

The Glen Medical Group

Quality Report

The Glen Primary Care Centre, Glen Street, Hebburn,
Tyne and Wear, NE31 1NU

Tel: 0191 283 2250

Website: www.theglenmedicalgroup.nhs.uk

Date of inspection visit: 20 October 2016

Date of publication: 07/12/2016

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?		Good	
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
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to The Glen Medical Group	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 The Glen Medical Group on 20 October 2016. Overall the practice is rated as good.

There are two separate GP practices based in one location for whom the provider provides services for both, The Glen Medical Group and The Park Surgery. We inspected both practices on the same day. They have two separate contracts with NHS England; The Glen Medical Group is Personal Medical Services (PMS) contract and The Park Surgery an Alternative Provider Medical Services (APMS) contract. We have provided a separate inspection report for The Park Surgery. All data in this report refers to The Glen Medical Group only.

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.
- Risks to patients were assessed and well managed.
- Outcomes for patients who use services were good.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a system in place for handling complaints and concerns and responded to any complaints which was in line with recognised guidance and contractual obligations for GPs in England.
- The practice had a system in place for handling complaints and concerns and responded to any complaints which was in line with recognised guidance and contractual obligations for GPs in England.
- There were low satisfaction rates from the GP National Survey for patient's experience of getting through to the surgery by telephone, making an appointment and the waiting time for consultations. Patients also

Summary of findings

provided similar feedback to us when we spoke with them via completed CQC comment cards. The practice had devised an action plan to address this, which was appropriate and staff were taking active steps to implement it.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.

- Staff throughout the practice worked well together as a team.
- The practice was aware of and complied with the requirements of the Duty of Candour regulation.

The areas where the provider should make improvements are:

- Continuing to review the processes for making appointments easier for patients to access.

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.

Nationally reported data did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

The practice was clean and hygienic and good infection control arrangements were in place.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.

Staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Good



Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with local clinical commissioning group (CCG) and national averages. The practice used the QOF as one method of monitoring effectiveness and were able to demonstrate that they had achieved 99.8% of the points available to them for 2014/15. Following our inspection, the QOF data for 2015/16 was released. This showed that the practice QOF performance had reduced slightly, with an overall achievement of 98.2%, (local CCG average of 96.2%, and a national average of 95.4%).

Good



Summary of findings

There was evidence of clinical audit activity and improvements made to patient care and outcomes as a result of this.

Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2016 were comparable with local CCG and national averages in respect of providing caring services. For example, 95% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 91% and national average 89%).

The practice identified carers and ensured they were signposted to appropriate advice and support services. At the time of our inspection they had identified 94 of their patients as being a carer (approximately 1.2% of the practice patient population).

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

There were low satisfaction rates from the GP National Survey for patient's experience of getting through to the surgery by telephone, making an appointment and the waiting time for consultations. Patients also provided similar feedback to us when we spoke with them and via completed CQC comment cards. The practice had devised an action plan to address this. Actions included, for example, the implementation of a new telephone system, the introduction of additional early morning appointments and they had been successful in recruiting a new GP who joined the practice in August 2016. Funding for a further GP post had been applied for to Health Education England.

The practice had good facilities and was well equipped to treat patients and meet their needs. They responded to complaints raised. their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We saw the practice had received 15 written complaints in the last 12 months; these had been investigated in line with their complaints

Good



Summary of findings

procedure. The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately. The practice was involved in CCG initiatives to improve services. For example, the better outcomes scheme (BOS) to improve outcomes for high risk vulnerable groups and patients with long term conditions.

Are services well-led?

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

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

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. The practice had an action plan in place for the forthcoming year listing priorities, for example, improving the appointment system.

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to make sure appropriate action was taken.

The practice sought feedback from staff and patients, which it acted on.

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 good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population.

The practice had a volunteer group called 'patient champions' who used local skills and knowledge to help specific groups. This included running a stretch class for an hour every week, which was attended by approximately 20 patients. This also provided social benefits for those attending. Age UK had also facilitated IT training for elderly patients at the practice.

The practice provided care to three local care homes where they carried out a structured visit every two weeks, usually by the same GP. They believed this had reduced need for unplanned admissions to hospital and had improved their relationship with the care homes, who felt they could now contact the practice in case of need more easily.

