

# Gosforth Memorial Medical Centre

## 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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gosforth Memorial Medical Centre on 15 March 2016. Overall the practice is rated as outstanding.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.

- Extended hours surgeries were offered between 6.30pm and 7.30pm every Monday and Wednesday evening.
- Outcomes for patients with long term conditions were consistently better than national averages.
- Feedback from patients was overwhelmingly positive and the practice achieved high scores in the National GP Patient Survey.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
  - Staff throughout the practice worked well together as a team.

We saw several areas of outstanding practice including:

- The practice engaged with a group of patients with learning disabilities to carry out a 'health quality check' of the practice. A team of health quality checkers visited the practice, looked at the premises

# Summary of findings

and spoke with staff. The health checkers commented positively on the practice. One of the healthcare assistants was the first point of contact for patients on the learning disability register. They had built up a rapport with patients and their carers. As a result of this work, 35 out of 36 patients had received their annual health check during the previous 12 months.

- The practice was the preferred practice for patients who lived in a local community based home for patients with chronic mental illness (13 patients). Services were tailored to meet those patients' individual needs. We were told about several examples of how staff from the practice positively engaged with the patients and had built up relationships. This had resulted in staff being able to carry out routine checks for the patients, which in turn had resulted in a number of new diagnoses, including diabetes and skin problems, which were subsequently addressed by the practice.

- The practice had taken action to ensure patients over the age of 75, who had not been diagnosed with a long term condition, and therefore had not received regular checks, were offered an appointment for a health check. A search of patient records was undertaken to identify those patients. The patients were contacted and offered a health check. The practice carried out a review of the outcomes; this showed that 96 patients were offered a check, 79 patients attended and from this there were 27 new diagnoses or issues identified, for which the practice developed treatment plans.

However, there was also an area of practice where the provider needs to make improvements.

The provider should:

- Replace the carpet in the nurse's consultation room with flooring suitable for a clinical environment.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

The 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.

Good infection control and medicines management arrangements were in place and the practice was clean and hygienic. However, one of the clinical rooms was carpeted; this was due to be replaced with appropriate flooring. Effective staff recruitment practices were followed and there were enough staff to keep patients safe.

Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Good



### Are services effective?

The practice is rated as outstanding for providing effective services.

Nationally reported data showed that outcomes for patients were consistently better than national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98.9% of the points available. This was above the local and national averages of 95.5% and 94.7% respectively.

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. Staff had received training appropriate to their roles. The practice had a long track record as a training practice. Two of the GPs were accredited GP trainers. At the time of the inspection there were three trainee GPs in post. Feedback from trainees was very positive. The practice was the first in the area to employ a healthcare assistant (HCA) apprentice.

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.

Outstanding



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

Patients 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 services available was provided. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

We reviewed 38 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive about the practice. Common words used to describe the practice included, first class, excellent, the best practice in the area, exceptional and thoroughly satisfied.

The National GP Patient Survey published in January 2016 showed the practice was above average for its satisfaction scores on consultations with doctors. Results showed that 99% of respondents had confidence and trust in their GP, compared to 95% nationally. Over 99% of respondents said the last GP they saw was good at listening to them, compared to the national average of 89%.

There was a practice register of all people who were carers (79, which represented 0.9% of the practice register). One of the healthcare assistants (HCA) had recently taken on a 'patient and carers' support role. The scheme was in its infancy but aimed to provide bespoke support for those patients who needed it and increase the number of carers on the register.

## **Are services responsive to people's needs?**

The practice is rated as outstanding for providing responsive services.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met their needs and promoted equality. For example, the practice engaged with a group of patients with learning disabilities to carry out a 'health quality check' of the practice. One of the healthcare assistants was the first point of contact for patients on the learning disability register. They had built up a rapport with patients and their carers. As a result of this work, 35 out of 36 patients had received their annual health check during the previous 12 months.

The practice was the preferred practice for patients who lived in a local community based home for patients with chronic mental illness (13 patients). Services were tailored to meet those patients' individual needs. We were told about several examples of how staff from the practice positively engaged with the patients and had built up relationships. This had resulted in staff being able to carry out routine checks on the patients, which in turn had resulted in a number of new diagnoses, including diabetes and skin problems, which were subsequently addressed by the practice.

