

# Stanley Medical Group - Clifford Road

## Quality Report

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Date of inspection visit: 19 October 2016  
Date of publication: 16/01/2017

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?

Good



Are services caring?

Good



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 Stanley Medical Group on 19 October 2016. Overall, the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- We found the practice governance and performance management arrangements were proactively reviewed and reflected best practice. The practice had invested in the arrangements to support improvement within the practice. They used a method of streamlining their processes to improve effectiveness and efficiency.
- We found the leadership, governance and culture were used to drive and improve the delivery of an efficient and effective service. They drove continuous improvement and supported staff to deliver.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- There was a strong focus on continuous learning and improvement at all levels. We found safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

We saw areas of outstanding practice:

- The practice had adapted a process used in industry, called lean methodologies, to streamline their own systems and processes. This had resulted in demonstrable improvements in the management of clinical access for patients and the management of cardio vascular health checks.
- Between 2014 and 2016, the practice invested finances in upskilling GPs within the practice in six clinical areas. The areas were dermatology, gynaecological, ophthalmology, orthopaedics, urology and ear nose and throat conditions. These were the areas the

practice had assessed as areas for improvement for managing referrals. The practice could show the impact of this activity through audits of their referrals, which demonstrated improved quality and focus of referral activity.

- The practice was part of a local pilot scheme to identify patients at high risk of developing diabetes, and take a proactive approach to identifying, reviewing, engaging patients in the prevention of onset for diabetes, and offering diabetes education via the local Diabetes Prevention Program. The practice had identified 575 patients with impaired glucose regulation. Less than 8% (42 patients) were subsequently confirmed as diabetic. The remaining 92% were included in the practices recall for a review, under the long term condition review process.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally at or above average compared to the national average. For 11 of the 19 clinical domains within QOF the practice had achieved 100% of the points. There were some areas where the practice performance was lower than local and national averages. The practice had implemented improvement plans in those areas of QOF where they were below comparators.
- The practice was part of a pilot scheme to identify patients who were at high risk of diabetes, whose needs would not have otherwise been reviewed. This helped them identified patients who were at high risk of diabetes, include them in recalls for regular reviews, engage them in the prevention of onset for diabetes, and offer diabetes education via the local Diabetes Prevention Program.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of historical appraisals and personal development plans for all staff. However, there had been a delay in delivering appraisals within the last year.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published in July 2016, showed the practice was broadly in line with comparators for their satisfaction scores on consultations with doctors and nurses. However, scores were variable, with some below average. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of the recently initiated North Durham CCG referral management project, to have external scrutiny of referrals to identify whether they were appropriate or the health needs could be met in a different way within the community.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There was direct access to physiotherapy, which had provided quicker access to this service for patients.
- The practice was effective at supporting patients to stop smoking. In 2015-16, the practice had a quit rate of 62%, which was the highest quit rate across County Durham.
- The practice had implemented a new system to recall patients for reviews of their long term conditions. This had assisted them

Outstanding



# Summary of findings

to increase the number of patients called for review due to frailty, bronchiectasis and pulmonary fibrosis, who would not otherwise have received a review of their condition other than as part of a medicines review.

- The practice was part of a pilot scheme to identify patients who were at high risk of diabetes, whose needs would not have otherwise been reviewed.

## Are services well-led?

The practice is rated as outstanding 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 it. We found the strategy and supporting objectives were stretching challenging and innovative, whilst remaining achievable.
- 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.
- We found the practice governance and performance management arrangements were proactively reviewed and reflected best practice. The practice had invested in the arrangements to support improvement within the practice. They used a method of streamlining their processes to improve effectiveness and efficiency. This had resulted in demonstrable improvements in the management of clinical access for patients and the management of cardio vascular health checks.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. We found the leadership in the practice drove continuous improvement and supported staff to deliver. We found safe innovation was celebrated. For example, the practice had initiated improvement work in six clinical

Outstanding



# Summary of findings

areas, with the key aim of upskilling GPs and improving the associated referral rates. They evaluated the effectiveness of this approach through the use of clinical audit. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check health and medicines needs were being met. The practice had lower performance than local and national averages for some long-term conditions. The practice told us this was most likely due to the demographics and deprivation levels of the local area. Patients were less likely to engage in chronic disease management and would not attend for appointments. The practice continued to send multiple invites to patients to encourage them to attend. The practice had also implemented improvement plans in those areas of QOF where they were below comparators, to improve achievements.
- The practice was part of a pilot scheme to identify patients who were at high risk of diabetes, whose needs would not have otherwise been reviewed. This helped them identified patients

Outstanding





# Summary of findings

who were at high risk of diabetes, include them in recalls for regular reviews, engage them in the prevention of onset for diabetes, and offer diabetes education via the local Diabetes Prevention Program.

- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- 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. Childhood immunisation rates for the vaccinations given were mostly higher than CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 82.5%, which was similar to the CCG average of 83.2% and the national average of 81.4%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Good



## 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 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 and flexible. Extended hours surgeries were offered on Tuesday until 7:15pm and on a Thursday from Thursday from 7:30am for working patients who could not attend during normal opening hours.
- There was direct access to physiotherapy, which had provided quicker access to this service for patients.

Outstanding



# Summary of findings

- The practice was effective at supporting patients to stop smoking. In 2015-16, the practice had a quit rate of 62%, which was the highest quit rate across County Durham.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. The practice had identified 0.9% of their population with a learning disability on a patient register to enable them to plan and deliver relevant services.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.
- The practice had systems in place for identifying carers. The practice had identified their approach to supporting carers as an area where they could further improve.

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 had identified 0.9% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services.
- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.

Good



# Summary of findings

- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice carried out advance care planning for patients with dementia.

# Summary of findings

## What people who use the service say

Generally, the GP Patient Survey published in July 2016 showed patients were satisfied with the service they received. For the practice, 89.4% of patients who responded were satisfied with their overall experience of the GP surgery. This was similar to the local clinical commissioning group (CCG) average of 89.3% and higher than the England average at 85.2%. There were 282 survey forms distributed for Stanley Medical Group – Clifford Road and 107 forms returned. This was a response rate of 37.9% and equated to 1% of the practice population.

Of those patients who responded:

- 79.8% stated they would recommend their GP Practice to someone who has just moved to the local area. This compared with a CCG average of 82.5% and a national average of 79.5%.
- 77% found it easy to get through to this surgery by phone. This compared with a CCG average of 74.5% and a national average 73%.
- 83.6% found the receptionists at this surgery helpful. This compared with a CCG average of 89.9% and a national average of 86.8%.
- 74.4% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 77.9% and a national average of 75.7%.
- 96.1% said the last appointment they got was convenient. This compared with a CCG average of 93.5% and a national average of 91.8%.
- 79.6% described their experience of making an appointment as good. This compared with a CCG average of 76.9% and a national average of 73.3%.
- 64.4% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 66.4% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were positive about the standard of care received. Respondents used phrases such as 1st class service, brilliant, friendly, tip-top, perfect, high standard, clean and hygienic to

describe the practice. They described staff as caring, professional, supportive, empathetic, willing to listen and attentive. Patients commented their healthcare needs were met by the practice, and this was in a timely way. Three of the cards, although still very positive about the standard of care received, also included more negative feedback about the practice. This included two with concerns about appointment availability and one about the attitude of particular staff.

We spoke with 14 patients during the inspection, seven at the branch surgery and seven at the main surgery. All 14 patients said they were happy with the care they received and thought staff were approachable, committed and caring. They told us they could get an appointment when they needed one, but expected to wait longer if they wanted to see a named GP. All patients we spoke with were positive about the attitude of staff, with comments such as 'staff are very good' and 'staff are always nice'. We also spoke with three members of the patient participation group, who were similarly complimentary of the surgery, staff attitude and the service delivered.

The practice published the results of the national friends and family test (FFT) on their website. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Since the introduction of the FFT, 79.3% of patients completing the test said they were 'likely' or 'extremely likely' to recommend the service to family and friends. Within this, 74.8% from Clifford Road Surgery and 92.2% from the branch surgery at Front Street were 'likely' or 'extremely likely' to recommend the service to family and friends. Of those submitted in 2016, 91.7% of patients completing the test said they were 'likely' or 'extremely likely' to recommend the service to family and friends. Within this, 90.9% from Clifford Road Surgery and 100% from the branch surgery at Front Street were 'likely' or 'extremely likely' to recommend the service to family and friends.

