

# The Doc's Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Doc's Surgery on 21 June 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice developed a Caldicott Guardian role responsible for all patient information requests, to ensure all summary care record and HIV (HIV means Human Immunodeficiency Virus, which attacks the body's immune system) positive patients were dealt with in a timely and effective manner.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met local

patients' needs. For example the practice treated a small number of older Chinese patients and forged close working with a local organisation to help with translation services and support network.

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. This included clinical discussions daily every lunch time and formal clinical meetings.
- The practice had an established partnership with multiple healthcare professionals and research projects to facilitate and improve patient outcomes. For example the practice had been involved in the research into primary care missed diagnostic opportunities.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- Feedback from patients about their care was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

We saw areas of outstanding practice including:

# Summary of findings

- The practice offered a full in-house sexual health clinic to registered and non-registered patients. This included same day results for HIV testing and a full screening and treatment service, something which is normally offered in sexual health clinic. The practice had the highest number of patients with HIV in the UK. It had established close links with one of the HIV consultant at North Manchester Hospital and a joint clinic was held once a month. The practice had developed a “Man fact sheet” on raising the awareness of Human Papilloma Virus (HPV is the name for a group of viruses that affect your skin and the moist membranes lining your body). This was already showing to be a positive tool in raising awareness. One example, saw a high risk patient receiving the full course of vaccines so far. There was also an expressed interest in being involved in a pilot project at primary care level.
- The GP partner had started an emotional wellbeing initially called “yoga on prescription” scheme to help support the high number of patients who suffered from acute illness such as stress, anxiety, low mood and generalised pain. . Between February and June 2016 there had been 27 patients issued a yoga prescription. The lead GPs presented the scheme to the House of Lords on 27th June 2016.
- The GP partners had been using supervision meetings every 6-8 weeks for many years, which are held as counselling sessions. This had been an invaluable tool to help shape and develop strong clinical support and manage the successful business side of the practice. Any new partners must agree to attend these meetings.

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.

- The practice had a Caldicott Guardian who was responsible for all data extraction requests, to ensure all summary care record were dealt with in a timely and effective manner.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which was regularly audited and with a clinical IT template designed.
- There was an effective system in place for reporting and recording significant events, with long term logs of all actions and improvements made.
- 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 prided itself on having a low complaint rate.
- Risks to patients were assessed and well managed. We saw multiple examples of the business continuity plan being used effectively to support the practice in an emergency.

Good



### Are services effective?

The practice is rated as outstanding for providing effective services.

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. For example, a monthly consultant led HIV clinic was established in the practice, resulting in expert care moving carefully into the local community.
- The practice was awarded the gold "Pride in Practice" award which is a quality assurance service that strengthens and develops relationship with lesbian, gay, bisexual and transgender patients within your local community.
- The practice had developed an in house process to ensure all referrals were actioned on the same day by the requesting clinician and had a system to monitor all two week referrals to avoid lost referrals or delays that may have occurred.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and

Outstanding



# Summary of findings

outcomes for patients. For example, templates were designed to help the clinical staff reduce time in consultation typing on the computer and to provide more hands on care using both local and national guidelines.

- Data showed that the practice was performing highly when compared to practices nationally.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to CCG average of 84% and national average of 88%.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example, 95% of patients said they had confidence and trust in the last GP they saw in the practice compared to CCG average of 93% and national average of 95%
- Feedback from patients about their care and treatment was consistently positive.

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example the reception staff knew the majority of patients by their first name.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.
- Views of external stakeholders about the practice were very positive and aligned with our findings.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Outstanding**



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to

**Outstanding**



# Summary of findings

ensure that they met patients' needs, for example, a close working partnership had been forged with North Manchester hospital, which led to a Consultant led clinic being set up in the practice.

- The practice offered a sexual health clinic to all their patients, with on the day HIV testing available to all patients.
- There were innovative approaches to providing integrated patient-centred care. This was shown in many areas of the practice such as the development of the "Man fact sheet" on raising the awareness of Human Papilloma Virus (HPV - a common virus spread by skin to skin contact) in men.
- Patients could access appointments and services in a way and at a time that suited them. For example, online texting service for test results and appointment reminder and cancellation service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Governance and performance management arrangements were proactively reviewed and reflected 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 partners in the practice prioritised safe, high quality and compassionate care.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels.