**Outstanding**



# Summary of findings

Patients could access appointments and services in a way and a time that suited them. Access to the service was continually monitored and the appointments system changed where necessary to meet demand. The practice scored very well in relation to access in the National GP Patient Survey. The most recent results (January 2016) showed 97% (compared to 85% nationally and locally) of respondents were able to get an appointment or speak to someone when necessary. Over 83% of respondents said they were satisfied with opening hours (compared to the national and local averages of 75% and 79% respectively). The practice also scored highly on the ease of getting through on the telephone to make an appointment (96% of patients said this was easy or very easy, compared to the national average of 73% and a CCG average of 78%).

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. Learning from complaints was shared with staff.

## Are services well-led?

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice which had been developed with staff. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. There was an active patient participation group (PPG) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Staff had received inductions, regular performance reviews and attended staff meetings and events.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had implemented a number of innovative systems

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

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

Nationally reported data showed the practice had 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 with heart failure. This was slightly above local clinical commissioning group (CCG) average (99.6%) and 2.1 points above the England average.

The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP and patients at high risk of hospital admission and those in vulnerable circumstances had care plans. Several patients lived in local nursing homes; there was a named GP for the home; they carried out regular visits and had regular phone contact with staff.

The practice had taken action to ensure patients over the age of 75, who had not been diagnosed with a long term condition, and therefore had not received regular checks, were offered an appointment for a health check. A search of patient records was undertaken to identify those patients. The patients were contacted and offered a health check. The practice carried out a review of the outcomes; this showed that 96 patients were offered a check, 79 patients attended and from this there were 27 new diagnoses or issues identified. Plans were in place to continue the project and review results on a regular basis.

Following a significant event in a nursing home, the practice carried out an audit on the DNAR (do not attempt resuscitation) status of patients registered at the practice, who lived in a nursing home. A review was carried out to ensure that all such patients had care plans in place and had had the opportunity to consider their DNAR status. A new protocol was implemented which included a home visit by a doctor soon after a patient was registered with the practice. A subsequent audit showed that these arrangements had been successful; 15 out of 15 patients had their DNAR status recorded. This work allowed the GP who carried out the audit to take on a wider role within the North of England Commissioning Support Unit to increase the quality of care for patients in nursing homes in the area.

The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

Outstanding



# Summary of findings

## People with long term conditions

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

Nationally reported data showed that outcomes for patients with long-term conditions were consistently better than national averages. For example:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally).
- Performance for mental health related indicators was above the national average (100% compared to 97.2% nationally).
- Performance for dementia related indicators was above the national average (100% compared to 94.5% nationally)

Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice had recently carried out a review of the recall systems for ensuring patients were called in for regular reviews. This included inviting patients in during their birthday month. The practice told us patients had made positive comments about the new system.

Outstanding



## Families, children and young people

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were 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 health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were in line with the CCG averages. For

Good





# Summary of findings

example, rates for the vaccinations given to under two year olds ranged from 92.8% to 98.5% (compared to the CCG averages of between 94.6% and 97.8%) and five year olds from 89.5% to 96.8% (compared to the CCG averages of between 91% and 96.7%).

The practice's uptake for the cervical screening programme was 88.7%, which was well above the CCG average of 81.2% and the national average of 81.8%.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered between 6.30pm and 7.30pm every Monday and Wednesday for working patients who could not attend during normal opening hours. At the time of the inspection the practice was also undertaking a trial of opening at 7.30am each Wednesday morning.

The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line. Additional services were provided such as health checks for the over 40s and travel vaccinations.

A review of a significant event in relation to the death of a student had prompted staff to consider how they could support students. Arrangements were put in place so that any new students registered with the practice were sent a text welcoming them to the practice and inviting them to attend for a new patient review. Since September, four students had booked an appointment to discuss their mental health concerns.

Good



## **People whose circumstances may make them vulnerable**

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

A register of patients living in vulnerable circumstances, including those with a learning disability was maintained. The practice had engaged with a group of patients with learning disabilities to carry out a 'health quality check' of the practice. A team of health quality checkers visited the practice, looked at the premises and spoke with staff. They provided a report on their findings. The report was very

Outstanding



# Summary of findings

positive and highlighted that the practice was proactive in making reasonable adjustments for patients with learning disabilities. The health checkers also commented positively on the communication with patients. The practice worked with the health checkers to develop a number of 'easy read' leaflets for patients.