# Summary of findings

## Outstanding practice

- The practice had adapted a process used in industry, called lean methodologies, to streamline their own systems and processes. This had resulted in demonstrable improvements in the management of clinical access for patients and the management of cardio vascular health checks.
- Between 2014 and 2016, the practice invested finances in upskilling GPs within the practice in six clinical areas. The areas were dermatology, gynaecological, ophthalmology, orthopaedics, urology and ear nose and throat conditions. These were the areas the practice had assessed as areas for improvement for managing referrals. The practice could show the impact of this activity through audits of their referrals, which demonstrated improved quality and focus of referral activity.
- The practice was part of a local pilot scheme to identify patients at high risk of developing diabetes, and take a proactive approach to identifying, reviewing, engaging patients in the prevention of onset for diabetes, and offering diabetes education via the local Diabetes Prevention Program. The practice had identified 575 patients with impaired glucose regulation. Less than 8% (42 patients) were subsequently confirmed as diabetic. The remaining 92% were included in the practices recall for a review, under the long term condition review process.

# Stanley Medical Group - Clifford Road

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist adviser and an expert by experience. An Expert by Experience is a member of the inspection team who have received care and experienced treatments from a similar service.

## Background to Stanley Medical Group - Clifford Road

The Care Quality Commission has registered Stanley Medical Group to provide primary care services.

The practice provides services to approximately just under 11,200 patients from two locations:

- Main Surgery: Stanley Primary Care Centre, Stanley, County Durham, DH9 0AB
- Branch Surgery : Front Street, 16 Front Street, Annfield Plain, Stanley, Co Durham, DH9 8HY

We visited both locations during this inspection.

Stanley Medical Group is a large practice providing care and treatment to patients of all ages, based on a Personal Medical Services (PMS) contract agreement for general practice. The practice is part of the NHS North Durham 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. (A decile is a method of dividing up a set of

ranked data into 10 equally large subsections). In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 77 years and the average female life expectancy is 81 years, both of which are two years lower than the England average.

The percentage of patients reporting with a long-standing health condition is slightly higher than the national average (practice population is 55.2 % compared to a national average of 54.0%). The percentage of patients over the age of 65+ (at 19.2%) is higher than the England average of 17.1%.

The practice has one GP partner (male) and one practice manager partner. There are also five salaried GPs (four female and one male), a regular locum GP (female), three nurse practitioners (female), three practice nurses (female), three healthcare assistants (female) and 15 administrative support staff. Some of the GPs work part time and as such the whole time equivalent for GPs is 6.75.

The opening hours of the main surgery at Stanley Medical Centre is as follows:

- Monday 08:00 - 18:00
- Tuesday 08:00 - 19:15
- Wednesday 08:00 - 18:00
- Thursday 07:30 - 18:00
- Friday 08:00 - 18:00

Appointments are from 8:00am to 11:30am and 1pm to 5:40pm on a Monday, Wednesday and Friday. On a Tuesday they are available from 8:00am to 11:30am and 1pm to 7:15pm and on a Thursday from 7:30am to 11:30am and 1pm to 5:40pm. This includes a mix of GP, nurse practitioner, practice nurse and healthcare assistant

# Detailed findings

appointments. Phone lines are open from 8:30am to 5:30pm. An emergency line is available from 5:30pm to 6:00pm. There is a local contract with the out of hour's service to provide telephone cover between 6 and 6:30pm.

The opening hours for the branch surgery on Front Street Stanley are:

- Monday 08:30 - 12:30
- Tuesday 08:30 - 12:30
- Wednesday 08:30 - 12:30
- Thursday 08:30 - 12:30
- Friday 08:30 - 12:30

Appointments are available from 8:30am to 12:30pm daily.

Patients requiring a GP outside of normal working hours (after 6.30pm) are advised to contact the GP out of hour's service (111).

## 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. The 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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2016. During our visit we:

- Spoke with a range of staff (The GP partner, the practice manager partner, the co-practice manager, two salaried GPs, a nurse practitioner, three practice nurses, the practice pharmacist and three administrative and reception staff) and spoke with patients who used the service. We spoke with members of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Observed how staff interacted with patients in the reception and waiting areas, and talked with patients, carers and/or family members.
- Reviewed 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 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)

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.