**Outstanding**



# 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 believed in continuity of care with all older people having a named GP.
- Support to the elderly Chinese population was witnessed, with the reception staff attending language classes at the Wai Yin local centre, to help patients feel more included. One family member commented on the excellent care provided to their mother.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. This resulted in 100% over 75 year old patients having a care plan in place which was reviewed annually.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Outstanding



### People with long term conditions

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

- The practice tailored care to suit the population and had a locally commissioned service, treating 259 HIV positive patients – the highest number in one practice in the UK.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Prevalence was lower for many diseases monitored due to the population.
- 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.
- Longer appointments and home visits were available when needed.

Outstanding



### Families, children and young people

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

Outstanding



# Summary of findings

- 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 relatively high for all standard childhood immunisations.
- Cervical screening was 80.6%, which was higher than local and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

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

- The practice had a range of services offered to patients to help treat social phobias and stress.
- 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. For example a full sexual health clinic and treatment service was available.
- 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.

**Outstanding**



## **People whose circumstances may make them vulnerable**

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

- There was raised awareness for same sex relationships domestic violence training to help support patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, with Broken Rainbow and Survivors for sexual abuse organisations.
- There was access to sexual health testing for registered and non-registered patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and had formed close link with one of the HIV consultants in the area.

**Outstanding**



# Summary of findings

- 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

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

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

- The practice had a system and checks in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Emotional wellbeing initially called the “yoga on prescription” scheme was available to all patients.
- The practice had initiated in house sessions with local a Manchester based charity called Moodswings, helping people recover from mood problems and the severe emotional distress.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, the practice website had a range of signposting services for mental health services and local help groups.
- Staff demonstrated clearly awareness of individual patient needs.

**Outstanding**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 411 survey forms were distributed and 88 were returned. This represented 1.2% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all extremely positive about the standard of care received. One comment card said the GPs are amazing; the level of care they show towards my health is very good. Another card stated it was great to go to a clinic where they knew the patient by name, and were compassionate and caring. A carer told us they could not ask for better service of care.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were very approachable, committed and caring.

The practice participated in the NHS Friends and Family Test where patients scored the practice 90%. Patients said the staff were friendly, welcoming, helpful, professional, efficient and polite.

## Outstanding practice

# The Doc's Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to The Doc's Surgery

The Doc's Surgery is located in the heart of Manchester and has been established since 1993. At the time of the inspection 259 people living with the HIV virus were registered at the practice. We were told currently the largest number of patients in one practice currently in the UK.

Being located in the gay community the practice treats a higher percentage of patients from the lesbian gay bisexual and transgender (LGBT) community, whilst also treating high numbers of young workers and students. This results in a high turnover of patients seen within the practice.

The practice has a varied population group, the main population group being aged between 18- 64 years which accounts for 90.4% of the practice population. Only 4.3% of patients are aged 65 years and over.

The practice is a three storey building. The entrance has full disabled access which leads to a seated reception area. The GP consulting rooms are all located on the first floor where another smaller waiting area was located which was fully accessible by stairs or by lift. The second floor holds all staff offices. There is a disabled toilet on the ground floor, which has baby changing facilities. All staffing areas are closed off to the public with a key pad entry system.

The male life expectancy for the area is 75 years compared with the CCG average of 74 years and the national average of 79 years. The female life expectancy for the area is 85 years compared with the CCG averages of 79 years and the national average of 83 years. They have a higher than average patients group between the ages of 20 and 55 years and much fewer than average patients between the ages of 60 and 85 years, with a low number of children.

The practice has three GP partners (two males and one female) and one trainee GP, one nurse prescriber, and two practice nurses. Members of clinical staff are supported by a practice manager and a data manager with reception and administrative staff.

The practice is open between 8.30am and 6 pm Monday, Tuesday, Wednesday and Friday. Each Thursday the practice is open 8.30am till 1pm. Extended hours appointments are offered between 6 pm and 8pm on Wednesday. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are available for patients that need them.

When the practice is closed patients are advised, via the practice website, that all calls will be directed to the out of hours service. Out of hours services are provided by NHS 111. The surgery is part of Prime Ministers GP Access scheme offering extended hours and weekend.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection in total 6933 patients were registered.

The practice is a teaching and training practice providing placements for training GPs and medical students from The University of Manchester, whilst also providing mentor support to other practices in the area.

