Millennium Family 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 of Millennium Family Practice on 12 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- Feedback from patients about their care was generally comparable with local and national averages. Patients reported that they were treated with compassion, dignity and respect. Patient feedback in relation to access was higher than, or comparable with local clinical commissioning group and national averages.
- Patients were able to access same day appointments. Pre-bookable appointments were available within acceptable timescales.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice had proactively sought feedback from patients and implemented suggestions for improvement and made changes to the way they delivered services in response to feedback.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved an overall result which was higher than local and national averages.
- Information about services and how to complain was available and easy to understand.
- The practice had a clear vision in which quality and safety was prioritised. The strategy to deliver this vision was regularly discussed and reviewed.

We saw an area of outstanding practice:

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- Due to having a high number of university and college students registered with the practice they had developed a young people's group. This group was involved in the advertising and promoting of health related services and members also delivered basic IT training to patients to enable them to access online services.

However, there were also areas where the provider should make improvements. Importantly, the provider should:

- Either arrange Disclosure and Barring Service (DBS) checks for all staff or have a risk assessment in place detailing why this is not felt to be necessary.
- Take steps to proactively identify carers.
- Make arrangements for all clinical staff to undertake Mental Capacity Act and Deprivation of Liberty Standards 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.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

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

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

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

Comprehensive staff recruitment and induction policies were in operation. However, not all staff had undertaken a Disclosure and Barring Service (DBS) checks nor was there a risk assessment in place detailing why this had not felt to be necessary. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with local clinical commissioning group (CCG) and national averages. The practice used the QOF as one method of monitoring effectiveness and had attained 98.3% of the points available to them for 2014/15 (the latest published results available to us at the time of the inspection)

Summary of findings

compared to the local clinical commissioning group (GCCG) average of 95.5% and national average of 94.7%. QOF data subsequently published after our inspection for 2015/16 showed that the practice had achieved 97.9% of the points available to them for 2015/16.

Achievement rates for cervical screening, influenza vaccination and the majority of childhood vaccinations were comparable with local and national averages. For example, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 74% compared to the CCG average of 76% and national average of 77%. Childhood immunisation rates for the vaccinations given to two year olds was 100% (compared with the CCG range of 64.7% to 93.5%). For five year olds this ranged from 81.8% to 90.8% (compared to CCG range of 90.1% to 97.3%).

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

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

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Results from the National GP Patient Survey published in July 2016 were mixed in respect of providing caring services but were generally better for the nurse than they were for the GP. For example, 87% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 91% and national average 89%) and 95% said the last nurse they saw or spoke to was good at listening to them (CCG average 93% and national average was 91%).

Results also indicated that 79% of respondents felt the last GP they saw or spoke with treated them with care and concern (CCG average 88% and national average of 85%). 96% of patients felt the nurses treat them with care and concern (CCG average 93% and national average 91%).

The practice identified carers and ensured they were offered an annual health check and influenza vaccination and signposted to appropriate advice and support services. At the time of our

Summary of findings

inspection they had identified 11 of their patients as being a carer (approximately 0.3% of the practice patient population). We would generally expect practices proactive in their approach to identifying carers to have identified 1-3% of their patients as a carer.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

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 that the practice responded quickly to issues raised and identified themes arising from them.

The practice's performance in relation to access in the National GP Patient Survey were better than, or comparable with local and national averages. For example, the most recent results (July 2016) showed that 94% of patients found it easy to get through to the surgery by phone (CCG average 79%, national average 73%) and 85% were able to get an appointment (CCG average 85% and national average 85%).

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately. The practice had become involved in a number of initiatives to improve services.

The practice implemented suggestions for improvements and made changes to the way they delivered services as a consequence of feedback from patients. For example, they had recruited a female locum GP, reviewed appointment availability and installed additional telephone lines in response to patient feedback. The practice had a young person's group in addition to a patient participation group.

Are services well-led?

Good

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

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

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

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practice had a practice development plan which documented priorities and objectives such as succession planning, promotion of intra and inter practice working and continual review of appointment availability.

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice sought feedback from staff and patients, which it acted on. They had a patient participation group and a young person's 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

Good

The practice is rated as good for the care of older people.

Nationally reported Quality and Outcomes Framework (QOF) data for 2015/16 provided by the practice (the data had not been published at the time of our inspection) showed the practice had achieved good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients experiencing heart failure, stroke and transient ischaemic attack and osteoporosis.

