Skerne Medical Group

Quality Report

Harbinson House, Front Street, Sedgefield, Stockton on Tees, Cleveland, TS21 3BN
Tel: 01740 620300
Website: http://www.doctorsnhs.co.uk/

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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

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. At our previous inspection on 11 July 2016 the practice was rated as good overall, with requires improvement for providing safe services and good for providing effective, caring, responsive and well-led services.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Outstanding

We carried out an announced comprehensive inspection at Skerne Medical Group on 15 February 2018. This was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 11 July 2016. We inspected this service as part of our comprehensive inspection programme.

At this inspection we found:

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Outcomes for patients who use services were good.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The skill mix of the clinical team had been enhanced, with the addition of advanced nurse practitioners with different clinical interests. This allowed for better access for patients and freed up GP time to focus on more complex issues.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- 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.
- The practice was the second lowest dermatology referrers in the locality. They had in house expertise of dermatology from the GPs. They had the facility to use a dermatology service where photographs of skin lesions were sent to the dermatologist for opinion which saved on hospital referrals.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- There was a leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- The practice was aware of and complied with the requirements of the duty of candour.
- There was a focus on continuous learning and improvement at all levels of the organisation.

We saw two areas of outstanding practice:

- The practice had a primary care mental health specialist on site for patients between the ages of 18 and 65 who presented with common mental health problems. The practice could refer patients directly to the service and they were generally seen within 48 to 72 hours. The practice currently had 44 open cases, since June 2017, which had been referred. Waiting times for patients to be referred to secondary care for this type of service were three months.
- Following a review of ENT referrals at the practice a support group was set up to provide counselling for patients who had tinnitus. This was for 12 patients on a six week programme. This covered the cause of tinnitus, what makes symptoms worse, equipment that may help, coping with stress and information on alternative therapies. Following the success and positive patient feedback from this group a second group was organised for March 2018. This ran with maximum numbers of patients. Data from August – October 2016 when compared to the same period in 2017 shows that referrals for tinnitus to secondary care reduced from thirteen to four.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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

Summary of findings

Outstanding practice

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- Following a review of ENT referrals at the practice a support group was set up to provide counselling for patients who had tinnitus. This was for 12 patients on a six week programme. This covered the cause of tinnitus, what makes symptoms worse, equipment that may help, coping with stress and information on alternative therapies. Following the success and positive patient feedback from this group a second group was organised for March 2018. This ran with maximum numbers of patients. Data from August – October 2016 when compared to the same period in 2017 shows that referrals for tinnitus to secondary care reduced from thirteen to four.

Skerne Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist advisor and a second CQC inspector.

Background to Skerne Medical Group

Skerne Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 15,500 patients from four locations, three of which are branch surgeries, we visited all of these locations as part of this inspection;

- Harbinson House, Front Street, Sedgefield, Stockton on Tees, Cleveland, TS21 3BN
- Fishburn Surgery, Beveridge House, Buterwick Road, Fishburn, TS21 4A
- Trimdon Village Surgery, 18 Wynyard Road, Trimdon Village, TS29 6JH
- Trimdon Colliery Surgery, Carroll House, Grosvenor Terrace, Trimdon Colliery, TS29 6DH

Harbinson House is located in purpose built premises. There is a car park beside the practice, dedicated disabled parking bays and step free access.

Fishburn Surgery and Trimdon Colliery surgeries are in purpose built premises. Trimdon Village surgery is in a converted semi-detached property.

The practice has six GP partners (two male and four female), three are full time and three part time whole time equivalent (WTE) 5. There are five salaried GPs (WTE 3.75). There is one practice pharmacist (WTE 0.18), there are three nurse practitioners (WTE 2.08), six practice nurses (WTE 4.09), three healthcare assistants (WTE 2.2), a receptionist who also works as a phlebotomist (WTE 0.55). There is a practice manager (WTE 1), finance manager (WTE 0.60) and an assistant practice manager (WTE 1). There are 17 (WTE 14.1) administration and reception staff.

The practice is a training practice which has GP trainees allocated to the practice (trainees are fully qualified doctors allocated to the practice as part of a three-year postgraduate general practice vocational training programme). The practice teaches medical students (third and fifth year) and offers student nurse placements.

The opening times at Harbinson House, Sedgefield are from 8:30am to 1pm and 2pm until 6pm Monday to Friday. There is a telephone line open from 8am to 8:30am when a duty doctor is available for emergencies. Consulting times are the same as the opening times.

The opening times at Beveridge House, Fishburn are 8:30am to 12:30pm Monday to Friday and 2pm to 6pm every week day except Wednesday afternoon when the surgery is closed. Consulting times are the same as the opening times.

The opening times at Trimdon Village Surgery are 8:30am to 12:30pm Monday to Friday. Consulting times are the same as the opening times.