# Detailed findings

## 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.

## 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 21 June 2016. During our visit we:

- Spoke with a range of staff including three GPs, one practice nurse, the practice manager, and administrative staff. We spoke with three patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events where issues were discussed and actioned, with learning outcomes developed through this process. There was evidence held for more than five years.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

- Information about patient safety was highly valued, was used to promote learning and improvement, and was also shared with outside agencies. For example, the practice had a Caldicott Guardian who reviewed regularly all data extraction requests. This was to ensure all summary care record were dealt with in a timely and effective manner.
- The practice had identified concerns where they were not receiving patient's full medical history records in a timely manner. A process was introduced by the practice where a request for the medical summary was sent to the previous GP, who was asked to return this back to the practice. The information received updated the clinicians of any acute conditions or long term illness and any medication the patient had been receiving.

### 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 extremely clean and tidy. The data manager was the infection control clinical lead who kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The

## Are services safe?

practice had a medicine management clinical lead GP who oversaw all medicines and process in the practice, whilst supporting the nurse prescriber and mentoring the medical students and the GPs in training..

- The nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions and specialised in running of the sexual health clinic and HIV clinic. (HIV stands for Human Immunodeficiency Virus, which attacks the body's immune system). Mentorship and support from the in house medical staff and secondary care team for this extended role was extremely proactive.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Due to the location of the practice, multiple examples of the plan being used was given by different staff members. For example, a street fire called for the area to be evacuated.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Consultants from the local hospital and medical research facility were invited to the practice on a regular basis. For example the practice was currently working on the following:

- A consultant led HIV clinic was established in the practice. This was formed due to the close working relationship between the hospital and the practice. This had resulted in expert care moving carefully into the local community, further supporting patients to self-manage their HIV and therefore reducing non-attendance to hospital appointments and the need of secondary care visits.
- The practice was part of the research programme HIDES study for HIV diagnosis, which observed HIV-positive rates by region and Infection Control rates to estimate the number of HIV diagnoses potentially missed.
- The practice was also part of a study programme called Primary care missed diagnostic opportunities, which is a study where selected practices in Greater Manchester review same sets of anonymised records and assess how far they agree in identifying and assessing missed diagnostic opportunities. The study was still taking place on the day of inspection.

### 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 recently published results were 95.6% of the total number

of points available. The clinical exception rate was 10.9%. A practice's achievement payments, are based on the number of patients on each disease register, known as 'recorded disease prevalence'. In certain cases, practices can exclude patients which is known as 'exception reporting'. The lower the exception rate, the better.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to 86% locally and 88% nationally.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to 84% locally and 88% nationally.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We were told and saw evidence of the practice embracing studies and research models if they knew the patients' outcomes would be improved as a result of the findings.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a recent Dementia case study had identified one patient who was not coded as living with Dementia.

### Effective staffing

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

- The GP partners had been using supervision meetings every 6-8 weeks for many years, which are held as counselling sessions. This had been an invaluable tool to help shape and develop strong clinical support and manage the successful business side of the practice, any new partners must agree to attend these meetings.



# Are services effective?

(for example, treatment is effective)

- The practice had two GP who were mentors and clinical trainers, offering support and one GP who was a student mentor. They all offer guidance and support to medical students and were highly valued in the practice.
- 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 HIV and sexual health screening had attending multiple courses and also received mentoring and support from the HIV unit at Manchester Hospital.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. One example of the training being tailored to meet the patient population was, all staff had received IRIS training (IRIS training is a intervention to improve the health care response to domestic violence and abuse), the practice took this one step further by adapting the training to meet a growing number of patients in a same sex marriage, who are living with domestic violence.
- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had adapted or developed its own computer templates linked to national and local current guidance to ensure high quality care. For example, the nurse's travel health template included extra code and information about Zika Virus (Zika virus is infection spread through infected mosquitos). These templates were designed to help the clinical staff reduce time in consultation typing on the computer and to provide more hands on care.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice has developed an in house process to ensure all referrals were actioned on the same day by requesting clinician and had a system to monitor all two week referrals to avoid lost referrals or delays that may have occurred.
- The focus on unplanned hospital admissions and treating patients with complex conditions had been an area of success. The practice had 100% of its over 75 year old population having an acute admission avoidance care plans in place with an annual review taking place. This had resulted in attendance to accident and emergency and unplanned care being the lowest rate in the CCG area.

Staff teams and services were committed to working collaboratively. People who had complex needs were supported to receive coordinated care and there were innovative and efficient ways to deliver more joined up care to people who used the services.

Patients attracted to the practice because effective care for patients living with HIV, which had been provided since 1993. At the time of the inspection 259 people living with the HIV virus were registered at the practice. We were told currently the largest number of patients in one practice currently in the UK. Long term conditions were managed holistically bearing in mind the patient's condition.

