent.
- The practice had reviewed the needs of its patients with a learning disability, autism or mental health issue and created a calm quiet waiting area away from the hustle and bustle of the main waiting areas. The waiting area was decorated in autism friendly colours and a small radio was available for patients to self-select music if required.

Chadsfield Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a second CQC inspector.

Background to Chadsfield Medical Practice

Chadsfield Medical Practice is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice is a partnership between five GPs. The practice has 6932 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy reflects the local and England average of 79 years (male) and 83 years (female). The practice's patient population over the age of 65 years (27%) is much larger than the local average of 19% and the England average of 17%.

The practice has registered five GP partners; however two partners have recently left. The remaining three female GP partners are supported by one female salaried GP and one locum GP (male). The practice employs a practice manager, a deputy practice manager, a reception manager, two advanced nurse practitioners, one practice nurse, two health care assistants as well as reception and admin staff.

The practice reception is open from 8am until 6.30pm Monday to Friday with early morning appointments available from 7am or 7.30am four morning each week and later evening appointments available until 7.20pm two evenings and 6.55pm one evening per week.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book appointments and order prescriptions.

The practice was located within a health centre that also had another GP practice and additional primary care services available. The building provides ground level access, which is suitable for people with mobility issues. A hearing loop to assist people with hearing impairment is available. Facilities to support people with disabilities are available including a quiet waiting area.

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 24 August 2016.

During our visit we:

- Spoke with a range of staff including two GP partners, one salaried GP, the practice manager, a health care assistant, a practice nurse, and a number of reception and administrative staff.
- We also spoke with external professionals who worked with the practice team including the Support Planning officer from a charity and a team leader from a residential care home.
- We spoke with two patients, one member of the patient participation group and reviewed 32 comment cards.
- We observed how reception staff communicated with patients.
- Reviewed a range of records including staff records and environmental records.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice used a web based document management and information system (Intradoc 247) which allowed all staff access to incidents and the outcome of investigations. Different staff told us of incidents they were aware of and were able to show us on the document management system how they accessed these. All staff spoken with confirmed there was an open safe environment to raise issues. A policy was in place to support 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).
- A log of significant events was maintained and each incident was supported by a record of the investigation into the incident and the actions taken as a result of this. Monthly clinical team meetings were held where learning from significant events and complaints were shared.
- Examples of changes in practice as a result of significant event investigation included improvement in the practice's procedures in relation to psychiatric prescriptions and children under the age of 18 years and systems to clarify hospital prescriptions especially when the patients was also prescribed a number of medicines.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and or written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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. GP partners were designated leads for children safeguarding and adult safeguarding. Staff spoken with knew who the GP leads were and where to access information to report concerns. The GPs attended safeguarding meetings when possible 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. Staff we spoke with gave examples of where they had flagged potential safeguarding concerns to the safeguarding lead GP.
- Notices in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The infection control clinical lead 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the local authority health protection nurse had undertaken an infection control audit at the practice in January 2016 where an issue had been identified. At a re-audit in July 2016 the practice scored 100% across all areas including: Management, Clinical Practices, Clinical Areas, Domestic Store and Waste Management.
- The practice had an isolation room, for patients to use when there was potential risk or suspicion of communicable infections. On the day of our visit one patient was asked to use this room, to ensure any potential risks to patients and staff were minimised.

Are services safe?

- 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Data supplied by the practice showed that their prescribing costs for the period April 2015 to April 2016 were below by the CCG average and the average for the practice locality group. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed a sample of personnel files. All staff had the appropriate checks undertaken through the Disclosure and Barring Service. The practice manager was aware of some gaps in the retention of documentation to support recruitment procedures and an action plan was in place to ensure all staff recruited since April 2013 had comprehensive records in place. However action was taken on the day of the inspection to ensure the appropriate documentation was available and accessible.
- There was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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).

- The practice used a document management and information system which stored easily accessible records to enable monitoring of for example fridge temperatures, medicine expiry dates, and spirometry calibration data.
- 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. GP partners demonstrated their commitment to providing a comprehensive service to patients by cutting their holidays short if appropriate, when on the rare occasion adequate GP cover could not be arranged through the use of locums.