All patients over the age of 75 had a named GP. The practice offered home visits usually by the same GP. Prescriptions could be sent to any local pharmacy electronically. The practice had a palliative care register which was discussed at the monthly clinical meeting.

Good



People with long term conditions

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

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, performance for chronic obstructive pulmonary disease (COPD) related indicators were above the national average (100% compared to 96% nationally).

The practice had a register of patient with long term conditions which they monitored closely for annual call and recall appointment for health checks. There were longer appointments available for these clinics. Extended opening hours and home visits were available when needed.

Good



Summary of findings

The local clinical commissioning group (CCG) led a 'better outcomes project' (BOS) which the practice were part of. This aimed to improve outcomes in relation to those patients with long term conditions in terms of screening, new diagnosis and the management of the conditions, with bespoke care plans.

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. There were regular six weekly safeguarding meetings at the practice.

The practice were to carry out a survey to gain the views of young people and to promote young person's services. They planned to have a dedicated website area and a notice board in the practice for young people. A young person's champion had been appointed from the reception team.

The practice were one of the first in the locality to use social media to keep patients updated with health information.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 99% except for infant Men C which was 24.5%, the same as the CCG average. For five year olds from 97% to 100%, compared to CCG averages of 96% to 99%.

The practice's uptake for the cervical screening programme was 94%, which was above the national average of 82%.

Appointments were available outside of school hours and the premises were suitable for children and babies.

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).

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 was proactive in offering online services which included appointment booking, test results and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

Flexible appointments, including telephone appointments, were available as well as extended opening hours. The practice had recently introduced a 'brief appointment slot' as a way of being able to see patients quickly who did not require a long appointment.

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. They were part of the local CCG BOS which aimed to improve outcomes in relation to vulnerable high risk groups.

The practice were a methadone prescribing practice. They had a close working relationship with local drug and alcohol workers who consulted with patients at the practice with two of the GPs who had an interest in this area of care.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice's computer system alerted GPs if a patient was a carer. They had a practice carers' champion who was proactive in identifying carers. There were 94 patients registered as a carer which was 1.2% of the practice population. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice had close links with the local carers' organisation.

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).

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.

The practice maintained a register of patients experiencing poor mental health and recalled them for at least an annual review.

Patients with dementia were reviewed annually and offered a care plan in relation to their condition. Patients were told how to access various support groups and voluntary organisations.

Good



Summary of findings

Performance for mental health related indicators was better than national average. For example, performance for dementia indicators was above the national average (100% compared to 94.5% nationally).

The practice had appointed a dementia friends champion to drive dementia friendliness throughout the surgery. All staff were to receive dementia friends training and the practice intended to support a dementia friendly initiative in the local town.

Summary of findings

What people who use the service say

We spoke with eight patients on the day of our inspection; they were from both The Glen Medical Group and The Park Surgery. This included two members of the practice's joint patient participation group (PPG).

Five of the patients said once they could get an appointment to see a clinician they were happy with the service they received from the practice. Comments about the practice included good and alright. Three of the patients we spoke with were unhappy with the service they received and all of them said they had to wait a long time to get an appointment and it was difficult to make one.

We reviewed 38 CQC comment cards completed by patients prior to the inspection. These were completed by patients from both practices. 28 of the cards were positive and comments included excellent service, very good and patients said they were treated with care and concern, however, of those 28 cards, five patients who gave positive comments also said that they had difficulty in obtaining an appointment. Ten of the cards were less positive, six of these related to either patients not being able to get through on the telephone to make an appointment or, the wait they had to see a GP once they had made an appointment.

The latest GP Patient Survey, published in July 2016, showed that scores from patients were above national and local averages for satisfaction with care and treatment; they were below the averages for patient experience of making an appointment. The percentage of patients who described their overall experience as good was 80%, which was below the local clinical commissioning group (CCG) average of 88% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 70% (local CCG average 79%, national average 80%).
- 95% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 90% said the GP gave them enough time compared to the local CCG average of 89% and national average of 87%.
- 95% said the nurse was good at listening to them compared to the local CCG average of 92% and national average of 91%.
- 98% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 52% said they found it easy to get through to this surgery by phone compared to the local CCG average 79%, national average 73%.
- 61% described their experience of making an appointment as good compared to the local CCG average 77%, national average 73%.
- Percentage of patients who find the receptionists at this surgery helpful – 86% (local CCG average 89%, national average 87%).