For example, the practice undertook significant event analysis following a complaint received into the practice. As a result they implemented a recall process for those patients who were on long term medication, such as statins, but who would otherwise not be recalled for a review as they did not fit into one of the long term condition categories.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. The practice maintained a record of those safety alerts which had been received. However, as at times multiple copies of the same alert were held, it was sometimes difficult to track what if any action had been taken. We saw evidence the practice was improving their approach to this using their local intranet system.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The 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 relevant to their role. GPs were trained to child safeguarding level three, and the nurses to level two.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and



## Are services safe?

support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We reviewed eight 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 and the appropriate checks through the Disclosure and Barring Service. We saw 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 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 that 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 fit for use.
- 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.

# 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2015/16 showed the practice had achieved 97.1% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was slightly lower than the local clinical commissioning group (CCG) average of 97.9% and higher than the England average of 95.3%. The practice had low clinical exception reporting at 7.9%. This compared to a CCG average of 9.8% and an England average of 9.8%. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side effect.)

This practice was not an outlier for any QOF or other clinical targets.

Data from 2015/16 showed:

- For 11 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Performance for diabetes related indicators was lower than the clinical commissioning group (CCG) and national average. The practice achieved 86.8% of the points available. This compared to an average performance of 93% across the CCG and 89.8% national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 82.6%, compared to a CCG average of 87.2% and a national average of 88.6%.

- Performance for asthma related indicators was slightly higher than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 99.9% across the CCG and 97.4% national average.
- The percentage of patients with hypertension having regular blood pressure tests within range was lower than local and national averages. 80.2% of patients had a reading measured within the last 12 months, compared to a CCG average of 84.9% and 82.9% nationally.
- The summary performance for mental health related indicators was similar to the CCG average and higher than the national average. The practice achieved 96.4% of the points available. This compared to an average performance of 96.7% across the CCG and 92.8% national average. For the practice, 93.8% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 91.6% and a national average of 88.8%. The practice identified a high rate of patients with mental health conditions not attending for appointments. As a result, over the last six months, the practice had initiated a weekly audit of those patients who did not attend appointments. A GP reviewed each patient, and where appropriate, contact was made with the patient to arrange another appointment and / or offer additional support. The practice did not have any quantifiable evidence to demonstrate the numbers involved, but estimated they identified 10-15 patients who did not attend per week, with two or three of these patient who required follow up.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was higher than the national average at 87.6% (compared to a CCG average of 84.3% and a national average of 83.7%).

We spoke with the lead GP about their performance on indicators relating to diabetes and dementia. He told us he thought this was most likely due to the demographics and deprivation levels of the local area. Patients were less likely to engage in chronic disease management and would not attend for appointments. The practice continued to send multiple invites to patients to encourage them to attend. The practice had also implemented improvement plans in those areas of QOF where they were below comparators, to

# Are services effective?

(for example, treatment is effective)

improve achievements. For example, the practice had changed the way they invited patients with diabetes in for foot examinations to increase uptake. They had also introduced annual chronic review appointments for patients with dementia conditions to ensure their needs were regularly reviewed.

From January 2016 the practice was part of a pilot scheme to identify patients who were at high risk of diabetes, whose needs would not have otherwise been reviewed. The practice participated as due to the demographics, the local population were historically less inclined to have a proactive approach to healthy lifestyles. They identified the method of profiling and risk stratification helped them to identify, engage and educate those most at risk of developing diabetes.

Between 2014 and 2016, the practice invested finances in upskilling GPs within the practice in six clinical areas. The areas were dermatology, gynaecological, ophthalmology, orthopaedics, urology and ear nose and throat conditions. These were the areas the practice had assessed as areas for improvement. Over a four month period the GPs buddied with a consultant in the relevant clinical area, and undertook six clinical sessions with the consultant. The consultants also provided education sessions. The approach was to help the practice improve the quality of referrals and reduce the rate of inappropriate referrals. The practice carried out audits on some of these areas to determine the success of this approach. For example, during the first cycle of audit for ophthalmology referrals undertaken in August 2015, 11% of referrals made by clinicians were not in line with guidance. The practice implemented improvements, including developing eye referral guidance, eye formulary and a review process for referrals. (A formulary is an official list giving details of medicines which can be prescribed.) Following implementation of these improvements, the practice carried out a second cycle audit in December 2015 and found this had reduced to 7% of referrals made by clinicians not in line with guidance. In addition, the number of referrals had also increased from 66 to 81.