The opening times at Trimdon Colliery Surgery are 8:30am to 12:30pm and 1:30pm to 6pm every weekday except Thursday when the surgery is closed. Consulting times are the same as the opening times.

Late evening appointments are available between 6:30pm and 8pm two nights a week, the location is varied to offer the service between the four surgeries.

The practice is part of a local federation of GP practices which provides extended opening hours for patients;

appointments are available late evening, weekend and bank holidays. Patients can contact the practice reception team to arrange appointments. When this service is not provided patients requiring urgent medical care can contact the out of hours service provided by NHS 111.

The practice is part of NHS Durham Dales and Sedgefield clinical commissioning group (CCG). The practice provides services based on a Personal Medical Services (PMS) contract agreement for general practice.

Information from Public Health England places the area in which the practice is located in the sixth most deprived decile. The income deprivation score for the practice is 19 compared to the CCG average of 30 and the national average of 24. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 79 years which is the same as the national average. Average female life expectancy at the practice is 82 years compared to the national average of 83 years.

Good

Are services safe?

Our findings

At our previous inspection on 11 July 2016, we rated the practice as requires improvement for providing safe services. Some staff had acted as chaperones and they had not received disclosure and barring (DBS) checks. Vaccinations were not stored securely and staff responsible for the management of vaccinations had not received current training.

These arrangements had significantly improved when we undertook this inspection on 15 February 2018.

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. They had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse, there were quarterly safeguarding meetings. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken on all staff. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role. The GP registrar staff induction involved carrying out a treasure hunt around the area to familiarise themselves with the locality and the branch surgeries.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues for each surgery; the practice had employed a private contractor to assist them with this.
- The practice monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The practice had regular significant event meetings where there was an action log and actions were followed up. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, as a result of a patient accidently gaining access to the staff only part of the reception area, the practice reviewed the process for the closure of the safety gate which sectioned off this area.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 July 2016, we rated the practice as good for this domain. However, we said there were areas where the provider should make improvements. We said the practice record of training should accurately demonstrate that training had been delivered and to ensure all staff received an appropriate appraisal.

These arrangements had improved when we undertook this inspection on 15 February 2018.

We rated the practice, and all of the population groups, as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- House bound patients were offered flu immunisations carried out by the district nurse.
- The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- The practice had begun a birthday month review programme for reviews of patients with long term conditions. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates were above the target percentage of 90%, for example, the uptake rate for children aged two for measles, mumps and rubella (MMR) was 96%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 83%, which was slightly above the local average of 82% and the England average of 81%.
- The practice's uptake for breast cancer screening was 80%, which was above the local average of 75% and the England average of 70%.
- The practice's uptake for bowel cancer screening was 58%, which was in line with the local average of 58% but above the England average of 54%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Vulnerable patients were discussed at monthly multi-disciplinary team meetings. District nurses met weekly at the practice to review caseloads which allowed for clinicians to discuss any concerns.

People experiencing poor mental health (including people with dementia):

- Each GP had a list called the 'Crisis List' where they had a group of vulnerable patients allocated to their care. This ensured any patient at risk had a named GP who had knowledge of their medical history and circumstances.
- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.

Good

Are services effective?

(for example, treatment is effective)

- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 92% compared to the national average of 91%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results, 2016/17, showed the practice achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and the national average of 96%. The overall exception reporting rate was 8% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice had achieved 100% of the points available for 14 of the 19 QOF clinical indictor groups.
- The practice used information about care and treatment to make improvements. We saw clinical audit activity, all of which was relevant and demonstrated improvement in patient care. There were eight audits of which one was a two cycle audit. For example, one of the audits was carried out on a medication used to treat irregular heartbeat to ensure that relevant blood tests for thyroid function and liver function had been carried out. The audit promoted good clinical practice and improvements in patients' care.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, staff were given the opportunity for additional training in dementia awareness, conflict resolution and duty of care.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, yearly appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The 'Crisis List' which included children, facilitated prompt access to a 'personal' clinician, the list was frequently discussed and updated.
- The GPs at the practice had specialist clinical interests, for example, diabetes, minor surgery dermatology and palliative care.
- The practice was a research ready practice and was the national lead practice for a flu safety study.

Good

Are services effective?