These results were based on 122 surveys that were returned from a total of 317 sent out; a response rate of 38.5% and 1.5% of the overall practice population.

Areas for improvement

Action the service **SHOULD** take to improve

- Continuing to review the processes for making appointments easier for patients to access.

The Glen Medical Group

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 advisor and a practice nurse specialist advisor.

Background to The Glen Medical Group

The Glen Medical Group provides Primary Medical Services to the town of Hebburn from The Glen Primary Care Centre, Glen Street, Hebburn, Tyne and Wear, NE31 1NU.

There are two separate GP practices based in one location for whom the provider provides services for both;

- The Glen Medical Group.
- The Park Surgery.

We inspected both practices on the same day.

The provider has two separate contracts with NHS England. The Glen Medical Group is Personal Medical Services (PMS) contract and The Park Surgery an Alternative Provider Medical Services (APMS) contract. We have provided a separate inspection report for The Park Surgery. All data in this report refers to The Glen Medical Group only.

The Glen Medical Group provides services to approximately 7,877 patients of all ages. The surgery is located in purpose built premises, which is shared with community secondary health care services. There is step free access at the front of

the building and all patient facilities for the practice are on the ground floor with full disabled access. There is a large car park to the rear of the building including dedicated disabled parking bays and a bicycle rack.

The practice has three GP partners and three salaried GPs. Four are female and two male. Two of the GPs work part-time and the whole time equivalent of GPs is 5.1 or 46 sessions per week. The practice is a training practice which has GP trainees allocated to them (fully qualified doctors allocated to the practice as part of a three-year postgraduate general practice vocational training programme). There are two practice nurses who are part time with a whole time equivalent of 1.6 and one health care assistant. There is a practice manager and 17 members of administration staff.

Both The Glen Medical Group and The Park Surgery services are integrated, and are provided by the same set of staff in the same location. There is one telephone system for both practices. However, there are two clinical computer systems which run side by side, one for each practice. Significant events and complaints information were also recorded separately for each practice.

The practice is part of South Tyneside clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the third most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is open weekdays from 8am and until 6.30pm Monday, Tuesday, Wednesday and Friday. There are extended opening hours until 8pm on Thursday evenings. The telephone system is managed by the out of hour's service between 8am and 8.30am and 6am and 6.30pm.

Detailed findings

Consulting times with the GPs and nurses range from 8.30am – 11.30am and 1.50pm – 4.50pm. On extended opening days consulting times run from 6.30pm – 7.40pm.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare known locally as Northern Doctors Urgent Care Limited.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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. This inspection was planned to check whether the registered 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

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

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 20 October 2016.
- Spoke with staff and patients who provide and receive services from both practices.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed a sample of the practice's policies and procedures.

Data included in this report refers to The Glen Medical Group only.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice manager had overall responsibility for their collation and had assistance from a senior administrator. They maintained a schedule of these, there had been 34 in the last 12 months. The events were scored based on the level of risk. Where incidents and events met the threshold criteria, these were added to the local clinical commissioning group (CCG) Safeguard Incident & Risk Management System (SIRMS). We saw that significant events were discussed at practice team meetings from minutes supplied to us.

Staff we spoke with were aware of the significant event process and actions they needed to take if they were involved in an incident. They gave us examples of feedback from recent incidents. 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).

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The practice manager managed the dissemination of national patient safety alerts with the assistance of a senior administrator.

Overview of safety systems and processes

The practice could demonstrate a safe track record through having systems in place for safeguarding, health and safety, including infection control, and staffing.

- Arrangements were in place to safeguard adults and children from abuse that 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. One of the practice GP partners was the lead for safeguarding adults and children. Patient records were tagged with alerts for staff if there were any safeguarding issues they needed to be aware of. Safeguarding was discussed as part of the monthly clinical meetings held at the practice where community health care staff, for example, a health visitor and social worker attended. Staff demonstrated they understood

their responsibilities and had all received safeguarding children training relevant to their role, other than three new members of staff who were to receive this in the next month. The safeguarding lead had received level three safeguarding children training.

