The Sele 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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Sele Medical Practice on 16 February 2016. Overall the practice is rated as good. The practice is rated outstanding for responsive services and good for providing safe, effective, caring and well-led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Outcomes for patients who use services were good.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Scores from the National GP Patient Survey were higher than local and national averages, for example, 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.3% and the national average of 86%.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs, for example, they were the sole GP service providing care to a specialist learning disability residential unit for people with severe behavioural and mental health problems.
- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.

Summary of findings

- Patients said they were able to get an appointment with a GP when they needed one, 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 in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

We saw three areas of outstanding practice which included:

- The practice carried out a high number of clinical audits to monitor and improve patient care. They could show how this had impacted on patient care.
- The practice provided health education evenings for patients to promote good health. The sessions were three or four times a year and various healthcare topics were presented by one of the GPs or a health care professional, for approximately 45 minutes. These had been held since 2012 and attendances were between nine and 45 patients. Topics included, for example, cholesterol, eye conditions and the next session was on bowel cancer.
- The practice were responsive to vulnerable people they worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs, for example, they were the sole GP service providing care to a specialist learning disability residential unit for people with severe behavioural and mental health problems.

The area where the provider should make improvements is:

- Reconsider training for staff, they had not received health and safety or equality and diversity training and some staff had not received safeguarding adults training.

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?

Good

The practice is rated as good for providing safe services. There were infection control arrangements in place and the practice was clean and hygienic. There were systems and processes in place for the safe management of medicines. There was enough staff to keep patients safe. Appropriate recruitment checks had been carried out for staff. We found significant events were recorded, investigated and learned from.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. The practice carried out a high number of clinical audits which were clearly linked to the improvement of patient outcomes.Staff worked with multidisciplinary teams. The practice provided health education evenings for patients to promote good health. There was evidence of appraisals for all staff. We saw staff received training; however, the practice should consider which type of staff training is appropriate to each staff role.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. For example, scores from the National GP Patient Survey were higher than local and national averages, 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.3% and the national average of 86%.

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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services. They reviewed the needs of their local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. The

Summary of findings

practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs, for example, they were the sole GP service providing care to a specialist learning disability residential unit for people with severe behavioural and mental health problems. Patients said they could make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.

Are services well-led?

Good

The practice is rated as good for being well-led. They had a vision for the future and staff were clear about their responsibilities in relation to these. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, patients at high risk of hospital admission and those in vulnerable circumstances had care plans in place.

The practice was responsive to the needs of older people, including offering home visits usually by the same GP. The practice would see a patient for more than one problem per appointment. All patients had a named GP. Prescriptions could be sent to any local pharmacy electronically.

The practice provided care to patients who lived in the eight local care homes which the practice provided services to. Each care home had one of the GPs allocated to them to ensure continuity of care.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people.

People with long term conditions

Good

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

The practice had a register of patient with long term conditions which they monitored closely for recall appointment for health checks. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.

Flexible appointments, including extended opening hours and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review.

Two of the practice nurses were qualified as advanced respiratory physiologists. This allowed them to assess diagnose and initiate treatment of patients with chronic obstructive pulmonary disease (COPD) and ensure they receive a high standard of care. The practice were also involved in the diabetes year of care project in providing personalised care to patients to provide shared goals and action plans for patients to enable them to self-manage their condition.

Summary of findings

One of the GP partners was a speciality doctor in dermatology and the practice offered diagnostic dermatology for skin biopsies, Their referral rate for this was the lowest in the locality at 30.8 per 1,000 patients.

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

Families, children and young people

Good

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 accident and emergency attendances. Immunisation rates were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 93% to 98%.

The practice's uptake for the cervical screening programme was 82.2%, which was above the national average of 81.8%. Appointments were available outside of school hours and the premises were suitable for children and babies.

Mother and baby clinics were offered by the health visiting team in the same building as the practice. Child immunisations were carried out by making an appointment with the practice nurse.

The practice offered minor surgery which included intrauterine device (IUD), contraceptive coil fitting

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services which included appointment booking, test results and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group. Flexible appointments were available as well as extended opening hours.