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 anaphylaxis training.
- A defibrillator was available in the reception area of the practice and this was accessible to both GP practices in the building. This was checked daily.
- Oxygen with adult and children's masks was 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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. We saw clinical audit referred to current guidance as a base line for best practice.
- All new guidance, including the Medicines and Healthcare Products Regulatory Agency (MHRA) updates came through to the practice manager who ensured clinicians received this by email, via the news feed on the web based document management and information system. In addition a copy was stored on the web based document system.
- Clinical meetings were held monthly, where new guidance and alerts were discussed.
- **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 from 2014 - 2015 were 99.9% of the total number of points available with a rate of 5.3% exception reporting for all clinical indicators. This was slightly below the 5.8% average for the Clinical Commissioning Group (CCG) and the England average of 9.2%. (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). The practice had consistently achieved over 98% of the points available since 2011 and data showed year on year improvement.

This practice was not an outlier for any QOF (or other national) clinical targets. The practice achieved similar or higher percentages in of the QOF diabetic indicators for 2014-15 when compared to the CCG and the England averages.

- Data for diabetic patients and the record of HbA1C blood tests in the preceding 12 months showed 87% of patients had received this compared to the CCG average of 80% and England average of 78%.
- The record of diabetic patients with a blood pressure reading recorded within the preceding 12 months was 86%. The CCG average was 80% and the England average was 78%.
- The record of diabetic patients with a record of foot examination recorded within the preceding 12 months was 90%, which was higher than both the CCG average of 85% and the England average of 88%.

Other data from 2014-15 showed the practice performance was comparable to the local and England averages. For example:

- 91% of patients with hypertension had their blood pressure measured in the preceding 12 months compared to the CCG average of 85% and the England average of 84%.
- 73% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG average of 76% and the England average of 75%. The practice's exception reporting level for this indicator was 0.51%, which was much lower than the local average rate of 2.25% and England average rate of 7.5%.
- 81% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was slightly lower than the CCG average of 87% and the England average of 84%. The practice's exception reporting level for this indicator was 1.18%, which was much lower than the local average rate of 4.75% and England average rate 8.3%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was comparable to the CCG and England averages of 90%.

In addition:

- The GP partners had implemented a system of peer review for all secondary care referrals to ensure they were appropriate.

Are services effective?

(for example, treatment is effective)

- One GP mentored and held tutorial meetings with the advanced nurse practitioners to discuss the management of specific health care conditions.
- To support the advanced nurse practitioners to respond effectively to patients with a range of minor illnesses, one GP had developed a range of easy read concise clinical protocols. For example the clinical protocol for the management of acute chest pain identified the red flags to indicate immediate medical attention was required and other actions the nurses were take (when symptoms were less indicative of immediate medical emergency) including taking an history, examination, type of pain, possible causes and treatment options.
- Data supplied by the practice for April 2015 to April 2016 showed that the practice had approximately 280 patients per 1000 of A&E attendances compared to the CCG average of 340 attendances per 1000. A review of a sample of anonymised admission avoidance care plans showed that the practice was fully supportive and committed to assisting patients to manage their health care needs safely and effectively at home.

There was evidence of quality improvement including clinical audit.

- Good evidence from clinical audits was available and these were linked to national guidelines such as NICE. For example the audit for the initiation of new oral anti-coagulants (NOACs) identified that GPs required an aide memoir to assist them to support patients more effectively when prescribing a NOAC and that a consistent standard of recording patient information was required. The first audit of patient between October and December 2015 identified 12 patients commenced on NOAC medicine. A review of these identified the level of information recorded in patients' notes to be variable. In response to the findings a template was developed which detailed all the areas to be assessed and discussed with patients. A re-audit undertaken between March and May 2016 identified 11 patients; of these five had all the required date captured via the template. This represented a 45% uptake of the template. The proposed action in preparation for a further re-audit included discussion with clinicians for feedback on the ease of use of the template. We also saw that audits had been carried out for the identification and monitoring of patients with pre-diabetes. The initial audit in October 2015 and the re-audit ins September 2015 showed that

the increased monitoring had resulted in a 33% increase in the diagnosis of pre-diabetes where patients were provided with the opportunity to receive lifestyle advice to support them in minimising the risk of diabetes developing.