- There were notices displayed in clinical rooms, advising patients that they could request a chaperone, if required. The practice nurses and some of the reception staff carried out this role. They had all received chaperone training. All staff who carried out chaperone duties 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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy, patients commented positively on the cleanliness of the practice. One of the practice nurses was the infection control lead. There were infection control policies, including a needle stick injury policy. An infection control audit had been carried out, there were some actions to complete which included a hand hygiene audit. There were only records of immunity against blood borne viruses for those staff employed in the last few years; however, there were no records for longer established staff. The practice manager told us this would be addressed immediately. A legionella risk assessment had been carried out and regular checks of the water were carried out. Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.) Prescription pads were securely stored and there were systems in place to monitor their use. The practice carried out regular medicines audits, with the support of the local CCG pharmacist. Suitable arrangements had been made to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records. Patient Group Directions (PGD) had been adopted by the practice, to enable nurses to administer medicines in line with legislation. These were up-to-date and had been signed. (PGDs are written

Are services safe?

instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We saw the practice had a recruitment policy which was updated regularly. Recruitment checks were carried out. We sampled recruitment checks for both staff and GPs, including locums, and saw that checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw that the clinical staff had medical indemnity insurance.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. The practice employed a health and safety contractor to ensure they complied with legal requirements and that staff were trained appropriately in health and safety and fire safety. There was a health and safety policy and risk assessment. There were regular fire drills and tests of

the fire equipment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice occasionally used locum cover. There were rotas in place for GP and administration staff cover.

Arrangements to deal with emergencies and major incidents

All staff received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The staff kept themselves up to date via weekly informal and monthly formal clinical meetings and where they discussed and supported each other on clinical issues.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 99.8% of the total number of points available to them. The QOF score achieved by the practice in 2014/15 was above the England average of 94.8% and the local clinical commissioning group (CCG) average of 94.4%. The clinical exception reporting rate was 14.8%, which was above the England average of 9.2% and the CCG average of 9.5%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice were aware this was higher than the national and local average and were working to try and reduce this figure.

Following our inspection, the QOF data for 2015/16 was released. This showed that the practice QOF performance had reduced slightly, with an overall achievement of 98.2%, (local CCG average of 96.2%, and a national average of 95.4%), and an overall exception reporting rate of 15.7%.

The data showed:

- Performance for

- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally).
- Performance for diabetes related indicators was above the national average (94.5% compared to 89.2% nationally).
- Performance for dementia indicators was above the national average (100% compared to 94.5% nationally).
- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. We saw a schedule of four clinical audits which had been carried out in the last year. We saw an example of a two cycle audit carried out to ensure patients prescribed a statin, Ezetimibe, which lowers cholesterol levels were receiving this appropriately. The practice reduced the number of patients prescribed this medication from 40 to 21 (48%).

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and responsibilities of their job role. There was also an up to date locum induction pack at the practice.
- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. Non-clinical staff had received an appraisal within the last twelve months. We saw examples of these. Staff told us they felt supported in carrying out their duties. The practice nurses were appraised by one of the GPs and the practice manager.
- All GPs in the practice had undertaken revalidation (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England

Are services effective?

(for example, treatment is effective)

can the GP continue to practice and remain on the performers list.) The salaried GPs also received in house appraisals. The practice is a training practice for trainee doctors. There was one GP trainer at the practice.

- Staff received training that included: fire and health and safety, equality and diversity, basic life support, safeguarding children and adults, domestic abuse, prevent awareness and information governance awareness. Clinicians and practice nurses had completed training relevant to their role. Staff had been encouraged to study national vocational qualifications (NVQ) in business administration and customer service at levels two and three.

Coordinating patient care and information sharing

The practice had effective and well established systems to plan and deliver care and treatment. Patient information was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example, when people were referred to other services.

Staff worked together and with other health and social care services. Multi-disciplinary team meetings (MDT) took place monthly as part of the practice clinical meeting. The practice had a palliative care register which was discussed at the monthly clinical meeting. All deaths of patients were reviewed at the MDT meetings to ensure any learning from these could be taken forward.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements and had received training in relation to this, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with

relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment. We saw an example of a consent form.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice ran a community group at the practice called patient champions where patients attended a stretch class for an hour every week. This also provided social benefits for those attending.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 94%, which was above the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 99% except for infant Men C which was 24.5%, the same as the CCG average. For five year olds from 97% to 100%, compared to CCG averages of 96% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the healthcare assistant or the GP or nurse if appropriate. The practice gave the patients the choice of registering with The Glen Medical Group or The Park Surgery. The area covered by both practices was slightly different. Follow-ups on 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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that they were treated with dignity and respect.