The practice offered patient education sessions after hours to improve the health of the all their patient population.

Summary of findings

People whose circumstances may make them vulnerable

Good

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. They carried out annual health checks for people with a learning disability; the practice had achieved rates of 80% for patients attending these checks.

The practice was the sole GP practice providing care at a specialist learning disability residential unit for people with severe behavioural and mental health problems. One of the GPs was the lead for the care home and visited regularly. Comprehensive health checks were carried out in conjunction with their psychiatry services, at least every year. Blood tests, ECGs and vaccinations were carried out where appropriate.

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

The practice's computer system alerted GPs if a patient was a carer. The practice had a carer identification protocol and support policy. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. There were 153 patients on the carer's register which was 2.55% of the practice population.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. They carried out advanced care planning for patients with dementia. 92.5% of patients identified as living with dementia had received an annual review in 2014/15 (national average 84%). The practice also worked together with their carers to assess their needs. Dementia friends training was available to all staff.

The practice maintained a register of patients experiencing poor mental health and recalled them for regular reviews. They told them how to access various support groups and voluntary organisations. The community psychiatric nurse attended clinical meetings if necessary. Performance for mental health related indicators was

Summary of findings

better than national average. For example, 97.9% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the national average of 89.6%.

The practice was the sole provider of primary medical services to a charitably run residential facility for 21 patients with drug and alcohol problems. The group had complex needs and the practice agreed to be the provider of GP services to maintain high continuity of care and a consistent approach.

Summary of findings

What people who use the service say

We spoke with eight patients on the day of our inspection, which included three members of the practice's patient participation group (PPG).

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included excellent and very good. They told us staff were friendly and helpful and they received a good service.

We reviewed 26 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, caring, helpful, excellent, good and efficient.

The latest GP Patient Survey published in July 2015 showed that scores from patients were above national and local averages. The percentage of patients who described their overall experience as good was 94.3%, which was above the local clinical commisioning group (CCG) average of 87.1% and the national average of 84.8%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 92.7% (local CCG average 81.2%, national average 77.5%).
- 96.3% said the GP was good at listening to them compared to the local CCG average of 90.6% and national average of 88.6%.
- 95.6% said the GP gave them enough time compared to the local CCG average of 88.8% and national average of 88.6%.
- 99.3% said the nurse was good at listening to them compared to the local CCG average of 93.4% and national average of 91%.
- 98.4% said the nurse gave them enough time compared to the local CCG average of 94.5% and national average of 91.9%.
- 93.2% said they found it easy to get through to this surgery by phone compared to the local CCG average 76.8%, national average 73.3%.
- 87.3% described their experience of making an appointment as good compared to the local CCG average 75.9%, national average 73.3%.
- Percentage of patients who usually had to wait 15 minutes or less after their appointment time to be seen - 74.9% (local CCG average 73.7%, national average 64.8%).
- Percentage of patients who find the receptionists at this surgery helpful – 92.7% (local CCG average 88.6%, national average 86.8%).

These results were based on 111 surveys that were returned from a total of 254 sent out; a response rate of 43.7% and 1.8% of the overall practice population.

The practice had carried out their own patient survey analysis at the end of 2015. They looked at the results of the GP Patient Survey from July 2015 and information form the NHS choices website, where the public can leave feedback on the practice. They also conducted two separate surveys to help inform them of issues they could address to improve. There was a capacity and demand and a 'knowledge transfer partnership survey' (KTP) carried out. The KTP looked at consultations and which patients were being seen. The biggest concern to the practice was the 87.3% satisfaction rate in the GP National Survey regarding making an appointment. Action points were drawn up from all of the areas looked at.

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

- Reconsider training for staff, they had not received health and safety or equality and diversity training and some staff had not received safeguarding adults training.

Outstanding practice

- The practice carried out a high number of clinical audits to monitor and improve patient care. They could show how this had impacted on patient care."
- The practice provided health education evenings for patients to promote good health. The sessions were three or four times a year and various healthcare topics were presented by one of the GPs or a health care professional, for approximately 45 minutes. These had been held since 2012 and attendances were between nine and 45 patients. Topics included, for example, cholesterol, eye conditions and the next session was on bowel cancer.
- The practice were responsive to vulnerable people they worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs, for example, they were the sole GP service providing care to a specialist learning disability residential unit for people with severe behavioural and mental health problems.