One of the healthcare assistants was the first point of contact for patients on the learning disability register. They had built up a rapport with patients and their carers. As a result of this work, 35 out of 36 patients had received their annual health check during the previous 12 months.

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

Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

## **People experiencing poor mental health (including people with dementia)**

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

Nationally reported QOF data (2014/15) showed the practice had achieved good outcomes in relation to patients experiencing poor mental health. For example, the practice had obtained 100% of the QOF points available to them for providing recommended care and treatment for patients with poor mental health, compared to the national average of 97.2%. Performance for dementia related indicators was also above average (100% compared to 94.5% nationally).

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations. The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

The practice was the preferred practice for patients who lived in a local community based home for patients with chronic mental illness (13 patients). Services were tailored to meet those patients' individual needs. We were told about several examples of how staff

Good



# Summary of findings

from the practice positively engaged with the patients and had built up relationships. This had resulted in staff being able to carry out routine checks for the patients, which in turn had resulted in a number of new diagnoses, including diabetes and skin problems, which were subsequently addressed by the practice.

# Summary of findings

## What people who use the service say

We reviewed 38 CQC comment cards which had been completed by patients prior to our inspection. The cards completed were all overwhelmingly positive about the practice. Common words used to describe the practice included, first class, excellent, the best practice in the area, exceptional and thoroughly satisfied. They also commented positively about the staff, words used included respectful, supportive and caring.

We spoke with 12 patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

The National GP Patient Survey results published in January 2016 showed the practice was performing well above local and national averages. There were 107 responses (from 249 sent out); a response rate of 43%. This represented 1.2% of the practice's patient list.

- 98% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 87% and a national average of 85%.
- 97% would recommend the surgery, compared with a CCG average of 87% and a national average of 78%.

- 96% found it easy to get through to this surgery by phone, compared with a CCG average of 78% and a national average of 73%.
- 92% found the receptionists at this surgery helpful, compared with a CCG average of 88% and a national average of 87%.
- 97% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG and national average of 85%.
- 95% said the last appointment they got was convenient, compared with a CCG and national average of 92%.
- 87% described their experience of making an appointment as good, compared with a CCG average of 75% and a national average of 73%.
- 72% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 68% and a national average of 65%.
- 70% felt they don't normally have to wait too long to be seen, compared with a CCG average of 61% and a national average of 58%.

The practice scored very well in the 2015 Friends and Family Test; 92% (of 275 respondents) said they were either very likely or likely to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

Replace the carpet in the nurse's consultation room with flooring suitable for a clinical environment.

## Outstanding practice

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condition, and therefore had not received regular checks, were offered an appointment for a health check. A search of patient records was undertaken to identify those patients. The patients were contacted and offered a health check. The practice carried out a review of the outcomes; this showed that 96 patients were offered a check, 79 patients attended and from this there were 27 new diagnoses or issues identified, for which the practice developed treatment plans.

# Gosforth Memorial Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a specialist advisor with experience of GP practice management.

## Background to Gosforth Memorial Medical Centre

Gosforth Memorial Medical Centre is registered with the Care Quality Commission to provide primary care services. It is located in the Gosforth area of Newcastle upon Tyne.

The practice provides services to around 8,800 patients from one location: Church Road, Gosforth, Newcastle upon Tyne, NE3 1TX. We visited this address as part of the inspection. The practice has three GP partners (two female and one male), two salaried GPs (one male and one female), two practice nurses (both female), two healthcare assistants, a practice manager, and 12 staff who carry out reception, and administrative duties.

The practice is part of Newcastle Gateshead clinical commissioning group (CCG). The age profile of the practice population is in line with local and national averages. Information taken from Public Health England placed the area in which the practice is located in the second least deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is a training practice and two of the GPs are accredited GP trainers. At the time of the inspection there were three trainee GPs working at the practice.