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

We reviewed 38 CQC comment cards completed by patients prior to the inspection. 28 of the cards were positive and comments included excellent service and very good. Patients said they were treated with care and concern.

Results from the National GP Patient Survey, published in July 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice results were comparable with local and national satisfaction scores on consultations with doctors and nurses. For example, of those who responded:

- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 86% said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patients' responses were above local and national averages regarding their involvement in planning and making decisions about their care and treatment: For example, of those who responded:

- 95% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 95% said the last nurse they spoke to was good listening to them compared to the CCG average of 92% and the national average of 91%.
- 98% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations and there was a good range of leaflet information available in the waiting area. This included information for patients affected by domestic abuse, information for carers and help for patients affected by dementia.

The practice's computer system alerted GPs if a patient was a carer. There had a practice carer's champion who was proactive in identifying carers. There were 94 patients registered as a carer which was 1.2% of the practice population. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice had close links with the local carers' organisation.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit 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. For example, the practice was involved in the CCG led better outcomes scheme (BOS) to improve outcomes for high risk vulnerable groups and patients with long term conditions.

Services were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- Telephone consultations were available if required.
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not travel to the surgery.
- Specialist clinics were provided including minor surgery. The practice carried out travel vaccinations.
- All patient services were accessible to patients with physical disabilities. Other reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services, for example, there was a hearing loop.

Access to the service

The practice was open weekdays from 8am and until 6.30pm Monday, Tuesday, Wednesday and Friday. There were extended opening hours until 8pm on Thursday evenings. The telephone system was managed by the out of hour's service between 8am and 8.30am and 6am and 6.30pm.

Consulting times with the GPs and nurses ranged from 8.30am – 11.30am and 1.50pm – 4.50pm. On extended opening days consulting times ran from 6.30pm – 7.40pm.

Five of the eight patients we spoke with said once they could get an appointment to see a clinician they were happy with the service they received from the practice. Three of the patients we spoke with were unhappy with the service they received and all of them said they had to wait a long time to get an appointment and it was difficult to make one.

We reviewed 38 CQC comment cards completed by patients prior to the inspection. Of those 11 of the cards contained negative comments about either not being able to get through on the telephone to make an appointment or the wait they had to see a GP once they had made an appointment.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment were lower than local and national averages. For example;

- 75% of patients were satisfied with the practice's opening hours compared to the local CCG average of 81% and national average of 76%.
- 52% of patients said they could get through easily to the surgery by phone compared to the local CCG average of 79% and national average of 73%.
- 61% of patients described their experience of making an appointment as good compared to the local CCG average of 77% and national average of 73%.
- 61% of patients said they usually waited 15 minutes or less after their appointment time to be seen compared to the local CCG average of 74% and national average of 58%.

The practice were aware of the low scores in the satisfaction rates for patients experience of getting through to the surgery by telephone, making an appointment and the wait time for their consultations. They explained that when they took over The Park Surgery they had to go back to use an older telephone system, which had caused problems for patients telephoning the practice. They also had clinical staff leave the practice which had impacted on their capacity to provide appointments. The practice closed their patient list with agreement from the local CCG to new patients to relieve some pressure, for five months in 2016. The practice's patient list was now open again. Locally there were several new housing estates being built which had put additional pressure to register new patients on all practices in the area.

The practice had devised an action plan to address the low scores in relation to patient access from the GP National Survey. This included the implementation of a new telephone system in April 2017 for which they had recently been successful in obtaining funding for. Additional early morning appointments had been implemented from

Are services responsive to people's needs?

(for example, to feedback?)

September 2016. A 'brief problem slot' for specific same day problems had been introduced. On-line appointments were being promoted. The practice had been successful in recruiting a new GP who joined the practice in August 2016 and had applied to Health Education England for funding for a further GP post.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. This was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. Verbal complaints were logged in a note book by the practice manager. If they were clinical the patient was asked to put the complaint in writing.