A member of the non-clinical staff team had the dual role of being the practice primary care navigator. This role involved a holistic approach to ensuring a patient's medical and social needs were referred or signposted to appropriate support services.

People with long term conditions

Good

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

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review and the practice had commissioned an external not-for-profit provider to ensure that the recall system for long term conditions was efficient and robust. The practice was in the process of ensuring that patients with multiple long term conditions were offered an annual comorbidity (multiple conditions) review whenever possible in their birthday month. .

The QOF data for 2015/16 provided by the practice showed that they had achieved good outcomes in relation to the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma.
- The practice had obtained 100% of the points available to them in respect of hypertension.

The practice hosted a weekly exercise class for female ethnic minority patients at high risk of diabetes who were unable to attend a regular gym due to religious and cultural beliefs.

The practice offered in house electro cardiogram (ECG) and 24 hour blood pressure monitoring service.

Summary of findings

Families, children and young people

Good

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as the community midwife.

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

Data available for 2014/15 showed that the practice childhood immunisation rates for the vaccinations given to two year olds were a consistent 100% (compared with the CCG range of 64.7% to 93.5%). For five year olds this ranged from 81.8% to 90.9% (compared to CCG range of 90.1% to 97.3%)

At 74%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable to the CCG average of 76% and national average of 77%.

Pregnant women were able to access a full range of antenatal and post-natal services at the practice.

Due to the high number of university and college students in the area the practice had developed a young person's group to assist with advertising and promoting health related services and the practice had a young person specific noticeboard. The young person's group were also involved in delivering basic IT training to practice patients to enable them to access online services. The practice had also run meningitis vaccination clinics.

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 met. The surgery was open from 8.30am to 6pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8.30am to 5.30pm) and from 8.30am to 7.15pm on a Thursday (appointments from 8.30am to 7.10pm). The practice had taken steps to ensure samples taken during the late night surgery were

Summary of findings

collected the same day. Patients registered with the practice were also able to access pre bookable appointments with a GP at one of three local health centres from 8am and 8pm on a weekday and 9am to 2pm on a weekend.

The practice offered sexual health and contraception services, travel advice, childhood immunisation service, antenatal services and long term condition reviews. They also offered new patient and NHS health checks (for patients aged 40-74).

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. A text message appointment reminder system was in operation.

The practice had a 24 hour answering machine service to enable patients to request repeat prescriptions. They were also in the process of implementing a 24 hour per day/seven day per week service called patient partner which would enable patients to book, cancel and rearrange appointments using an automated telephone service.

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances, including 13 patients who had a learning disability. Patients with a learning disability were offered an annual health check and flu immunisation. The practice had worked with Health Quality checkers to design and implement an easy to understand pictorial registration form/information leaflet for patients with a learning disability. Together with another GP practice based in the same building the practice had appointed a young person with a learning disability as a non-clinical staff member on a temporary placement under an access to work scheme. The practice was registered as a safe haven to provide a temporary place of safety for people with a learning disability who may feel vulnerable whilst out and about in the local community.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

Summary of findings

The practice identified carers and ensured they were offered appropriate advice and support and an annual health check and flu vaccination. A member of staff had been identified as a carer's champion. However, at 0.9% of the patient population the number of carers identified was lower than we would expect.

The practice were actively engaged in identifying armed forces veterans who were then offered appropriate support in accessing relevant services by the practice primary care navigator. The practice also hosted advisors from the local Citizens Advice Bureau on a weekly basis.

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).

QOF data for 2014/15 provided by the practice showed that they had achieved the maximum score available for caring for patients with dementia and depression. The practice had attained 92% in respect of caring for patients with a mental health condition, which was comparable with local and national averages.

Patients experiencing poor mental health were invited for an annual review where care plans were developed. A system was in place to ensure certain patients, including those experiencing poor mental health, to have high priority telephone access enabling them to speak to a GP within an hour of contacting the practice. Patients were also supported by the primary care navigator in accessing various support groups and third sector organisations, such as local wellbeing and psychological support services.

Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in July 2016 showed patient satisfaction was mixed but generally comparable or higher than the local clinical commissioning group and national averages. Of the 311 survey forms distributed, 98 were returned (a response rate of 32%). This represented approximately 0.9% of the practice's patient list. For example, of the patients who responded to their survey:

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).
- 89% said their GP was good at explaining tests and treatment (CCG average 88%, national average 86%)
- 96% said the nurse was good at treating them with care and concern (CCG average 93%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were consistently positive about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident they would receive good treatment. Words used to describe the practice and its staff included polite, pleasant, caring, helpful, excellent, responsive and professional.