Clinical audits demonstrated quality improvement. Information about patients' outcomes was used to make improvements.

- The practice provided us with details of 12 clinical audits completed in the last two years, of which most were completed audits where the improvements made were

implemented and monitored. This included audits relating to standardising urological care; action taken on incoming letters; patients with raised platelets; and referrals of urgent Gastrointestinal (GI) conditions. For example, the practice audited prescribing of methotrexate - a medicine used to treat some cancers, rheumatoid arthritis and severe psoriasis. The practice made changes to ensure they were prescribing this in line with national and local guidelines. On re-audit they found prescribers had used the specified template in 100% of patients prescribed this medicine over the audit period and relevant information was recorded.

- The practice had also undertaken audits of results following improvement activity to support the practice to be efficient and effective in areas such as appointment availability; cardio vascular health checks; and, the recall system for patients who need routine monitoring of medicines.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. The practice had adopted process improvement techniques to support greater efficiency and effectiveness within the practice.

## 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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, there had been a delay in delivering appraisals within the last year. The practice had considered moving to staff birthday month to

# Are services effective?

## (for example, treatment is effective)

spread out appraisals but recognised this was more difficult to manage. Most staff were due an appraisal within the last four to six months. Managers had recently undertaken additional training in appraisals and were in the process of planning appraisal sessions for staff. The staff we spoke with all reported they felt well-supported by the managers in the practice and had good access to training and developmental opportunities.

- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### 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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- 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.
- A counsellor and dietician were available on the premises and smoking cessation advice was available. The practice had an effective service to support patients to stop smoking, and had the highest quit rate across all of County Durham for 2015-16.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme reported in QOF 2015-16 was 82.5%, which was similar to the CCG average of 83.2% and higher than the national average of 81.4%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were mostly higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.4% to 99.3% and five year olds from 97.2% to 99.3%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 97.7% to 99% and five year olds from 97.2% to 98.5%.

The practice had offered direct access to physiotherapy to patients for over 10 years.

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors

were identified. The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

All of the 37 patient CQC 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 also spoke with three members of the patient participation group. 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.

Results from the national GP patient survey from July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was broadly in line with comparators for their satisfaction scores on consultations with doctors and nurses. However, scores were variable, with some below average. For example, of the patients who responded:

- 81.6% said the GP was good at listening to them compared to the CCG average of 91.3% and national average of 88.6%.
- 87.1% said the GP gave them enough time compared to the CCG average of 89.6% and national average of 86.6%.
- 90.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 97.2% and national average of 95.2%.
- 80.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85.4%.

- 92.7% said the nurse was good at listening to them compared to the CCG average of 94.2% and national average of 91%.
- 94.3% said the nurse gave them enough time compared to the CCG average of 94.8% and national average of 91.9%.
- 94.3% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98.5% and national average of 97.1%.
- 92.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- 83.6% said they found the receptionists at the practice helpful compared to the CCG average of 89.9% and national average of 86.8%.

### 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. We also saw that care plans were personalised.

Overall, results from the July 2016 National GP Patient Survey relating to patient experience of their involvement in planning and making decisions about their care and treatment, were broadly in line with comparators. However, scores were variable, with some below average. Of the patients who responded:

- 76.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 77.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 81.8%.
- 92.8% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92.7% and national average of 89.6%.
- 88.7% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85.3%.

The practice recognised there were some areas within patient experience where their results were lower than average. They had identified increased continuity of care as

## Are services caring?

an important factor in addressing this. They had plans in place to support them to improve in this area. This included appropriately reducing GP time spent on non-patient contact to increase appointment availability, and further recruitment of clinical staff.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 209 patients as carers (1.9% of the practice list). The practice had identified their approach to supporting carers as an area where they could further improve. They had contact with the local carers' organisation and planned to publish the latest newsletter from them on the practice website. 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 by giving them advice on how to find a support service, such as local bereavement and befriending services.