The Sele 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 advisor and a specialist advisor with experience of GP practice management.

Background to The Sele Medical Practice

The Sele Medical Practice provides Primary Medical Services to the town of Hexham and the surrounding areas. The practice provides services from one location, Hexham Primary Care Centre, Corbridge Road, Hexham, Northumberland, NE46 1QJ. We visited this address as part of the inspection.

The surgery is located in a purpose built premises which is shared with another GP practice and is located in a separate building on the site of Hexham General Hospital. There is step free access at the front of the building and all facilities are on the ground floor with full disabled access. There is car parking to the front of the surgery including dedicated disabled parking bays.

The practice has three GP partners and three salaried GPs. Four are female and two male. The practice is a training practice which has GP registrars allocated to the practice (fully qualified doctors allocated to the practice as part of a three-year postgraduate general medical training programme). There are three practice nurses. There is a business manager, assistant manager and a medicines manager who also works as a healthcare assistant. There is a head receptionist and eleven reception and administration staff.

The practice provides services to approximately 6000 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) contract with NHS England.

The practice is open from 8am Monday, Thursday and Friday and from 7:30am on Tuesday and Wednesday. The practice closes at 6.30pm on Monday, Thursday and Friday and closes at 8pm on Tuesday and Wednesday.

Consulting times with the GPs and nurses range from 8:20am – 10:30am and 4pm – 5:30pm. On extended opening days consulting times run from 7:30am and from 6:30pm to 7:15pm.

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

Information taken from Public Health England placed the area in which the practice was located in the ninth least deprived decile. The average male life expectancy is 80 years and the female is 83. Male life expectancy is higher than the CCG and national averages of 79 years. The female life expectancy is the same as the CCG and national averages of 83 years. The practice has a higher percentage of patients over the age of 45+ upwards to 85+ when compared to national averages. The percentage of patients reporting with a long-standing health condition is slightly higher than the national average (practice population is 56% compared to a national average of 54%).

Why we carried out this inspection

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

Detailed findings

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

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

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

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 16 February 2016.
- Spoke to staff and patients and a healthcare professional.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed a sample of the practice's policies and procedures.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The business maintained a schedule of these, there had been 46 in the last 12 months. Significant events were discussed monthly at the end of the practice clinical meeting or earlier if this was required. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

Staff we spoke with were aware of the significant event process and actions they needed to take if they were involved in an incident. They did not all attend the monthly practice meeting where significant events were discussed. The managers assured us that the practice used email and the message book held in the reception and administration area to keep staff updated on the outcomes and learning from significant events.

Deaths of patients who were registered with the practice were always reviewed. The practice would check place and circumstances of the death and review if anything further could have been done to support the patient. They then reviewed the death at the practice clinical meetings.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The business manager managed the dissemination of national patient safety alerts. One of the GP partners was the prescribing lead they reviewed the safety alerts and worked with the medicines manager to carry out audits where necessary.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children 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. Two of the practice GP partners were the leads for safeguarding adults and children. Patient records were tagged with alerts for staff if there were any safeguarding issues they needed to be aware of. There was a weekly safeguarding meeting at the practice which was part of the practice clinical meeting. Community health care staff, for example, health visitor and school nurse who were based in the building attended the meetings.Staff demonstrated they understood their responsibilities and had all received safeguarding children training relevant to their role, however not all staff had received safeguarding adults training. Both safeguarding leads had received level three safeguarding children training.
- There was a notice displayed in the waiting area, advising patients that they could request a chaperone, if required. The practice nurses and some of the reception staff carried out this role. They had received chaperone training. The nurses 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). However, not all reception staff had received a DBS check who acted as chaperone. The business manager assured us that going forward they would only use DBS checked staff as chaperones.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy, patients commented positively on the cleanliness of the practice. One of the practice nurses was the infection control lead. Staff had recently attended a training session with the infection control nurse at the hospital next door to the practice. There were infection control policies, including a needle stick injury policy. Regular infection control and hand hygiene audits had been carried out and where actions were raised these had been addressed. There was a legionella risk assessment which the business manager had obtained from the landlord.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.). Prescription pads were securely stored and there were systems in place to monitor their use. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacist.
- We saw the practice had a recruitment policy which was updated regularly. Recruitment checks were carried out. We reviewed a sample of recruitment checks for both