We spoke with six patients during the inspection, two of whom were members of the practice patient participation group. All six said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Either arrange Disclosure and Barring Service (DBS) checks for all staff or have a risk assessment in place detailing why this is not felt to be necessary.
- Take steps to proactively identify carers.
- Make arrangements for all clinical staff to undertake Mental Capacity Act and Deprivation of Liberty Standards training.

Outstanding practice

- Due to having a high number of university and college students registered with the practice they had developed a young people's group. This group was involved in the advertising and promoting of health related services and members also delivered basic IT training to patients to enable them to access online services.

Millennium Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspection. Also present was a GP specialist advisor.

Background to Millennium Family Practice

Millennium Family Practice provides care and treatment to approximately 3458 patients from the Teams, Team Valley, Chowdene, Beacon Lough, Wrekenton, Windy Nook, Sheriff Hill, Heworth, Felling, Deckham, Bensham and Mount Pleasant areas of Gateshead, Tyne and Wear. The practice is part of the NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Trinity Health Centre

24 West Street

Trinity Square

Gateshead

Tyne and Wear

NE8 1AD

The surgery is located in a purpose built health centre which they share with another GP practice, sexual health clinic and diabetes, podiatry and X-Ray services. All reception and consultation rooms are fully accessible for patients with mobility issues. An on-site car park is available which includes dedicated disabled car parking spaces.

The surgery is open from 8am to 6pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8.30am to 5.30pm) and from 8am to 7.15pm on a Thursday (appointments from 8.30am to 7.10pm). Patients registered with the practice were also able to access pre bookable appointments with a GP at one of three local health centres from 8am and 8pm on a weekday and 9am to 2pm on a weekend.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Gateshead Community Based Care Limited (known locally as GatDoc).

Millennium Family Practice offers a range of services and clinic appointments including contraception advice, travel clinics, childhood immunisation service, long term condition reviews, minor surgery and cervical screening. The practice offered working placements for student paramedics.

The practice consists of:

- One single handed GP (male)
- One practice nurse (female)
- One health care assistant (female)
- One practice pharmacist
- Nine non-clinical members of staff including a practice manager, secretary, administrator/primary care navigator and receptionists.

The practice also employed three locum GPs on a regular basis (two male and one female) and a 3rd year nursing student on an ad-hoc basis to assist with administrative and health care related tasks.

Detailed findings

56% of the practice patient population were male and 44% female. The average life expectancy for the male practice population is 76 (CCG average 77 and national average 79) and for the female population 81 (CCG average 81 and national average 83).

At 63.6%, the percentage of the practice population reported as having a long standing health condition was higher than the CCG average of 55.1% and national average of 54%. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services. 52.7% of the practice population were recorded as being in paid work or full time education (CCG average 59.3% and national average 61%). Levels of deprivation showed that the practice was in the third most deprived decile.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 October 2016. During our visit we spoke with a mix of clinical and non-clinical staff including the GPs, the practice nurse, the practice manager, pharmacist, primary care navigator, health care assistant and a receptionist. We spoke with six patients, two of whom were members of the practice patient participation group and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 48 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff that worked closely with, but were not directly employed by, the practice.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and staff were well aware of their roles and responsibilities in relation to this.

The practice had systems in place for knowing about notifiable safety incidents and actively identified trends, themes and recurrent problems. They had recorded 6 significant events from the 1 January 2015 to the date of our inspection. Significant events were regularly discussed and analysed at clinical and practice meetings and appropriate action taken. For example, the practice had recorded a significant event where a GP had requested emergency medicine and a nebuliser immediately for a patient they were consulting with. As this was stored in the practice nurses room and the nurse was caring for another patient staff had been unsure of what to do or where the equipment was stored. As a result the practice had taken steps to ensure that all staff were aware of the location of emergency medicines and equipment and received training from the nurse on what action to take in an emergency.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Trends and themes were identified and the practice regularly recorded relevant significant events and safeguarding incidents on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. A system was in place to ensure patient safety alerts were cascaded to relevant staff and appropriate action taken.