- Other recent clinical audits included a two cycle audit of pulmonary embolus (PE) Wells score resulting in the development of a clinical recording template to assist GPs in recording the relevant data, an audit of the practice's effective implementation of their repeat prescribing protocol, a minor surgery audit and a coil fitting audit.
- The practice also participated in pilot schemes including providing practice based assessment and treatment of skin lesions and using the 'GP Consultant Connect' scheme to discuss specific patient health care conditions directly with a hospital consultant.

Effective staffing

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

- The practice was committed to providing staff with training and support to ensure they provided evidence based clinical care.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of six monthly appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to

Are services effective?

(for example, treatment is effective)

cover the scope of their work. This included ongoing support, 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.
- The practice manager had developed a range of one page process mapping diagrams which detailed simply the steps staff needed to follow to complete specific administrative tasks. These included for example the use of the franking machine and responding to IT issues. These were useful to support staff to develop their skills, competence and confidence with tasks they were unfamiliar with.

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 document and information management 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.
- Systems to monitor and track the status of patient care plans, referrals and hospital discharges were maintained and responded to promptly when issues were identified.

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. Care plans were reviewed for patients who required palliative care and those who had complex health care 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 audits of patient records.

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.
- The practice's uptake for the cervical screening programme was 83%, which was reflective CCG and England average of 82%. There was a policy to send reminders and letters to patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data supplied from the National Cancer Intelligence Network (NCIN) indicated that the practice's screening rates for breast and bowel cancer were higher than the CCG and England average. The practice had a cancer champion who offered support to patients with a diagnosis of cancer.
- Childhood immunisation rates for the vaccinations given reflected the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 77% compared to the CCG rates of 93% to 79%. Data for five year olds ranged from 95% to 92% compared to the CCG range of 93% to 88%.

Are services effective? (for example, treatment is effective)

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

patients and NHS health checks for patients aged 35–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 32 Care Quality Commission patient comment cards. All were positive about the service they experienced from the staff at the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients referred to being able to get urgent appointments when needed. GPs were identified by name and were described as being responsive to individual circumstances. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The cards also mentioned reception staff as being kind and helpful.

We spoke with two patients and one patient from the patient participation group (PPG) who also told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected.

We spoke with a care home team leader which the practice visited weekly and a Support Planning officer for the charity Signpost for Carers. Both told us that the staff were proactive, supportive and caring towards their patients.

We saw examples of how staff cared for patients during our inspection. For example, reception staff were courteous and supportive to patients both at the reception desk and during telephone conversations and GPs and nurses came into the waiting area to personally collect patients by name. The practice provided examples where they had responded to patients request or specific needs including

arranging for a patient to have his dog by his side at the end of life, providing taxi fares in difficult circumstances including patients involved in road traffic accidents and hand delivering prescriptions to patients homes.

The practice staff had received many compliments (57 between August 2015 - August 2016).

The partners and practice managers told us their ethos of caring including caring for the welfare of their employees and they told us how they had introduced the employee of the quarter award to recognise where staff had gone that extra mile for practice patients.

Staff supported charitable events. The practice has a monthly Dress Down Friday to support different charities including Jeans for Genes and Reuben's trust. In addition some staff had participated in runs (half and full marathons) for cancer, dementia and Stockport without Abuse charities.

Results from the national GP patient survey (July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were better or comparable to the clinical commissioning group (CCG) and England averages. For example:

- 96% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 90% and the England average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 95% 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 the England average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England 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 up to date, relevant and personalised. A review of a sample of anonymised admission avoidance care plans showed care plans to be detailed, up dated to be reflective of patients changing needs and effective in meeting personal health care needs and minimising the risk of admission into hospital.

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 better than the local and England averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England 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 observed a translator arrive at the practice to support a patient who did not have English as a first language.
- A hearing loop system was available for those people with hearing impairment and if required a sign language interpreter was provided. The practice was working with the CCG to provide a skype sign language service.

- The practice had a designated quiet waiting area for patients who required a calmer quieter environment.
- Information about health conditions was available in different languages.

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 display boards contained colourful and easy to read information on cervical screening, diabetes and blood pressure monitoring services.