staff and GPs and saw that checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw that the clinical staff had medical indemnity insurance.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment. The business manager showed us records of a health and safety quarterly 'walk around' the premises which they carried out, where they checked for example, sharps boxes and the condition of the chairs in the waiting area. The practice had fire risk assessments in place. A member of staff had been trained as a fire warden and there were annual fire drills. Some staff had received formal fire safety training, those who had not had watched a DVD regarding fire safety. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice occasionally used locum cover. There were rotas in place for GP and administration staff cover.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The staff kept themselves up to date via clinical and educational meetings. For example there was constant monitoring of dementia guidelines and protocols. This information was used to develop how care and treatment was delivered to meet patient needs.

The practice were actively engaged in opportunities for research The practice were 'Research Ready' registered and accredited with the Royal College of General Practitioners (RCGP). RCGP Research Ready is an online quality assurance framework, designed for use by any general practice in the UK actively or potentially engaged in research. They were currently active in eight research studies which included; a study on new atrial fibrillation patients using medication normally used for chronic obstructive pulmonary disease patients and an observational study into cancer presentation symptoms. One of the practice nurses had presented at a quarterly regional research forum on a nurses perspective of practice research. Another nurse had presented research at a diabetic forum.

Funding had been awarded to maximise research in the practice from the local commissioning support unit via the local federation of practices (A federation is a group of practices and primary care teams working together, sharing responsibility for developing and delivering high quality, patient focussed services for their local communities). One of the GPs had presented their own research project on improving communication from oncologists to GPs at a regional research forum.

Management, monitoring and improving outcomes for people

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

The latest publicly available data from 2014/15 showed the practice had achieved 98.8% of the total number of points available to them, with a clinical exception reporting rate of 13.7%. The QOF score achieved by the practice in 2014/15 was above the England average of 93.5% and above the local clinical commissioning group (CCG) average of 97.6%. The clinical exception rate was above the England average of 9.2% and the CCG average of 9.3%.

The data showed:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).
- Performance for diabetes related indicators was better than the national average (95.3% compared to 89.2% nationally).
- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally).
- Performance for dementia indicators was above the national average (100% compared to 94.5% nationally).
- Performance for

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice had carried out a high number of clinical audits which were linked to improvement of patients' outcomes. We saw examples of eight fully completed audits which had been carried out in the last year. This included audits of minor surgery, coding of clinical indicators and patients with osteoporosis.

The practice had carried out a repeat audit over a few years, beginning in 2010, of female patients who were taking hormone replacement therapy medication. A protocol had been introduced at the practice for patients prescribed this medication to ensure the risks associated with this medication had been discussed with the patient and to ensure the patient was monitored. The practice

Good

Are services effective?

(for example, treatment is effective)

aimed to have 90% of all patients reviewed. They achieved 82% in July 2015, which was an improvement on the last audit carried out in 2014 when only 62% had been reviewed correctly.