# 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 part of the recently initiated North Durham CCG referral management project, to have external scrutiny of referrals to identify whether they were appropriate or the health needs could be met in a different way within the community. Members of staff were active within the CCG. For example, one of the practice nurses was a representative on the CCG governing body.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 7:15pm and a Thursday morning from 7:30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- From January 2016 the practice was part of a pilot scheme to identify patients who were at high risk of diabetes, whose needs would not have otherwise been reviewed. From the beginning of the pilot to 19 October 2016, the practice identified 575 patients with impaired glucose regulation. Less than 8% (42 patients) were subsequently confirmed as diabetic. The remaining 92% were included in the practices recall for a review, under the long term condition review process. Patients were also engaged in the prevention of onset for diabetes, and offered diabetes education via the local Diabetes Prevention Program. The pilot scheme will be rolled out across other practice in the North Durham area.
- The practice had supported health advisers to run monthly 'Walk away from diabetes' at the practice for those patients identified as pre-diabetic as part of a local scheme.
- The practice was part of a scheme to plan and mitigate to reduce the risk for those at high risk of hospital admissions.
- The practice had implemented a new system to recall patients for reviews of their long term conditions. This included a systemic way of identifying the appropriate clinician to book an appointment with, taking account of the skill mix of clinical staff. This ensured they were able to meet the needs of the patient at the review appointment. The system had assisted the practice to increase the number of patients on their frailty register from 1 to 118 as of the 19 October 2016. It had also helped them recall 21 patients for review with bronchiectasis, who would not otherwise have received a review of their condition other than as part of a medicines review. Similarly it helped the practice recall patients with pulmonary fibrosis for a review of their condition.
- The practice was accredited with being young person friendly through the 'Your Welcome' framework.
- The practice undertakes a weekly search for those patients who are vulnerable, who have failed to attend an appointment. A GP reviews this list and take action to support these patients to attend their future appointment.
- The practice had an effective service to support patients to stop smoking. Within 2015-16, the practice had supported 62% of 135 patients participating to stop smoking. This was 22% higher than the expected target of 40%. The practice won a local award for achieving this, and had the highest quit rate across all of County Durham.
- The practice offered direct access to physiotherapy for their patients and had done for 10 years. This had reduced the waiting time for this service from three months to two to three weeks. Following evaluation this approach was adopted across all North Durham practices.
- The practice were finalising plans to reintroduce access to a Citizen's Advice Bureau officer from the practice premises on a weekly basis. This was planned to help patients address welfare issues, which would otherwise have a detrimental impact on their health. The practice had previously supported this service, but it had ceased temporarily due to staff availability.

### Access to the service

The opening hours of the main surgery at Stanley Medical Centre was as follows:

- Monday 08:00 - 18:00
- Tuesday 08:00 - 19:15





# Are services responsive to people's needs?

## (for example, to feedback?)

- Wednesday 08:00 - 18:00
- Thursday 07:30 - 18:00
- Friday 08:00 - 18:00

Appointments were from 8:00am to 11:30am and 1pm to 5:40pm on a Monday, Wednesday and Friday. On a Tuesday they were available from 8:00am to 11:30am and 1pm to 7:15pm and on a Thursday from 7:30am to 11:30am and 1pm to 5:40pm. This includes a mix of GP, nurse practitioner, practice nurse and healthcare assistant appointments.

The opening hours for the branch surgery on Front Street Stanley were:

- Monday 08:30 - 12:30
- Tuesday 08:30 - 12:30
- Wednesday 08:30 - 12:30
- Thursday 08:30 - 12:30
- Friday 08:30 - 12:30

Appointments were available from 8:30am to 12:30pm daily.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The national GP patient survey results with how satisfied patients were with how they could access care and treatment were mostly higher than comparators. Of the patients who responded:

- 74.4% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 77.9% and a national average of 75.7%.
- 96.1% said the last appointment they got was convenient. This compared with a CCG average of 93.5% and a national average of 91.8%.
- 82.2% of patients were satisfied with opening hours. This compared with a CCG average of 83.3% and a national average of 79.5%.
- 77% found it easy to get through to this surgery by phone. This compared with a CCG average of 74.5% and a national average of 72.9%.
- 79.6% described their experience of making an appointment as good. This compared with a CCG average of 76.9% and a national average of 73.3%.