The practice told us many patients with caring responsibilities did not perceive themselves as carers and they were trying to engage with these patients so they could access additional support. The practice confirmed they had just over 1% of their patient population registered as carers but were aware that this did not truly reflect the number of patients who were also carers.

To better support carers the practice had established a positive and beneficial working relationship with the local charity Signpost for Carers. The charity offered a monthly clinic at the practice for patients who were carers. Access to the clinic was by appointment and the support planning officer for the charity confirmed that the clinic appointments were full every month. We heard that the practice was very proactive in identifying carers; the practice had a Carer's Champion who was a point of initial contact and support for carers. The practice provided information packs to carers and had a large display board with information about the different support agencies available. One patient came in to tell us about how they had benefited from the support they received from the GP practice and subsequent support from the charity and another patient praised the GP practice and the charity in one of the returned CQC patient comment cards.

The practice offered a personalised service following bereavement and contacted the bereaved to offer support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered early morning 'Commuter's Clinic' four mornings each week and later commuter clinics three evenings each week.
- There were longer appointments available for patients with a learning disability or special health care needs.
- GPs carried out home visits as required and were supported by the practice's two advanced nurse practitioners who also carried out up to six visits each, every day.
- The advanced nurse practitioners visited housebound patients, those with a long term condition and patients at risk of unplanned admission to hospital and carried out an assessment and recorded a care plan with the patient and / or their carer.
- GPs provided home visits to patients living in care homes as requested. In addition the advanced nurse practitioners carried out weekly visits to the two care homes supported by the practice. This reduced the number of requests by the care home for urgent visits and ensured continuity of care for patients. A team leader from one of the care homes told us that they found the service provided by the practice to be supportive both to their residents and to staff. In addition the team leader said the practice supported their and their staff teams learning and development to care for their residents more effectively.
- The practice had arranged for an ultrasound service to be available from the practice to patients on a weekly basis. This they said assisted their elderly patient population who had difficulty attending the local hospital.
- The practice had reviewed the number of patients with a learning disability or autism and identified the need to provide a more comfortable and responsive waiting area to promote or minimise the risk of agitation for these patients. The quiet waiting area was away from

hustle and bustle of the main waiting area and was decorated in neutral colours and provided a peaceful environment. Patients also had access to a small radio which they could self-select music if they wished this.

- The practice offered yearly reviews of patients with dementia and care plans were recorded for these patients.
- The practice had identified a small group of patients with very complex mental health needs who did not access health care checks. In response one of practice's health care assistants undertook a weekly home visit to these patients.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice was working with the CCG and participated in pilot schemes to improve services for patients. For example two GPs had recently received training in dermatology and been provided with a Dermatoscope (an instrument to study skin lesions in more detail). The aim of the service was to reduce the number of patient referrals to dermatology (secondary care) by providing GPs with the additional knowledge and equipment to undertake a more thorough assessment of skin lesions. The practice audited dermatology referrals and the removal of skin lesions.
- The practice also participated in the local pilot scheme 'GP Consultant Connect'. This enabled GPs to contact a hospital consultant to discuss a specific patient health care condition. The aim of the pilot was to provide a more responsive service to the patient and potentially reducing the need for a hospital referral.
- Patients were able to receive travel vaccinations available on the NHS.

Access to the service

The practice reception was open from 8am until 6.30pm Monday to Fridays. The practice offered a range of early morning appointments and evening appointments. For example from 7am three mornings each week with health care assistants (Tuesday, Thursday and Friday); from 7.30am on Wednesday with a GP and a health care assistant and later evening appointments with GPs and the advanced nurse practitioners until 7.20pm on Monday and Tuesday and a GP on Fridays until 6.55pm. In addition to

Are services responsive to people's needs?

(for example, to feedback?)

pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice also offered a GP patient call back service.

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 England averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the England average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the England average of 73%.

The practice was proactive in responding to patient demand for appointments and increased staffing and appointment availability to try to meet demand during busy periods. The practice had adapted their appointment booking system for August due to the summer holidays so that all appointments were on the day appointments. Patients spoken with confirmed they always got an appointment. If demand outstripped available appointments the GPs opened up additional appointments. Patient feedback comment cards referred to getting appointments when they needed them. Two patients spoken with said they had on occasion to wait for a routine appointment, however both said they believed this to be reasonable.