(for example, treatment is effective)

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health, the practice had seen an increase of 100% (52 to 104) in the number of patients attending NHS health checks for the age group 40 to 74 in the last six months compared to the previous six months.
- The practice provided a stall at the local village fayre for the last few years to promote healthy living. Themes had included awareness of not attending appointments (DNAs) and alcohol awareness.
- The practice provided two dedicated walk in clinics across the sites on two Saturdays for the flu immunisation programme for 2017.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. A receptionist who was trained as a smoking cessation advisor won an award for being 'stop smoking' advisor of the year for two years running 2015/16 and 2016/17.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There were 37 Care Quality Commission comment cards completed by patients prior to the inspection. Twenty two cards were from the branch surgeries, all had positive comments including, friendly and helpful staff and excellent service. There were 15 comment cards from the main surgery at Sedgefield. All contained positive comments, including professional service and helpful and efficient staff.
- The practice said they went the extra mile for patients and often checked on patients from whom they had not had contact from recently. Staff and doctors frequently delivered medication to housebound patients.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. 258 surveys were sent out and 126 were returned. This represented less than 1% of the practice population. The practice was above average for their satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 89%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 88%; national average - 86%.
- 99% of patients who responded said the nurse was good at listening to them; (CCG) - 95%; national average - 91%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 89% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was a carer. The practice had identified 183 patients as carers (1.1% of the practice list).

- The practice made referrals to the local carers association when they identified a patient as a carer. Carers were offered an annual health check and flu immunisation.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for GPs and higher than average for nurses:

Good

Are services caring?

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.

The practice complied with the Data Protection Act 1998.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

Patients individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. There was a proactive approach to understanding the needs of different group of patients. This included patients who were vulnerable or who had complex needs;

- The practice offered; extended opening hours. Late evening appointments are available between 6:30pm and 8pm two nights a week, the location is varied to offer the service between the four surgeries. Telephone consultations, double appointments where necessary, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- All children under the age of five were given an appointment on the day.
- Specialist Clinics were provided including minor surgery, joint injections, intrauterine device (IUD also known as coil) fitting and removal service and contraceptive implant.
- Patients were able to receive NHS travel vaccinations and the practice offered a wide range of private travel vaccinations for patients. The practice was a registered Yellow Fever Centre.
- The surgery offered an INR clinic for patients on warfarin. INR (International Normalised Ratio) is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose.
- The practice provided three phlebotomy clinics each week.
- The practice had the facility to text blood results to patients where appropriate, this was a decision made by the GP.
- The practice made arrangements for taxis to bring patients to the practice who may otherwise have not been able to attend. This was at the clinician's discretion. The service was used four times in the last three months.
- The practice was the second lowest referrer in the locality to the secondary care dermatology service. They had in house dermatology expertise from the GPs. Several of the GPs were trained to use a dermatoscope. These are used for early identification of skin tumours and meant that patients' skin tumours are diagnosed promptly and not delayed by long outpatient waiting times. They had the facility to use a dermatology service where photographs of skin lesions were sent to the dermatologist for opinion. This saved on hospital referrals. Four patients used this service in the last four months. Responses to the referrals were received the same day, in one day, three days and in seven days. The current wait time for this type of referral to secondary care is three months.
- The practice had two GPs who had a specialist interest in palliative care, they both also worked at the local hospice. Staff told us that if families had experienced bereavement, a GP contacted them. This was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. The practice also sent a bereavement card to the family.
- There was a podiatry service available at the practice.
- A patient advisory service had been operating from the practice for the last two years which was funded by the local job centre, to give psychological advice to enable patients to achieve short or long term goals of returning to employment.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The advanced nurse practitioners visited three local care homes three times a week. They had dedicated access to a GP if they required assistance. GPs carried out a weekly visit at the care homes to carry out any reviews or change patients' medicine needs. The practice pharmacist linked in with the care home patients offering medication reviews and advice.

People with long-term conditions:

- The practice organised for patients with diabetes to have one appointment with all the different clinical practitioners they needed to see for their condition, for example GP, practice nurse, podiatrist and dietician, a 'one stop shop'. The practice had designed their own

Are services responsive to people's needs?

(for example, to feedback?)

leaflets for patients to help them manage their condition. Two of the practice nurses had recently been trained in diabetes insulin initiation to provide an enhanced service to patients.