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

Overview of safety systems and processes

The practice had systems, processes and practices in place which kept patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice held regular multi-disciplinary meetings to discuss vulnerable patients. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding.
- Chaperones were available if required. Staff who were more likely to be called upon to act as a chaperone, such as the practice nurse, health care assistant and primary care navigator, had all received appropriate training 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). However, other practice staff had not undertaken a DBS check. Nor was there a risk assessment in place detailing why it had not been felt necessary to carry out DBS checks of all members of staff.
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. A cleaning schedule was in place and regular infection control audits were carried out where action plans were identified and monitored. A comprehensive infection prevention and control policy was in place.
- An effective system was in place for the collection and disposal of clinical and other waste.
- We reviewed the personnel files of staff members and found that appropriate recruitment checks had been undertaken for all staff prior to employment. Good induction processes were in place for all staff, including locums.
- The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GP and practice manager encouraged a culture of openness and honesty.

Good

Are services safe?

- Patient safety alerts were recorded, monitored and dealt with appropriately.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. PGDs and PSDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor.

Monitoring risks to patients

Risks to patients were assessed and well managed:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. Staff had received fire safety training; fire alarms were tested on a weekly basis and fire evacuation drills carried out annually. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, 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. Annual leave was planned well in advance and staff had been trained to enable them to cover each other's roles when necessary.
- The practice regularly used locum GPs. When this was necessary a locum induction pack was available.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.
- Emergency medicines were easily accessible and all staff knew of their location. A defibrillator and oxygen were available on the premises. All the medicines we checked were in date and fit for use.

Good

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 held monthly practice and fortnightly GP meetings which were an opportunity for clinical staff to discuss clinical issues and patients whose needs were causing concern.

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 results for 2014/15 (the latest published data available to us at the time of the inspection) showed the practice had achieved 98.3% of the total number of points available to them compared with the clinical commissioning group (CCG) of 95.5% and the national average of 94.7%. Information provided by the practice showed that they had achieved 97.9% for the 2015/16 period.

The 2014/15 data showed that at 6.3% their overall clinical exception rate was lower than the local CCG average of 8.9% and national average of 9.2%. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

- The 2014/15 QOF data showed that they had obtained the maximum points available to them for 13 of the 19 QOF indicators, including asthma, cancer, chronic obstructive pulmonary disease and hearty failure. For four of the other indicators the practice had still scored above local and national averages. The practice had scored slightly below local and national averages for chronic kidney disease (92.3% compared to CCG average of 95.4% and national average of 94.7%) and mental health conditions (92% compared to CCG average of 92.7% and national average of 92.8%). QOF results provided by the practice for 2015/16 showed that they had achieved maximum points for 15 of the 19 QOF indicators.

1. The practice carried out clinical audit activity to help improve patient outcomes. We saw evidence of several audits including a two cycle audit to identify and review patients prescribed hypnotic drugs to assess possible associated cognitive impairment from prolonged use. As a result of the audit all 29 patients prescribed a hypnotic were reviewed. Eight patients stopped taking the drug altogether and a further 13 were placed on a reduction programme. Other audits included one to look at improving the safety and support of patients prescribed antipsychotics and one to ensure patients requiring anticoagulant medication were prescribed the most appropriate type.

The practice accessed pharmacist support from the local clinical commissioning group for three hours per week to monitor compliance with the prescribing engagement scheme. The practice also employed the pharmacist directly for an additional period of time to assist with clinical audit activity and other appropriate tasks. The practice was able to demonstrate their prescribing was lower than local and national averages for a number of medicines including antibacterial items and antibiotics.

The practice had a palliative care register and discussed the needs of palliative care patients at six weekly multi-disciplinary team meetings.

Effective staffing

The staff team included GPs, a practice nurse, practice manager, practice pharmacist, health care assistant, administrator/primary care navigator and receptionists. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (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 practice nurse was supported in seeking and attending continual professional development and training courses and attended locality practice nurse meetings.

Good

Are services effective?

(for example, treatment is effective)

The practice had a staff appraisal system in operation which included the identification of training needs and development of personal development plans.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in-house whenever possible. The practice regularly used locum GPs who were familiar with practice policies and procedures and known by staff and patients.