The practice also responded to patient feedback regarding improving telephone access and were working with the CCG to improve this. The practice had a provisional date of October for the installation of a new telephone system.

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.

The practice had not received any written complaints in the last 18 months; however a log of verbal concerns and issues was maintained and accessible on the practice's document and information management system. The detailed logs recorded what the patient issue was and how the situation was resolved. Both the practice manager and GPs confirmed they offered the patients the opportunity to formalise their concern into a complaint and this to date had been refused. We heard that patients were satisfied that staff had taken the time to listen, respond and acknowledge their concern apologetically as required. The practice had received 18 verbal concerns in the last 12 months.

The practice also maintained a log of compliments from patients. The practice had received 57 compliments in the last 12 months. There were from a range of sources including letters, the patient electronic recording system and the practice website.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice's charter was available on their website and this stated the practices aimed "to provide our patients with the best quality care available". This was supported by the practice's mission statement and a patient charter.

- Staff confirmed that they had been consulted and had contributed to the development of the practice vision.
- There was a commitment by all the practice staff to deliver a quality service. The practice's business plan was supported by action plans and these underpinned the vision and values. The practice held weekly operational meetings, monthly clinical governance meetings and monthly full team meetings.

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.

- The practice used a web based document management and information system (Intradoc 247) which allowed all staff access to a range of documents, information and guidance. Practice specific policies were implemented and were available to all staff. The electronic system flagged up on the front page any updates or changes to policy, protocol or if training needed updating.
- There was a clear staffing structure. The practice partners had distinct leadership roles and staff were aware of their own roles and responsibilities and how they contributed to the practices vision of delivering patient centred care.
- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment.
- The practice encouraged inclusive team work and action was being taken to develop staff skills and abilities to provide cross sector support.
- Clinical governance procedures were well established and monthly clinical governance meetings were undertaken.

- Clinical and internal audit, significant event analysis and patient feedback investigations were used to monitor quality and drive improvements for the practice and for patients.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These were monitored and reviewed regularly.
- The practice engaged with the Clinical Commission Group (CCG) and attended meetings to contribute to wider service developments.

Leadership and culture

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. Staff told us the partners were very approachable and always took the time to listen to all members of staff.

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). 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 support, truthful information and an appropriate apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly team meetings and there was an annual away day.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff gave examples where they had made an error and described the support they received from the practice to investigate the incident.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us they were consulted about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.
- The practice recognised their staff for going the extra mile and four times a year nominated an employee of the quarter award and rewarded them with flowers or chocolates. Staff felt supported by this recognition.
- The practice had a monthly Dress Down Friday to support different charities. The whole staff team are active in supporting charities.

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

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

- The practice manager had invested time and energy in trying to re-energise the patient participation programme and a face to face meeting had been undertaken recently and a further meeting was scheduled for September. The practice website provided historical reports from the patient participation group (PPG). We spoke with a member of the PPG and they felt optimistic about their involvement in the practice. They told us that the practice manager was very open and accessible and willing to listen.
- Action plans in response to patient surveys were available on the practice website. Results from the autumn/winter survey 2015 were displayed in a colourful bar chart. These showed that 291 patients responded to the survey. Results from the 16 questions

showed that the majority of patients were satisfied or very satisfied with all aspects of the service including access to appointments, and the quality of the consultations with GPs and nurses.

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

Continuous improvement

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

- The practice was an undergraduate teaching practice and had been awarded a bronze award for Excellence in Teaching Year 3 medical students in 2014-2015. The GP lead for undergraduate teaching had recently left the practice but one of the partners was considering further training to undertake this role.
- GP mentorship and clinical tutorials were held with the advanced nurse practitioners to ensure they were supported and skilled to undertake their role.
- The practice was proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care.
- The practice was a finalist in November 2014 for the national Clinical team of the Year Awards.
- The practice recognised future challenges and areas for development. Some of the challenges included improving the telephone system and recruitment of GPs.
- The practice regularly monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.
- The practice worked closely with the CCG to develop improvements for its patient population.