We saw the practice had received 15 written complaints in the last 12 months; these had been investigated in line with their complaints procedure. We looked at examples of responses to complaints and where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. The practice had recently begun to include information for patients in these letters regarding taking the complaint further such as to NHS England or The Parliamentary and Health Service Ombudsman. We asked for a specific complaint leaflet for patients at the reception desk and were provided with a complaints leaflet from another practice. However, following the inspection the practice supplied us with an example of the leaflet which was available for patients. Information on how to complain was available on 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 had a mission statement which was to provide patients with the highest standard of medical care possible, combining evidence based and patient centred approaches, delivered with dignity and respect by friendly, attentive and efficient people. The practice had a vision to make 'Everyone better off' including patients, the community, corporate and colleagues.

The practice had an action plan to address the low scores they had received in relation to the GP National Survey regarding access. They had an action plan which identified the practice priorities for 2015 – 2016. These had been discussed with the patient participation group (PPG). Priorities included, promoting and improving services for young people, to significantly reduce the numbers of patient who did not attend appointments (DNA), to merge both practice websites and to keep the information up to date and relevant. The practice was working towards achieving dementia friendly status.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority. They also knew what their responsibilities were in relation to this and how they played their part in delivering this for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities, the GP partners were involved in the day to day running of the practice.
- There were clinical leads for areas such as safeguarding and information governance, as well as non-clinical leads for areas such as health and safety and the cold chain.
- Practice specific policies were implemented and were available to all staff.
- Managers had an understanding of the performance of the practice.
- A programme of continuous clinical audit was used to monitor quality and to make improvements.

- The practice employed the services of an external human resource company.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice. Staff told us that they were approachable and always took the time to listen to all members of staff. The GP partnership was quite a new one and they were working together to establish their roles and, to retain and develop the existing workforce.

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 knowing about notifiable safety incidents.

There were multi-disciplinary clinical meetings held every month. There were quarterly business meetings and regular practice and nurse meetings. We saw comprehensive minutes of all of these meetings and actions from them were carried forward. There was a practice meeting itinerary with a list of all meetings held at the practice and the frequency.

The practice knew their priorities and they had plans in place for areas they needed to work on and knew in what areas they had improved.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through patient surveys and formal and informal complaints received and the practice participation group (PPG).

The practice had a PPG with approximately ten members who met quarterly; a GP from the practice attended these meetings. We saw comprehensive minutes of the meetings. We spoke with two members of the PPG. They told us the practice were open to suggestions from the group. The group had discussed with the practice how they could improve the prescription phone line and process and

Are services well-led?

Good 

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

improvements were developed from this. The car park at the practice was only for use by the staff, however, the PPG asked the practice to take this up with the landlord and following this the car park was made available for patients to use.

The practice produced a regular newsletter for patients which included information on new members of staff who had joined the practice, updates on the telephone system and information on the flu season and vaccinations.

The practice had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Opportunities for individual training were identified at appraisal. All staff were encouraged to identify opportunities for future improvements on how the practice was run. There were regular staff social events which included a charity walk in aid of a dementia society.

Continuous improvement

The practice were involved in the setting up of the local federation of GP practices. (A Federation is a group of practices and primary care teams working together, sharing responsibility for developing and delivering high quality, patient focussed services for their local communities).

Patients had been listened to and ideas sought to improve their access to appointments. There was an action plan in place to progress this.

The practice had appointed a dementia friends champion to drive dementia friendliness throughout the surgery. All staff were to receive dementia friends training and the practice were to support a dementia friendly initiative in the local town.

A survey was to be carried out to gain the views of young people and to promote young person's services. They planned to have a dedicated website area and a notice board in the practice for young people. A young person's champion had been appointed from the reception team.

The practice were one of the first in the locality to use social media to keep patients updated with health information.

The practice identified corporate objectives going forward which they were working on, this included identifying further training roles in the practice and identifying other income streams. In relation to staff the partners planned to provide lunch for team meetings and to develop an employee of the month award.

There was a focus on continuous learning and improvement within the practice. The practice had protected learning times once a month both at the practice and at CCG organised events. The practice was also a training practice.