

Pelaw Medical Practice

Quality Report

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

Ratings

Overall rating for this service

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

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Overall summary

Letter from the Chief Inspector of General Practice

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

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.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should/must make improvement are:

- Repair damaged seating in reception to make it easier to clean and reduce the risk of infections being spread.
- Ensure the front fire exit and the fire assembly points are clearly marked, that there are signs directing patients to the fire assembly point from the fire exit at the rear of the building, and that all fire extinguishers are serviced.

Summary of findings

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.

Good



- 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 generally well-managed, however we saw that there were ripped seats in reception which may pose an infection risk, and signs for one of the fire exits and the fire assembly point needed to be put in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mixed compared to local and national averages, but the practice could demonstrate they were improving in areas where they had scored below average.
- 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 appraisals and personal development plans for all staff.
- 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.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of the 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 provided minor surgery services for practices in the area.
- Patients said there was continuity of care and urgent appointments were available the same day. However, some patients told us they found it difficult to make appointments. The practice was carrying out an audit to understand how they could improve in this area.
- The practice offered telephone appointments with a GP. Patient satisfaction with this service had increased from 85.9% in 2011/12 to 96.6% in 2014/15.
- 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.

Are services well-led?

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

Good



- 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.
- 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.

Summary of findings

- 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, and had recently set up an active patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

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 their population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 60.2% of patients aged 60 to 69 had been screened for bowel cancer in the last six months, compared to a local average of 57.7% and a national average of 55.4%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with asthma on the register who had received an asthma review had increased from 60.3% to 79.2% during the past 12 months.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- A GP at the practice ran a sexual health clinic which other practices in the area could refer their patients to.

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 as well as a full range of health promotion and screening that reflects the needs for this age group.
- 78% of women aged 25-64 had a record of a cervical screening test being performed in the preceding five years (April 2014 to March 2015), compared to the national average of 82%.

Good



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 homeless patients and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record had improved from 51.7% to 83.3% in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice 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 patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above or in line with local and national averages. 294 survey forms were distributed and 115 were returned. This represented a 39.1% response rate and 2.2% of the practice's patient list.

- 92% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 78% national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. However, eight of these cards also mentioned difficulty in booking appointments at the practice.

We spoke with seven patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had also completed their own survey of patient satisfaction. From a sample of 50 patients, 49 had rated the practice 10 out of 10 for satisfaction with their treatment from doctors and nurses. The one other patient gave a score of nine out of 10.

Areas for improvement

Action the service SHOULD take to improve

- Repair damaged seating in reception to make it easier to clean and reduce the risk of infections being spread.
- Ensure the front fire exit and the fire assembly points are clearly marked, that there are signs directing patients to the fire assembly point from the fire exit at the rear of the building, and that all fire extinguishers are serviced.

Pelaw Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Pelaw Medical Practice

Pelaw Medical Practice is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 5,250 patients from one location at 7-8 Croxdale Terrace, Gateshead, NE10 0RR. This is the location we visited on the day of our inspection.

The practice is based in two converted terraced houses which are owned and managed by the partners. Rooms where patients are seen are located on the ground floor, with the exception of patients attending for minor surgical procedures. There is level access to the building, but no parking available for patients.

The practice has 18 members of staff, comprising three GP Partners (two female, one male), two salaried GPs (both female), two practice nurses (both female), one healthcare assistant (female), a practice manager, a practice administrator, two practice secretaries and three administrative/reception staff.

The practice is part of Newcastle Gateshead clinical commissioning group (CCG). Information taken from Public

Health England placed the area in which the practice was located in the fifth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The surgery is open as follows:

- Monday: 8.30am to 6pm
- Tuesday: 8.30am to 6pm
- Wednesday: 8.30am to 12pm and 1pm to 6pm
- Thursday: 8.30am to 12pm and 1pm to 6pm
- Friday: 8.30am to 6pm

The telephone lines operate at all times during these opening hours. Outside of these times, a message on the surgery phone line directs patients to out of hours care, NHS 111 or 999 emergency services as appropriate.