- The practice had a monthly diabetic clinic with a hospital consultant in attendance where treatment plans for more complex management of diabetes are discussed with patients. This stopped unnecessary travel to hospital for patients.
- There were dedicated atrial fibrillation (AF) and hypertension clinics in conjunction with the community heart failure teams. They were set up following the need from NICE guidance to start anticoagulation treatment for patients with AF.
- The advanced nurse practitioners led on caring for patients with chronic obstructive pulmonary disease (COPD) and asthma. One of the nurses had received one to one training with a nurse specialist from the local trust on COPD enhanced care.
- In response to an Ear Nose and Throat (ENT) referral meeting held by the GPs at the practice they looked into any additional support which could be offered by the practice to patients with tinnitus. Of the 53 referrals reviewed 13 were for tinnitus. A support group who offered 1:1 counselling for patients with tinnitus came to the practice and delivered a training package to staff on how to communicate with patients who have hearing problems and on basic sign language. The support group then provided a tinnitus support group for 12 patients on a six week programme at the practice. This covered the cause of tinnitus, what makes symptoms worse, equipment that may help, coping with stress and information on alternative therapies. Following the success and positive patient feedback from this group a second group was organised for March 2018. This ran with maximum numbers of patients. Data from August – October 2016 when compared to the same period in 2017 shows that referrals for tinnitus to secondary care reduced from thirteen to four.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, there were quarterly safeguarding meetings held where all children of concern were reviewed.
- There were weekly midwife led clinics held at the practice.
- A letter of congratulations was sent to new parents on the birth of their baby called 'Hello Baby' to let them know of the services available.
- The practice ran a nurse led weekly drop in clinic for teenagers registered at the practice. They provided targeted support to teenagers including matters relating to sexual health and drug and alcohol abuse. The practice sought to make teenagers feel comfortable talking about any issues they have. Over the last six months the service has averaged two to three patients per week.
- The practice offered the C card service which entitles young people between the ages of 13 and 24 free condoms if required.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, late evening appointments were available between 6:30pm and 8pm two nights a week, the location was varied to offer the service between the surgeries.
- On-line access and electronic prescribing is available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice had recently changed the service for patients with learning disabilities service providing a holistic review of the patient's needs. This involved their carers and the health care professionals involved in their care. When additional investigations are required the practice where appropriate provided picture stories to allow the patient to see what procedure would be carried out and allowed the patient to visit to practice prior to the procedure for review. They offered a hospital passport which had the information regarding the patients' needs if they are required to attend services.
- Patients could be referred to local advisory services and signposted to local foodbanks.

People experiencing poor mental health (including people with dementia):

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a primary care mental health specialist on site for patients between the ages of 18 and 65 who presented with common mental health problems. The practice could refer patients directly to the service and they were generally seen within 48 to 72 hours. The practice currently had 44 open cases, since June 2017, which had been referred. Waiting times for patients to be referred to secondary care for this type of service were three months.

Timely access to the service

Patients were able to access care and treatment from the practice in a way and time that suited them;

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. On the inspection day there were urgent appointments available on the day and the next routine appointment with a GP was within three working days.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- The practice had the lowest number of patients who did not attend (DNA) appointments in the locality. The practice had promoted this via a poster they had designed with the help of the patient participation group (PPG); this was displayed in local buildings and on social media.

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was mostly above local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 80%.
- 82% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average - 71%.
- 80% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 76%; national average - 76%.
- 84% of patients who responded described their experience of making an appointment as good; CCG - 76%; national average - 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Nine complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. They acted as a result to improve the quality of care. For example, following confusion over the collection of a prescription, procedures were reviewed and communication was to be made clearer with patients regarding their collection.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

The practice management team had the capacity and skills to deliver high-quality, sustainable care.

- The team had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The management team at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were weekly management team meetings, practice meetings and nurse meetings.
- The practice had effective processes to develop leadership capacity and skills. For example, when the practice had been unable to recruit additional GPs they reviewed skill sets of staff and employed additional advanced nurse practitioners and increased practice nurse hours.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values and a mission statement.
- The practice developed their vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice had a business plan to achieve priorities. It set out the objectives, tasks and had actions to achieve these. For example, to recruit supporting roles in the absence of available GPs.
- The practice recognised they had issues with recruitment and staff morale. In April 2017 they secured resilience funding from the local clinical commissioning group (CCG). They engaged the services of a consultancy to work with them and help to solve these issues. The company visited the practice the week prior to our inspection and a report was expected from the consultancy by the practice imminently to assist them with improving.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- The GPs had a fortnightly lunch together where they had the opportunity to reflect and discuss issues. This received particularly good feedback from the trainee doctors at the practice.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. The practice had been successful in retaining many of the GP trainees as salaried GPs over the years.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. They identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

Good

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The partners of the practice had lead areas which they were responsible for such as human resources, premises and complaints.
- Partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had undertaken their own survey in 2017 which had an action plan to address any issues, for example to improve health lifestyle advice for patients.
- The GPs at the practice were supported to have other interests outside of the practice which brought expertise, for example, one of the partners was the chair of the local health federation.
- The patient participation group had been established for 15 years. There were approximately 10 members. They met every quarter. The group had assisted the practice in designing a poster highlighting the issue of patients who did not attend their appointments.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice planned to set up a diabetic clinic for groups of patients, on an evening through the week, to provide education and support to those whose results could be improved by self-management of their condition.

Are services well-led?

Good

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

- The practice had employed modern apprentice administration staff since 2014 which led to 100% employment for them after the scheme finished.
- Staff were encouraged and supported to acquire new skills. The practice was involved in the training of GPs. At the time of our inspection there were four registrars at the practice. The practice nurse was to begin a non-medical prescribing course sponsored by the practice. The assistant practice manager was undertaking a management development programme with the North East Leadership Academy.