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 services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and that care plans were reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including Mental Capacity Act 2005. However, not all of the GPs had undertaken Mental Capacity Act and Deprivation of Liberty Standards training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Practice staff told us that where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurses assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Vaccination rates for 12-month and 24-month old babies and five-year-old children were comparable with CCG averages. For example, data available for the 2015/16 period showed that childhood immunisation rates for the vaccinations given to two year olds was a consistent 100% (compared with the CCG range of 64.7% to 93.5%). For five year olds this ranged from 81.8% to 90.9% (compared to CCG range of 90.1% to 97.3%).

At 74%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 76% and national average of 77%. Of the cervical screening tests completed only 1.46% were found to be inadequate samples requiring a second test.

At 53% the percentage of patients aged between 60 and 69 who had been screened for bowel cancer within six months of invitation was comparable with the CCG and national averages of 55%.

Patients had access to appropriate health assessments and checks. This included health checks for patients aged over 75, NHS health checks for patients aged between 40 and 74 and new patient health checks. The practice had carried out 87 over 75 health checks from 1 July 2016 to the date of our inspection. They had also carried out 208 NHS health checks during the period 1 April 2015 to 31 March 2016. A health monitor was available in reception to enable patients to check their own blood pressure, height, weight, heart rate and body mass index. The results were then recorded on a patient's record. The practice carried out appropriate follow-ups where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available.

In conjunction with the other GP practice in the health centre the practice had developed a 2016 'campaign' calendar for patients. This gave patients advice on what health campaigns were being promoted and supported by the practices and when. For example, to promote the

Good

Are services effective?

(for example, treatment is effective)

awareness of cervical, colorectal, skin, prostate and breast cancer and to advertise firework and toy safety. Patients were invited to contact the practice for information on any of the campaigns.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that they were treated with dignity and respect.

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

We received 48 completed CQC comment card which were very complimentary about the caring nature of the practice. We also spoke with six patients during our inspection, two of whom were members of the practice patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey (published in July 2016) showed patient satisfaction was mixed but generally higher than local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 94% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patient satisfaction was mixed but generally better for the nurse rather than the GP in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 77% said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 89% 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%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national averages of 82%.
- 95% said the last nurse they spoke to was good listening to them compared to the CCG average of 93% and the national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language. They did not have a hearing loop.

Patients with a learning disability were offered an annual influenza immunisation and health check which were available as a home visit if preferred. The practice held a register of 13 patients recorded as living with a learning disability.

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

Good

Are services caring?

The practice identified carers and ensured they were offered an annual health check and influenza vaccination and signposted to appropriate advice and support services. The practice computer system alerted clinicians if a patient was a carer. At the time of our inspection they had identified 11 of their patients as being a carer (approximately 0.3% of the practice patient population). We would generally expect practices proactive in their approach to identifying carers to have identified 1-3% of their patients as a carer.

Patients known to have experienced bereavement were sent a condolence card and offered support. The practice also regularly contacted secondary health providers and local pharmacies to ensure letters and medicine deliveries were stopped.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of their local population and planned services accordingly. Services took account of the needs of different patient groups and helped to provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- People could access appointments and services in a way and time that suited them.
- Patients registered with the practice were also able to access pre bookable GP appointments at three local health centres up to 8pm weekdays and on weekends as part of a local extended hour's provision.
- There were disabled facilities and translation services available. The practice did not have a hearing loop.
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions. A test message appointment reminder service was in operation.
- Practice staff had been identified as mental health; dementia and carers leads to ensure relevant patients were receiving appropriate care and support services.
- A member of staff had the dual role of being an administrator and the practice primary care navigator. This ensured that patients were being referred or signposted to appropriate support. The practice was able to give a number of examples of how the involvement of the primary care navigator had improved patients outcomes. This included helping a patient obtain funding for a mobility scooter and arranging disabled facilities grant alterations to another patient's home.
- As a high number of university and college students were registered with the practice they had gained funding to enable them to set up a young people's group who were involved in advertising and promoting health related services. Members of the group were also involved in delivering basic IT training to patients interested in developing their skills to enable them to access patient online services.
- The practice hosted the representatives from the local Citizens Advice Bureau on a weekly basis.
- The practice hosted a weekly exercise class for female ethnic minority patients at high risk of diabetes who were unable to attend a regular gym due to religious and cultural beliefs.
- As part of the practices 2015 'Keep Warm, Stay Well this Winter' campaign they had introduced a clothing rail in a private area of the practice where patients could help themselves to warm winter clothing donated by staff and other patients. The practice was continuing to offer this service.
- The practice was in the process of implementing a telephone system which would enable patients to book, cancel and rearrange appointments 24 hours per day and seven days per week using an automated system.
- The practice was working with other practices in the area to identify and implement new ways of working. This would involve considering delivering back office function collectively, sharing clinical functions, developing multi-disciplinary training hubs, promoting Gateshead as an attractive place to work to aid problems with clinical staff recruitment and engage more effectively with the local community.