Appointments with a GP are available as follows:

- Monday to Friday: 9am to 11am, then from between 2.30pm and 3.30pm to between 5pm and 5.30pm
- Weekends: closed

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. The practice population broadly reflects national averages, with slightly more patients than average between the ages of 30 and 54. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and GatDoc.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 March 2016. During our visit we:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.

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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new procedure for counting needles used during acupuncture was introduced after an incident had been reported.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs 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 two 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.

However, there were areas where improvements should be made.

- The practice generally maintained appropriate standards of cleanliness and hygiene, however we saw that the seating in the reception area was ripped, making it difficult to clean. We saw evidence that the practice was planning to change the seats as part of a renovation of the reception area. Other than this we observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to

Are services safe?

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.

Monitoring risks to patients

Risks to patients were assessed and mostly 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. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

However, some improvements were needed to reduce the risks to patients.

- The practice had up to date fire risk assessments and carried out regular fire drills, however we saw that one of the fire exits at the front of the building did not have a sign above it. There was also no sign at the fire assembly

point outside the front of the practice, nor were there directions to the fire assembly point from the fire exit at the back of the building. We saw that fire extinguishers at the practice were due for servicing in February 2016 but this had not been done. The practice contacted the company who provides this service on the day of our inspection and arranged for this to be completed. All other exits were appropriately marked and the practice had signs in the waiting areas and clinical rooms to inform patients of the procedure to follow during an evacuation of the building.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 87.3% of the total number of points available (clinical commissioning group (CCG) average 95.5%, national average 93.5%). The clinical exception reporting rate was 12.3% (CCG average 8.9%). (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). We asked staff about the practice's higher than average exception reporting rate and they said they felt it was due to some patients not responding to their requests to attend reviews. Data from 2014/15 showed:

- Performance for diabetes related indicators was mixed when compared to the national average. For example, 90.2% of patients on the register had a total cholesterol measurement of 5mmol/l or less during the preceding 12 months (April 2014 to March 2015) (national average 80.5%), but only 54.5% of patients on the register had a record of a foot examination and risk classification within that same time period, compared to the national

average of 88.3%. Furthermore, 62.2% of patients with diabetes on the register had a last blood pressure reading (measured between April 2014 and March 2015) of 140/80 mmHg or less (national average 78%).

- Performance for mental health related indicators was below the national average. For example, 51.7% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months (April 2014 to March 2015), compared to the national average of 88.5%.
- 60.3% of patients with asthma on the register had an asthma review in the preceding 12 months (April 2014 to March 2015) that included an assessment of asthma control using the three RCP questions (national average 75.4%). The 'RCP 3Qs' is a validated questionnaire developed by the Royal College of Physicians to detect poor control of asthma by patients.

However, the practice were aware of areas where they had performed below local and national averages and told us that they were taking steps to improve. Data provided to us at the time of inspection showed that from April 2015 to March 2016:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record had improved from 51.7% to 83.3%.
- The percentage of patients with asthma on the register who had received an asthma review had increased from 60.3% to 79.2%
- The percentage of patients on the register who had a record of a foot examination and risk classification had risen from 54.5% to 70.1%

As this data had not been published nationally at the time of inspection it was not possible to compare this to national averages.

There was evidence of quality improvement including clinical audit.

- We saw there had been three clinical audits completed in the last 12 months, one of which was a two-cycle audit where the improvements made had been implemented and were being monitored. The on-going audits all specified timeframes within which the second cycle would be completed.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result included reducing the number of patients on long-term medication without a review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with chronic pain. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 78.3%, which was slightly lower than the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using

Are services effective?

(for example, treatment is effective)

information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. 60.2% of patients aged 60 to 69 had been screened for bowel cancer in the last six months, compared to a local average of 57.7% and a national average of 55.4%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75.9% to 98.3% (CCG average 81.3% to 97%) and five year olds from 91.9% to 98.6% (CCG average 89.8% to 97.9%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the (CCG average 89%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw compared to the (CCG average 96%, national average 95%).
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 94% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

The practice had completed their own survey into patient satisfaction at the surgery. From a sample of 50 patients, 49 had rated the practice 10 out of 10 for satisfaction with their treatment from doctors and nurses. The one other patient gave a score of nine out of ten.

Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients 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%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

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

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

Are services caring?

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 48 patients as carers (approximately 1% of the practice list). A member of the reception team was a Carers' Champion for the practice. This person acted as a liaison with a local carers'

group and helped to identify people who may be carers, for example by giving out a questionnaire to patients who attended the practice's flu clinic. 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 a GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice provided minor surgery services for other practices in the CCG area. The practice met with the CCG on a quarterly basis to review this service.

- There were longer appointments available for patients who needed them, such as those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS, and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice was planning to install a lift to improve access for patients attending for minor surgical procedures. All treatment and consultation rooms for patients seeing the GP or nurses were on the ground floor.
- The surgery offered an INR clinic for patients on warfarin. INR (International Normalised Ratio) is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. By being able to go to the clinic, patients no longer had to travel to hospital for the test, saving them a return journey of an hour on public transport to the nearest local hospital.
- The practice referred their patients to Primary Care Navigators. These were people who helped patients identify and access additional support services.
- An acupuncture service was offered to patients at the practice, but the clinical impact of this or patient satisfaction with the service was yet to be surveyed.
- A room was provided for a physiotherapist and a dietician to use on the premises.

- One of the GPs at the practice ran a sexual health clinic which other practices in the area could refer their patients to.

Access to the service

The practice was open between 8.30am and 6pm from Monday to Friday. Appointments at the practice were from 9am to 11am, then from between 2.30pm and 3.30pm to between 5pm and 5.30pm daily. Outside of these time the telephones were redirected to NHS 111 or the out of hours service.

Extended hours appointments were not offered at the practice at the time of inspection. The GP partners told us they had discussed providing this service, but felt that given the levels of staff at the practice they would not be able to implement it without a negative impact on the amount of appointments available during the day. Furthermore, the practice was one of a number of GP practices in the Gateshead area who formed part of a not-for-profit social enterprise organisation. This was a co-commissioned service created with support from the local CCG to increase access to GP appointments at three extended access GP 'hubs' spread over the Gateshead area, operate a home visit service and coordinate some administrative functions for GP practices. The practice was therefore able to offer their patients a pre bookable GP appointment from 8am to 8pm on a weekday and from 9am to 2pm on a weekend at one of the hubs.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they sometimes found it difficult to get appointments when they needed them. At the time of inspection the practice was in the process of auditing demand on appointments to look for improvements. We checked the practice's computer system in real time on the day of the inspection and saw

Are services responsive to people's needs?

(for example, to feedback?)

that routine appointments were available within five working days. The practice had also conducted their own survey into patient satisfaction with waiting times in 2015/16 and found that 64% of patients gave a score out of 10 out of 10. Nobody scored their satisfaction lower than five out of 10.

The practice offered a telephone appointment system where patients could receive a call back from a GP. Patients were always called on the same day as they contacted the practice. Since its introduction, patient satisfaction in this system had increased from 85.9% in 2011/12 to 96.6% in 2014/15.

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 in the waiting room, on the practice website, and in the practice leaflet to help patients understand the complaints system.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency with dealing with the complaint. Verbal and written complaints were investigated formally. Lessons were learnt from concerns and complaints, for example the practice had reviewed their systems for allocating home visits to locums following a complaint.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice did not have a business plan, but did discuss matters relevant to the ongoing functioning of the business at practice meetings. They had also employed an external accountancy consulting firm to advise them in this area.

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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had begun to gather feedback from patients through the patient participation group (PPG), as well as through surveys and complaints received. The PPG met regularly, and intended to carry out patient surveys and submit proposals for improvements to the practice management team. However, as the group had only recently formed they had not yet had an opportunity to do so. The members of the PPG we spoke to on the day felt the practice was working well with them in these early stages and felt that they would listen to any suggestions they put forward.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Continuous improvement

There was a 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 in discussions with the CCG and other

practices in the locality to create a role for a member of staff who would operate between the practices and who would visit patients in their homes to ensure they were receiving the care they needed, and to direct them to other services as required.