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How to be an outstanding practice

Helena Frankova looks at the three GP practices included in the Care Quality Commission's Celebrating Good Care report to identify hints and tips for aspiring practices everywhere

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The Care Quality Commission's annual *State of Health Care and Adult Social Care* report, published in October 2016, provided a comprehensive analysis of its inspection outputs to date.¹ Its April 2017 report, *Celebrating good care, championing outstanding care* highlights a small selection of outstanding services, in all sectors, to outline what they are doing well.²

The report covers nine providers, three of which are GP practices (*Table 1*) inspected in the last 12 months. Each practice is outstanding overall, and in two or more of the five key questions. Where they were not rated outstanding, in 'Caring' and 'Responsive', we review instead services highlighted in the other sectors.

Safe

Southdene Medical Centre was found to have a particularly strong management focus on safety, with a 'strong and comprehensive' safety system, actively learning from things that went wrong.³

The practice had an embedded audit programme with consistently better outcomes for patients than for similar services elsewhere. Innovative, proactive methods were used to learn from events, such as accidents, complaints and other reporting.

The practice had good monitoring and reporting processes and, more importantly, these were used to learn from events and make changes to improve care and services for patients. Responsibility for quality tasks was clear, the collation of data from significant events being in the remit of the practice manager. A higher level organisation, the clinical commissioning group (CCG), had

oversight of a subset of these events, which were reported to their safeguarding incident and risk management system. For example:

- Staff were routinely involved in discussing significant events via team meetings, allowing them to learn and identify solutions. These meetings were minuted and also reviewed annually
- One such solution identified by the practice after a significant event was to create a way of monitoring patients' hospital follow-up appointments.

The practice drove its own monitoring programme, using a range of sources to guide it, such as the National Institute for Health and Care Excellence's (NICE) guidance and national safety alerts. The responsibility for driving this task was also clear, with one of the GP partners designated as the lead.

Safeguarding arrangements in place were strong. Policies were available to, and known by, all staff and included contact details should staff have concerns. If there were safeguarding issues with particular patients, staff were alerted via tags on their records. Patients were chaperoned when required by staff who had all been trained.

Responsibility for infection control was designated to one of the practice nurses. Medicines were managed well; for example, effective storage and disposal systems, and correct recording and counting of stock levels. All staff had been trained in basic life support, and health and safety training was also provided. A GP partner took the lead in ensuring the premises were up to standard.

The achievements of the practice were clear and resulted from a leadership focus on continuously improving their service. Not content with their embedded processes,

staff at the practice were working at the time of the inspection on ways to further improve clinical care, such as holding consultant-led education events for patients.

Effective

All three practices were praised for their outstanding work in relation to effectiveness, but the approach of Woodgrange Medical Practice in East London was highlighted.⁴ Professor Steve Field, CQC Chief Inspector of General Practice, described Woodgrange as an exceptional service.

The practice had a proactive approach to improvement, constantly learning from events and assessing how they were doing. Inspectors saw that the practice had clarity of vision and prioritised quality and safety.

An example of this was a strong focus on child protection, for which the practice had created its own approach to monitoring and reporting failures within the overall system; for example, caused by delays from professionals who were outside the practice. Where these occurred, the practice would resolve concerns by using internal significant event protocols to escalate and pursue them in a sustained way. The internal system led to an analysis of child protection arrangements in the area.

The overall system benefited in other ways, too, via the involvement of the practice leadership in the local CCG's own outstanding practice in areas such as mental health, diabetes, asthma and other conditions.

The national data set used by GPs, the *Quality and Outcomes Framework*, clearly illustrated Woodgrange's superior performance. The practice had achieved 100% of the total points attainable and outperformed peers in many areas such as:

- Eighty-six percent of patients with asthma had been reviewed in the previous 12 months, compared to the national average of 75%
- Ninety-nine percent of patients on the diabetes register had undergone a foot examination and risk classification in the previous 12 months, compared to the national average of 88%.

The practice routinely improved and developed data, and used it to learn from, and to improve services. Local data on child immunisation was described by the CQC as 'impressive' and clinical audits demonstrated that quality improvements had been made.