Access to the service

The surgery was open from 8.30am to 6pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8.30am to 5.30pm) and from 8.30am to 7.15pm on a Thursday (appointments from 8.30am to 7.10pm). Patients registered with the practice were also able to access pre bookable appointments with a GP at one of three local health centres from 8am and 8pm on a weekday and 9am to 2pm on a weekend.

Results from the National GP Patient Survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was comparable or better than local and national averages. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 76%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 94% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and the national average of 73%.
- 85% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 67% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 68% and the national average of 65%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG and national averages of 85%.
- 56% felt they didn't normally have to wait too long to be seen compared with the CCG average of 60% and national average of 58%.

Patients we spoke to on the day of the inspection and those who completed CQC comment cards reported that they were able to get an appointment within an acceptable timescale. We looked at appointment availability during our inspection and found that routine GP and nurse appointments were available the following day.

Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager had been identified as lead for dealing with complaints.
- We saw that information was available in the reception area to help patients understand the complaints system.

The practice had recorded four complaints since 1 January 2016. We found that these complaints had been satisfactorily handled, dealt with in a timely way and lessons learned identified.

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

The practice mission statement, which was included in the practice patient information leaflet was:

'Millennium Family Practice provides a safe and friendly environment for all; we aim to deliver the highest possible quality of care to our patients. Working always in a responsive, supportive and caring manner'.

The practice had a practice development plan for 2016/17 which identified their plans for the next five years. Planned objectives included developing acute and same day access to appointments, promote intra and inter practice working, develop comorbidity long term condition reviews and GP succession planning.

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. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of clinical audit activity which improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example the Quality and Outcomes Framework, referral rates and prescribing.

Leadership and culture

The GP and the practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. However, the practice manager was more involved in the day to day running and management of the practice.

There was a clear leadership structure in place and staff reported that they felt supported by management.

- There was a schedule of regular practice, GP and multi-disciplinary team meetings which included discussions about palliative care, high risk and vulnerable patients.
- 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 in doing so and felt supported if they did. They also said they felt respected and valued.

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

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

- The practice had gathered feedback from patients through patient surveys, feedback and complaints received.
- Results from a patient survey carried out in May 2014 had led to the appointment of a female locum GP, the implementation of an in-house warfarin monitoring service and the introduction of the primary care navigator role. Results from a patient survey carried out by the practice in August 2015 had led to a review of appointment availability; the addition of two additional telephone lines and the practice signing up to a 24 hour telephone access system to book appointments and the implementation of online appointment booking.
- The practice regularly reviewed the results of the National GP Patient Survey and took appropriate action. For example, as a result of the survey that took place in March 2016 the practice adopted a comorbidity approach to caring for patients with multiple long term conditions and had raised awareness of double appointment availability
- The practice had a patient participation group (PPG) which consisted of seven core members who met on a quarterly basis. The PPG were involved in a number of initiatives including reviewing patient survey results,

Are services well-led?

Good

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

looking at the possibility of installing a weighing machine for patients who were unable to stand unaided and better ways to improve uptake of flu vaccinations. One of the PPG members was also a leading figure in the local Bangladeshi community and attended a diversity forum with the local authority. The PPG member and practice manager told us that this enabled effective two-way communication and information sharing between the practice and this ethnic minority group.

- The practice had developed a young person's group in response to the high number of university and college students registered with the practice. They were involved in promoting health related services and also provided basic IT training to other patients. This initiative was partly responsible for the practice manager winning the unsung hero of the year category at the National Primary Care Awards 2016 out of almost 2,000 nominees.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels.

The practice team was forward thinking and took part in local pilot schemes and initiatives to improve outcomes for patients in the area. This included:

- Appointing a member of staff as a primary care navigator to ensure there was a holistic approach to ensuring a patient's medical and social needs were met.
- Being in the process of implementing the a system which would enable patients to book, cancel and rearrange appointments 24 hours per day and seven days per week using an automated telephone system.
- Working with other practice in the area to identify and implement new ways of working.