The services had been shaped and developed into an innovative service and research support centre, adapted to meet the patient population and community. The practice provided a locally commissioned clinic to treat and care solely for this population group. The practice had evolved the service over the years and had a specialist nurse prescriber who looked after the patients and provided tailored services such as HIV testing to viral load and risk

## Coordinating patient care and information sharing

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



# Are services effective?

## (for example, treatment is effective)

monitoring. Monitoring viral load and CD4 count helps clinicians monitor HIV and immune system health. HIV medication prescriptions were monitored and maintained by the practice.

The practice provided same day HIV testing; each patient had the option of face to face results or by text message with immediate guidance and support offered. These anonymised results were fed into John Moores University public health unit. The practice had also been invited to speak at the British HIV Association conference in September 2016, where the HIV clinics with secondary care consultants in primary care would feature.

The practice provided a full sexual health testing and treatment service to registered and non-registered patients.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

- There was a truly holistic approach to assessing, planning and delivering care to meet the population group who used the services. For example one of the GP partners had started an emotional wellbeing initiative called "yoga prescription" to help support the high number of patients who suffered from acute illnesses such as stress, anxiety, low mood and generalised pain. The GP engaged with patients and provided free yoga sessions to help patients manage their own condition. Between February and June 2016 there had been 27 patients issued with a yoga prescription.

High performance by the practice had been recognised by credible external bodies:

- The practice was awarded the Manchester University gold teaching award, which was nominated by their medical students.
- The practice manager had received the Royal College of General Practitioner (RCGP) Practice Manager of the Year and sat on the local CCG board.
- The practice had been awarded the gold "Pride in Practice" award which is a quality assurance service that strengthens and develops relationship with lesbian, gay, bisexual and transgender within your local community.
- The practice had achieved Macmillan gold award for Cancer Champion achievement and was involved in the Macmillan Cancer Improvement Partnership (MCIP).

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

- Patients at risk of developing a long-term condition and those requiring advice on their lifestyle. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80.6%, which was comparable to the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 57.7% to 90% and five year olds from 42.9% to 92.9%.

The practice trend was that young families tended to move out of the city centre when a child was born, meaning the practice treated very low numbers of children aged between 0-14 years old. Children aged 0-4 years equated to



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

1.4% of the practice population, 5.1% lower than the CCG average. Children aged between 5 – 14 years equated to just 0.8% of the practice population which was 10.9% lower than the CCG average.

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

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Reception staff could identify sensitive issues and showed sensitivity to patients, one example was identifying patients who would like sexual health check, the staff were professional and put patients at ease.

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

We spoke with one member of the patient participation group (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.

One patient told us how the practice had fully supported and understood the patients journey as a transgender women (transgender women was male at birth but whose gender identity is that of a woman). We were told the level of care provided by everyone in the practice was amazing.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said last GP they saw or spoke to was good at listening to them compared to the CCG average of 87% and the national average of 88.6%.
- 94.8% of patients had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and the national average of 95%.

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



## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. The practice treated a number of elderly Chinese patients. We saw the practice encouraged face to face interpreter services.
- The practice used three regular interpreters to encourage continuity of care for the patients.
- Longer appointments were encouraged and also placed on the clinical IT system.
- Reception staff voluntarily attended language classes at the local Chinese community centres Wai Yin, to help build the communication between patients and staff.
- Wai Yin - challenge all forms of discrimination and social exclusion through the provision of diverse and reactive services, delivered by a team of qualified social workers, nurses and other professionals.
- University Counselling Services - help with any personal issues affecting work, self-esteem, relationships, sexuality, mental health and general well-being.
- Self-Help Services at the Zion Centre - range of support, services and opportunities, across the North West of England, for people living with mental health problems such as anxiety, depression, phobias and panic attacks.

### **Patient and carer support to cope emotionally with care and treatment**

The practice identified they treated a high number of patients with mental health issues and as a result forged very close links with third sector organisations for example:

- The practice held in house sessions with Moodswings, a Manchester based charity to help people recover from mood problems and the severe emotional distress they can cause.
- 42nd Street – who support young people experiencing difficulties with their mental health and wellbeing in Manchester.
- LGBTF - Lesbian, gay, bisexual, and transgender foundation based in Manchester.