The GPs had specialist clinical interests; for example, one of the GP partners was a speciality doctor in dermatology. Another GP carried out minor surgery at the practice and a vasectomy service. Another GP inserted and removed intrauterine device (IUD also known as coil). Patients were encouraged to make an appointment with the relevant GP if they felt their expertise would be of benefit to them. Two of the practice nurses were qualified as advanced respiratory physiologists. This allowed them to assess diagnose and initiate treatment of patients with chronic obstructive pulmonary disease (COPD) and ensure they receive a high standard of care. The practice said the expertise of the team helped them keep down referrals to other services and allowed timely treatment closer to home for patients. For example, the practice offered diagnostic dermatology for skin biopsies, Their referral rate for this was the lowest in the locality at 30.8 per 1,000 patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and responsibilities of their job role. There was also an up to date locum induction pack at the practice.
- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. Non-clinical staff had received an appraisal within the last twelve months. They told us they felt supported in carrying out their duties. The practice nurses were appraised by one of the GP partners and the business manager.
- All GPs in the practice had received their revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.) The salaried GPs also received in house appraisals.
- Staff received training that included: fire procedures, basic life support, dementia friends, customer service and information governance awareness. All staff had received safeguarding children training, however only the GPs had received safeguarding adults training. Staff had not received health and safety or equality and diversity training. Clinicians and practice nurses had completed training relevant to their role. One of the apprentice reception staff was currently completing a National Vocational Qualification (NVQ) in customer service. The practice nurses attended a local forum and shared knowledge with other practice nurses.
- The practice is a training practice for trainee doctors. Between five of the GPs they taught third and fifth year medical students and supervised GP registrars and F2 doctors (a .

Coordinating patient care and information sharing

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

GPs at the practice made use of the email advice service provided by the local hospital consultants regarding patients. The practice worked closely with staff at the local hospital which was based on the same site as the practice, they also were able to attend some of their training sessions.

Staff worked together and with other health and social care services who were based in the same building. This was felt by the practice to strongly benefit multi-disciplinary working. We received positive feedback regarding this from the patient participation group members we spoke with and a health care professional who worked in the building. They said communication between services was particularly good. Multi-disciplinary team meetings took place weekly as part of the practice clinical meeting.

Good

Are services effective?

(for example, treatment is effective)

Health visitors, midwife, community nurse and school nurses attended the weekly clinical meeting. At this meeting there was a review of discharged patients where the stay in hospital had been longer than a day, to help reduce unplanned admissions to hospital. At these meetings data and knowledge of patients was used to identify high risk patients who were in need of care plans or follow up contact.

The GPs had a buddy system if the doctor was away from the practice for the following up of information from other health care providers, such as hospitals. GPs did the read coding themselves to maintain quality and they summarised the notes. (Read codes are coded clinical terms used by the NHS which can be recorded on clinical records, and then the records can be searched using the codes at a later date. Summarising is the transferring of medical information from a patient's paper records to electronic medicalrecords). GPs carried out weekly checks on each other's referrals to learn from their experience and to ensure that healthcare services were not wasted.

The practice had a palliative care register which was discussed at the weekly clinical meeting and a traffic light system used to identify the most vulnerable and in need patients on the register in order to manage their treatment and support.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. The practice had a 'deciding rights' pathway protocol to follow. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 82.2%, which was marginally above the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% (compared to CCG averages of between 95% and 98%) and five year olds from 93% to 98% (compared to CCG averages of between 94% and 100%).

The practice had held a health fair in 2014 in conjunction with the GP practice they shared the building with. This was planned to be repeated in 2017. It was to promote healthier living; self-management of chronic diseases and minor illnesses; to help patients and the general public better understand the work of the practice; and to help patients to know about local organisations which could offer them support. 200 people attended this event. A range of different organisations attended, including the Red Cross, Alzheimer's society, Carers Northumberland, Healthwatch Northumberland, and Cancer support services.

The practice provided health education evenings for patients to promote good health. The sessions were three or four times a year and various healthcare topics were presented by one of the GPs or a health care professional, for approximately 45 minutes. These had been held since 2012 and attendances were between nine and 45 patients. Topics included, for example, cholesterol, eye conditions and the next session was on bowel cancer.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the healthcare assistant or the GP or nurse if appropriate. Follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

The practice won a Royal College of General Practitioners (RCGP) award in 2012 'Caring about Carer's Award'. A patient put the practice forward as they said they gave them exceptional support in caring for their partner who had a terminal illness and they wanted to thank them for going the extra mile.

We observed throughout the inspection that members of staff were courteous and very helpful to patients; both attending at the reception desk and on the telephone. The GPs personally came out of their consulting room to call patients for their appointments. The practice had considered an electronic board to call patients for their appointment but had listened to feedback from patients who did not want this to happen and preferred the way the system operated.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We reviewed 26 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, caring, helpful, excellent, good and efficient.