'The focus is on putting patients at the heart of the service, being open to learning and making improvements that benefit them as a result'

The practice showed it delivered care that was based on assessment of the population's needs and in line with current evidence. Guidance for staff was kept up to date and included specialist input. It was continuously refreshed and relevant staff engaged in these changes via weekly clinical meetings to which the practice invited consultant specialists.

Improvements for patients that this exemplary practice has put into place were not limited to its own patients. Dermatology clinics were offered in practices across the CCG by a Woodgrange GP partner who had trained to specialise in this area. The benefits were clear – surveys showed that patients appreciated the service and that it was faster and closer to most patients than the hospital, where they would otherwise have had to travel to.

The practice also arranges regular health education talks by expert speakers to promote healthcare awareness, to which neighbouring practices are also invited. Topics to date have included safeguarding, chronic and acute conditions and domestic and sexual violence.

Table 1. Practices inspected in the last 12 months

Key question	Woodgrange Medical Practice, London	Southdene Medical Centre, County Durham	The Forum Health Centre, Coventry
Safe	Good	Outstanding	Good
Effective	Outstanding	Outstanding	Outstanding
Caring	Good	Good	Good
Responsive	Good	Good	Good
Well led	Outstanding	Outstanding	Outstanding
Overall	Outstanding	Outstanding	Outstanding
Inspection date	May 2016	March 2017	December 2016

Table 2. Practices inspected by the October 2016 publication date of the State of Care report

Sector	Outstanding providers (%)	Outstanding providers (n)	Total providers inspected
Adult social care	1	168	17,000
Primary care services	4	181	4,500
Hospital NHS Trusts	4	5	200

Caring

All three practices were rated 'good' for care, although not 'outstanding'. Here we explore instead what was outstanding about the Birmingham Children's Hospital NHS Foundation Trust, highlighted in this section of the CQC's report.

The Trust, the first specialist children's hospital to achieve an outstanding rating, was exceptional in providing compassionate care and in terms of its culture of support and teamwork:

- A multidisciplinary team was embedded within the service, which enabled responsiveness
- Specialist clinical support was routinely available for staff, patients and their relatives to help with additional emotional support and before children's operations
- Storytelling therapists helped children with their emotions, anxiety and distress
- Health visitors made follow-up calls to patients discharged from the emergency department in a pilot designed to reduce readmissions
- Nearby accommodation could be used free of charge by families from outside the area
- People were involved in the development, design and delivery of services via a young person's advisory group, and they also joined interview panels recruiting senior staff
- Complaints were encouraged – posters were displayed throughout – shared widely, and learnt from.

Outcomes for patients were outstanding. Every patient was admitted within four hours of the decision being made and all children referred to the hospital were seen within six weeks. Cancer treatment targets were all

met. Surgical outcomes were as good as, or better than, the average. The CQC's Chief Inspector of Hospitals, Professor Sir Mike Richards, said: 'The hard work of staff across the Trust is exemplary and making a real difference to the lives of children, young people and their parents.'

Responsive

All three practices' achievements for responsiveness were rated good in the report, so we review instead Rose Lodge Care Home in Devon, which the CQC highlighted as 'outstanding' in its responsiveness.

Inspectors were impressed with an 'exceptional level of personalised care' in an innovative environment. The care home provided care for up to 34 older people, mostly in the early stages of dementia. For these individuals, and those with more complex needs, the manager and staff were seen to have a proactive and strongly person-centred approach:

- Independence was encouraged – people make their own decisions and are helped to be involved in activities
- The activities programme was constantly stimulating, keeping people occupied
- People's changing moods were noticed and recognised by staff who intervened calmly if they saw people becoming unhappy
- The gardens were easy to access and one area provided a lot of interest, including hens, rabbits and fish
- The setting was homely and 'not like an institution'.