- 64.4% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 66.4% and a national average of 57.7%.

Patients 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.

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.

- Their 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. There was information available on the practice website about how to make a complaint. However, there were no leaflets available in either of the surgery waiting areas, to give information to patients on how to make a complaint.

The practice had received 14 complaints within the year April 2015 to March 2016. We looked at three complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency. We found the practice learnt from individual concerns and complaints. They carried out analysis of trends and action was taken as a result to improve the quality of care. For example, the practice developed information for locums to ensure they took account of 'pop up' messages relaying important information when prescribing patients medicines.

# 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. The practice had developed initialism from the word Stanley to demonstrate the key values of the practice. This was 'Service, Teamwork, Attitude, No waste, Listening, Excellence, Your Practice'. Staff were involved in the development of this, and we found staff were keen to deliver on these values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. We found the strategy and supporting objectives were stretching, challenging and innovative, whilst remaining achievable. The practice business plan had a number of actions based on improving the quality and effectiveness of the service. For example, they planned to increase continuity of care by 25% and offer routine appointments within seven days. The practice had a focus on improving efficiency in the way it worked. They planned innovative solutions to support them in this. For example, the practice had initiated improvement work in six clinical areas, with the key aim of upskilling GPs and improving the associated referral rates. They did this by working closely with hospital consultants and through education and training sessions. They evaluated the effectiveness of this approach through the use of clinical audit.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice had a comprehensive understanding of their performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

We found the practice governance and performance management arrangements were proactively reviewed and reflected best practice. The practice had invested in the arrangements to support improvement. This included the use of lean methodology to improve effectiveness and efficiency. Lean methodologies seek to systematically eliminate waste, stream line processes and seek efficiency and effectiveness. They originated within the manufacturing industry, but are now used in many industries including healthcare. The practice used the basis of the Virginia Mason Production Systems to support them in this work. (Virginia Mason is a hospital in Seattle which applied lean methodology from other industries, within a system-wide program, to change the way it delivered health care and in the process improve patient safety and quality.) They carried out rapid process improvement workshops to improve areas such as appointment availability, cardio vascular health checks; and, the recall system for patients who need routine monitoring of medicines. We found the leadership, governance and culture were used to drive and improve the delivery of an efficient and effective service.

### Leadership, openness and transparency

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.

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 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.

# Are services well-led?

Outstanding



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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- 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. Staff were proud of the practice, as a place to work, and they spoke highly of the culture within 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. They proactively sought patients' feedback and engaged patients in the delivery of the service.

- They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice was investing in a new telephone system in response to patient feedback. They had also installed foot prints at the reception desk to encourage patients waiting to stand back and give the patient at the front of the queue privacy.
- The practice had also gathered feedback from staff through staff away days and generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. They had the opportunity to contribute their views through rapid improvement workshops to help improve processes within the practice.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of the recently initiated North Durham CCG referral management project, to have external scrutiny of referrals to identify whether they were appropriate or the health needs could be met in a different way within the community.

We found the leadership in the practice drove continuous improvement and supported staff to deliver. We found safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice adopted lean methodologies for improving the quality, effectiveness and efficiency of the service provided. The practice provided us with some case studies to demonstrate the efficiencies and effectiveness they had achieved as a result.

For example, as part of the appointment availability rapid process improvement workshop, they identified the average time to access a GP of choice was six days. The practice worked with patient representatives to agree realistic and measurable targets. This included reducing waiting times significantly and cutting the number of inappropriate appointments by 67%. As a result the practice offered all patients contacting the practice the option to speak to the clinician by phone on the same day, often within minutes of their initial call. The waiting time associated with making first appropriate clinical contact was reduced from 3 days to less than 24 hours.

Similarly the rapid process improvement workshop for cardio vascular health checks supported the practice to reduce the time taken from identification of a potential risk with a patient's heart to when intervention took place. The practice instigated a 'one stop shop' for cardio vascular disease assessment. This led to a reduction from a wait of 28 days to nine days for an assessment, and a reduction in the length of appointment from 52 minutes to 25 minutes where the risk was more than 20%. For those patients with a risk of less than 20, this improved further to seven days wait and a twenty minute appointment.