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included excellent and very good. They told us staff were friendly and helpful and they received a good service.

Results from the National GP Patient Survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and the national average of 95.2%.
- 90.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.2% and the national average of 85.1%.
- 97.9% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98.6% and the national average of 97.1%.
- 96.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.9% and the national average of 90.4%.
- 92.7% said they found the receptionists at the practice helpful compared to the CCG average of 88.6% and the 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.

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages. For example:

- 96.3% said the GP was good at listening to them compared to the CCG average of 90.6% and the national average of 88.6%.
- 95.6% said the GP gave them enough time compared to the CCG average of 88.8% and the national average of 86.6%.
- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.3% and the national average of 86%.
- 90.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.7% and the national average of 81.4%.
- 99.3% said the last nurse they spoke to was good listening to them compared to the CCG average of 93.4% and the national average of 91%.

Good

Are services caring?

- 98.4% said the nurse gave them enough time compared to the CCG average of 94.5% and the national average of 91.9%.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included information regarding hospice and bereavement services.

The practice's computer system alerted GPs if a patient was a carer. The practice had a carer identification protocol and support policy. There was a practice register of all people who were carers and were being supported, for example, by offering health checks and referral for social services support. There were 153 patients on the carer's register, which was 2.55% of the practice population. Written information was available for carers to ensure they understood the various avenues of support available to them. The local carers organisation had weekly representation in the practice waiting room to promote their services. Staff were aware to try and identify carers and offer help and support. For example, a receptionist had recently identified a patient who was a carer who had broken their arm and this was flagged to one of the GPs in the practice and actions were followed through to obtain support for the patient and the person they cared for.

The practice had a protocol for the care of patients who required palliative care which they regularly reviewed. The GPs made their own personal telephone numbers available to the patients and their families who required palliative care.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit to offer support.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the different needs of the population and acted on these needs in the planning and delivery of its services. Many of the staff had worked there for many years which enabled good continuity of care. Patients benefitted from the practice being able to work together with other health and social care services who were based in the same building. We received positive feedback regarding this from the patient participation group members we spoke with and a health care professional who worked in the building. They said communication between services was particularly good which added to them receiving a very good service.

The practice worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area. One of the GP partners attended the monthly CCG meetings.

We found the practice had tailored people's needs and preferences ensuring they were central to the planning and delivery of the services provided. For example, the practice had identified its highest risk patients and had developed holistic care plans to meet their needs. This included patients who were housebound and those who lived in the eight local care homes which the practice provided services to. Each care home had one of the GPs allocated to them to ensure continuity of care. Where possible the practice completed reviews for patients with more than one long term condition at the same appointment; reducing the need for patients to attend on multiple occasions. Longer appointments were available for people who needed them. The practice held health education evenings for patients to promote good health.

The practice were proactive in providing the services to suit the specific needs of a specialist learning disability residential unit for people with severe behavioural and mental health problems. They were the sole GP service provider. One of the GPs was the lead for the care home and visited regularly. Comprehensive health checks were carried out in conjunction with their psychiatry services, at least every year. Blood tests, ECGs and vaccinations were carried out where appropriate.

The practice was the sole provider of primary medical services to a charitably run residential facility for 21 patients with drug and alcohol problems. The group had complex needs and the practice agreed to be the provider of GP services to maintain high continuity of care and a consistent approach.

The practice had a patient participation group (PPG) with twelve members who met a minimum of four times a year or more if there were issues to discuss. The group helped the practice decide on topics for the health education sessions at the practice. Some members of the group had assisted the practice in tailoring their on-line access system to suit patients by piloting the system with one of the GPs.