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

The practice's computer system alerted GPs if a patient was also a carer which was ten patients, the practice were aware of the low number of carers identified, we saw evidence of future plans to work on increasing this number. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Same day HIV testing and free sexual health testing was available for registered and non-registered patients.
- The practice provided a range of mental health services.
- The practice offered an out of area registration scheme; this had 387 patients using the service, approximately 5% of practice list.
- Practice offered online texting service for test results. The practice had seen 50% reduction in patients who missed their appointments, due to the appointment reminder and cancellation service they offer.
- The practice was an accredited yellow fever centre and patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Extended hours were available until 8pm Wednesday evening, and appointments with either male or female GP and the Nurse prescriber were available.
- The practice offered an in house ear syringing and phlebotomy service to patients.
- Telephone Consultations ran daily between 11 am and 12 noon with GPs and Nurses.
- There were disabled facilities and access for patients in a wheelchair including a lift; also there was a disabled toilet for patients on ground levels of the building.
- Patients could access their medical records online as well as a range of other services such as ordering repeat prescriptions.
- The practice had a Twitter account where practice information was shared monthly to followers.

### Access to the service

The practice was open between 8.30am and 6pm Monday, Tuesday, Wednesday and Friday. Each Thursday the practice was open 8.30am until 1pm. Extended hours appointments were offered between 6pm and 8pm every Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 94.8% the last appointment they got was convenient for them compared to the national average of 91%.
- 83% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice had fixed consultation sessions where all the clinical staff were available daily for phone consultation session and this would also be used as an information and advice session between clinicians.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system leaflet and on the website.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values which included working with trained and experienced team of clinicians and administrators in a welcoming environment, whilst offering up to date medical services tailored to each individual with continuity of care which was demonstrated throughout the visit
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

Governance and performance management arrangements were proactively reviewed and reflected best practice which supported high quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice manager was responsible for the smooth running of the practice, whilst the data manager was responsible for infection control, buildings and health and safety plus all the IT systems and templates. All GP partners had clear individual areas of management responsibility, for example medicine management lead.
- The practice held rolling monthly full team meeting which included discussion of any significant incidents that had occurred, audit results, educational sessions, patient case studies, drug alerts and patient complaints. The practice also held a daily informal clinical meeting where the morning issues or problems would be discussed. We were given several examples of how useful these daily meetings were to all staff, not just clinical staff.
- There was a strong focus on continuous learning and improvement at all levels, with the practice focusing on being a teaching and training practice. We saw examples of the project work which was designed to support the population group such as studies where leaflets were developed, went on to be used in practice, with close working relationships with Manchester Deanery were maintained.

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Governance and performance management arrangements were proactively reviewed and reflected best practice. The practice management had evaluated information and data from a variety of sources to inform decision making that would deliver high quality care. There was a clear understanding of who their patients were and responded to the changing needs.

There was strong collaboration and support across all staff and a common focus on improving quality of care.

- The practice had adapted existing computer templates and developed others to better support staff to consistently deliver high quality and up to date evidenced based care.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- New ideas and solutions were shared and implemented if it had a direct benefit to the patient.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. They also told us that the ethos of the practice was non-judgmental and very open yet professional.

Clinical leads attended clinical supervision counselling sessions every 6-8 weeks, to ensure the leadership and culture of the practice was maintained and communicated effectively between all 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). This included support training for all staff on communicating with

# Are services well-led?

Outstanding



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

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. There were regular full practice meetings 10 per year. Minutes were kept and there was a structured agenda. The range of meetings encompassed full staff meetings, significant events, learning and development.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Team outings were organised by the practice, for example the partners had recently took the team for a meal.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and

through surveys and complaints received. The PPG was in its infancy but had met regularly and submitted proposals for improvements to the practice management team.

- The practice had gathered feedback from staff through appraisal and the staff told us they would just ask or suggest in the team meeting. Staff also 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 team was forward thinking and were innovative and proud to be initiators of many pilot schemes to improve outcomes for patients in the area, for example :

- The practice had developed a "Man fact sheet" on raising the awareness of Human Papilloma Virus This had a question and answer fact sheet and prevention and vaccines information. This had been produced into a printed fact sheet for all patients who used the practice. This was already showing to be a positive tool in raising awareness. One example, saw a high risk patient receiving the full course of vaccines so far. There was also an expressed interest in being involved in a pilot project at primary care level.
- The practice had a range of mental health services offered to patients to help treat anxiety, social phobias, depression stress management and suicidal or self-harm issues. The practice held in house sessions with Moodswings, a Manchester based charity to help people recover from mood problems and the severe emotional distress. The practice had also developed a leaflet promoting these services to patients. Whilst a range of options tailored around the patients need was offered by the network support of seven different services.