The provider had gone to some lengths to develop an innovative environment, which freed people up from the everyday stresses of dementia:

- The colour scheme for the lighting, flooring and furniture had been selected following specialist advice. Colours for hand rails and equipment, furniture and flooring were deliberately contrasting, making it easier for people to judge distances and reducing the risk of falls
- There were innovative design features, such as mirrors with integral blinds, which could be used if people became distressed by their reflection.

In addition to being a 'happy and vibrant' place for people to live, inspectors found that staff morale was excellent, with training encouraged and managers who were visible and approachable.

Well led

As might be expected from practices achieving overall ratings of outstanding, leadership in all three GP practices was excellent. The Forum Health Centre in Coventry provided the focus for this discussion from the point of view of GP practices.⁵

The key focus on continuous learning and improvement, so common in the higher performers in all sectors, was present at all levels. Inspectors reported that ‘all the staff told us they felt involved and engaged to improve how the practice was run’.

The practice had a clear vision to deliver the right patient care, in the right place, at the right time, through a skilled and committed workforce in partnership with local health authorities. This was apparent to inspectors, not only in the everyday running of the practice and staff attitudes, but also in the practice’s long-term planning to achieve the vision in which staff had been involved. Inspectors found that the management team were open and staff said they felt able to raise any concerns or issues.

A wide range of collaborative work with other bodies had also informed this long-term plan and contributions had come from health agencies, patients and voluntary organisations including the local clinical commissioning group, Age UK, the Alzheimer’s Society and more. The practice encouraged input from its patient participation group and could show actions they had taken in response to suggestions for improvements. These included an audit of telephone calls to help identify peak times and improve the service.

A governance framework was in place to help the practice achieve its strategy, which included arrangements to monitor and improve quality and identify risk.

Changes made by the practice to further develop its services included improved services for older patients from GPs and nurses who specialised in related care. The practice had undertaken a project to target care for frail elderly people and stays in hospital had shortened as a result. Outstanding results were also apparent for people with long-term and other conditions.

Conclusion

At the end of 2016, the CQC announced the proportion of services that had achieved outstanding ratings. While the number was small, the results are significant (*Table 2*). The

Box 1. Common themes among outstanding providers

- Putting the service user at the heart of service, leading to truly person-centred and compassionate care
- Prioritising safety and quality, and putting management arrangements in place to provide clear leads, responsibilities and systems to achieve this
- Learning from data such as incidents, safeguarding and complaints as well as from experts, good practice and up-to-date guidance, in order to make changes for service users
- Doing whatever is needed to make the improvements identified from the learning. This might be introducing a more multidisciplinary or collaborative approach with external bodies where needed, or routinely reviewing the advice of experts in the field
- Demonstrably better than average performance as a result; for example, in relation to other providers in the national *Quality and Outcomes Framework* database

CQC’s latest report underlines that it is possible to achieve an ‘outstanding’ rating and spells out how to get there (*Box 1*).

The focus is, as it has been throughout, on putting patients or residents at the heart of the service, being open to learning, and making improvements that benefit them as a result. Operating in this way as a matter of routine embeds and broadens the approach and leads to outstanding.

When this includes systematically incorporating best practice and/or expert knowledge and guidance, and results in providers putting innovative practices in place within services, so much the better for service users, but also for catching the eye of the inspectors. It is not rocket science – but for some providers it does mean a fundamental shift. Is your practice up for it? **PM**

References

1. Care Quality Commission (2016) *The State of Health Care and Adult Social Care in England 2015/16, October 2016*. CQC, London
2. Care Quality Commission (2017) *Celebrating Good Care: Championing outstanding care, April 2017*. CQC, London
3. Care Quality Commission (2017) Southdene Medical Centre CQC report. www.cqc.org.uk/sites/default/files/new_reports/AAAF6317.pdf (accessed 19 April 2017)
4. Care Quality Commission (2017) Woodgrange Medical Centre CQC report. www.cqc.org.uk/sites/default/files/new_reports/AAAF6921.pdf (accessed 19 April 2017)
5. Care Quality Commission (2017) The Forum Health Centre CQC report. www.cqc.org.uk/sites/default/files/new_reports/AAAG2126.pdf (accessed 19 April 2017)