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

- The practice offered extended opening hours on Tuesday and Wednesday mornings from 7:30am and on Tuesday and Wednesday until 8pm.
- Telephone consultations were available if required
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- All patients had a named GP to ensure continuity of care as far as possible.
- The practice would see a patient for more than one problem per appointment and clinics would be adjusted accordingly.
- Specialist Clinics were provided including minor surgery, IUD also known as coil) fitting and removal service andtravel vaccinations which included yellow fever. These reduced referrals to secondary care and gave patients faster access.
- The practice provided a vasectomy service for Northumberland patients.
- There were disabled facilities, hearing loop and translation services available.
- All patient services were accessible to patients with physical disabilities. Other reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Mother and baby clinics were offered by the health visiting team in the same building as the practice. Child immunisations were carried out by making an appointment with the practice nurse.
- The practice produced a quarterly newsletter with topics and information such as; car parking, staffing changes and missed appointments.

Access to the service

The practice was open from 8am Monday, Thursday and Friday and from 7:30am on Tuesday and Wednesday. The practice closed at 6.30pm on Monday, Thursday and Friday and closed at 8pm on Tuesday and Wednesday.

Consulting times with the GPs and nurses ranged from 8:20am – 10:30am and 4pm – 5:30pm. On extended opening days consulting times ran from 7:30am and from 6:30pm to 7:15pm.

Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP and patients who completed CQC comment cards said they could always get an appointment when they needed one.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example;

- 90.1% of patients were satisfied with the practice's opening hours compared to the local CCG average of 76.6% and national average of 74.7%.
- 93.2% patients said they could get through easily to the surgery by phone compared to the local CCG average of 76.8% and national average of 73.3%.
- 87.3% patients described their experience of making an appointment as good compared to the local CCG average of 75.9% and national average of 73.3%.
- 74% of patients said they didn't have to wait too long to be seen compared to the local CCG average of 67.7% and national average of 57.7%.

The practice were concerned with the 87.3% satisfaction rate in the GP National Survey regarding making an appointment. A capacity and demand survey was carried out in November 2015 in conjunction with the local CCG. The conclusion from the survey was that the practice was meeting the highest proportion of patients' needs compared to other practices. There was some shortfall in the number of same day appointments.

Listening and learning from concerns and complaints

The practice had a 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. The business manager was the designated responsible person who handled all complaints in the practice.

We saw the practice had received three formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at clinical meetings.

The practice carried out an annual review of complaints and explained that as a result of feedback from a patient regarding a complaint they had changed their complaints policy.

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's philosophy statement was to be an effective and efficient family practice working as a well-trained highly motivated team, maintaining and constantly reviewing the provision of care, for the benefit of their patients' health and quality of life. Staff we spoke with talked about patients being their main priority.

The practice had a practice development plan for 2015-16. This set out aims for service development. This included further development of the team, managing the practice finances, information management, public involvement and continuing with the audit programme.

The practice also saw capacity and demand for appointments as a priority for the practice and had carried out some work in this area which included an action plan with areas for improvement

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

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities, the GP partners were involved in the day to day running of the practice. One of the GP partners was involved in the business side of the practice and responded to all staff queries.
- There were clinical leads for areas such as safeguarding.
- The GPs had specialist clinical interests such as dermatology and woman's health.
- Practice specific policies were implemented and were available to all staff.
- Managers had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical 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

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There were clinical meetings held every week, multi-disciplinary meetings were part of this meeting every week. A business meeting was held in addition to this meeting every month and there were regular nurse meetings; we saw minutes of both meetings. There were administration and reception meetings when needed although no regular set pattern. The business manager explained that it was difficult to hold these due to many of the staff working part time hours. Communication of information was via email or the practice message book system and staff told us this worked well.

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

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through a patient survey and formal and informal complaints received and the practice participation group (PPG). The members of the PPG we spoke with told us that they could not ask for a better practice to be registered with.

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

Are services well-led?

Good

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

Continuous improvement

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

The practice team was forward thinking in looking at the patients who used their services. They had carried out a capacity and demand and a 'knowledge transfer partnership survey' (KTP) carried out. The KTP looked at consultations and which patients were being seen. As a result of this they had made more on the day appointments available. They planned to look at the top 5% of patients who they saw regularly as they used 25% of their services. They were open to ideas to change their appointment system such as considering triage.

The practice had considered supporting patients to lead healthier lives by holding regular health education evenings at the practice and they had held a health fair with representatives from health organisations and had plans to hold another one.

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