The practice is located in a two storey building. Patient facilities are on the ground and first floor. At present there is no lift to the first floor, however, there are consultation rooms on the ground floor which are suitable for patients with mobility problems. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8am and 7.30pm Mondays and Wednesdays and between 8am and 6.30pm on Tuesdays, Thursdays and Fridays. At the time of the inspection the practice was also undertaking a trial of opening at 7.30am each Wednesday morning. Patients can book appointments in person, on-line or by telephone. Appointments are available at the following times:

- Monday - 8am to 12pm; then from 2pm to 7.30pm
- Tuesday - 8am to 11am; then from 2pm to 6.30pm
- Wednesday - 7.30am to 12.10pm; then from 3pm to 7.30pm
- Thursday - 8am to 12pm; then from 1pm to 6.30pm
- Friday - 7.45am to 12pm; then from 2pm to 6.30pm

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice.

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

# Detailed findings

## 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. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

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

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

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

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

We carried out an announced visit on 15 March 2016. We spoke with 12 patients and 13 members of staff from the practice. We spoke with and interviewed four GPs, a trainee GP, a practice nurse, the practice manager, a healthcare assistant and five staff carrying out reception and administrative duties. All of the GP partners made themselves available to us on the day of the inspection. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 38 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Regular significant event meetings were held and specific issues were discussed at the relevant team meetings. Opportunities to engage with colleagues and learn from external safety events were identified. For example, following two significant events the practice carried out a review and analysis. Improvements were made as a result of this work, including implementing a new protocol about engaging with students who registered with the practice.

Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident, training sessions were provided for all clinical staff on sepsis (blood poisoning).

Managers were aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice.

Arrangements had been made which ensured alerts were disseminated by the practice manager to the GP. The GPs then discussed the alerts at the weekly practice meetings and decided what action should be taken to ensure continuing patient safety, and mitigate risks.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs had all been trained to level three in children's safeguarding.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address most improvements identified as a result. The audit had identified that one of the clinical rooms (practice nurse) was carpeted; the GP partners told us this was due to be replaced with appropriate flooring within the next three months. Other suitable clinical rooms were available if the practice nurse needed to carry out any invasive procedures in the meantime.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for



## Are services safe?

safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions (written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis) to enable Health Care Assistants to administer vaccinations (only if they had received specific training and only when a doctor or nurse was on the premises).

- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the waiting room. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

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

The practice had recently carried out a review of the recall systems for ensuring patients were called in for regular reviews. This included inviting patients in during their birthday month. The practice told us patients had made positive comments about the new system.

The latest publicly available data from 2014/15 showed the practice had achieved 98.9% of the total number of points available, which was above the local clinical commissioning group (CCG) average of 95.5% and the national average of 94.7%.

At 6.2%, the clinical exception reporting rate was below the England 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

practice had carried out a detailed review of exceptions to ensure as many patients as possible were given the opportunity to attend for their reviews and that any 'real' exceptions were appropriately recorded.

The data showed that outcomes for patients with long-term conditions were consistently better than national averages:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally). For example, the percentage of patients with asthma who had an asthma review in the preceding 12 months was 82.5%, compared to the national average of 75.3%.
- Performance for heart failure related indicators was better than the national average (100% compared to 97.9% nationally). For example, in those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction who were treated with a certain medicine, the percentage of patients who were additionally currently treated with a beta-blocker licensed for heart failure was 100%, compared to 92.8% nationally.
- Performance for mental health related indicators was above the national average (100% compared to 97.2% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented was 97.8%, compared to the national average of 88.3%.
- Performance for dementia related indicators was above the national average (100% compared to 94.5% nationally). For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100%, compared to the national average of 90.9%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. This included an audit of the use of oral steroids at risk of developing osteoporosis. An initial audit was carried out which showed that three patients were at high risk of developing osteoporosis.



# Are services effective?

## (for example, treatment is effective)

Action was taken and all three patients had been contacted and offered appropriate medication. A further audit cycle was carried out and this showed an improvement, in that all patients had been prescribed appropriate medication.

Following a significant event in a nursing home, the practice carried out an audit on the DNAR (do not attempt resuscitation) status of patients registered at the practice, who lived in a nursing home. A review was carried out to ensure that all such patients had care plans in place and had had the opportunity to consider their DNAR status. The audit showed that four out of 14 patients did not have a DNAR status recorded on their medical records. A new protocol was implemented which included a home visit by a doctor soon after a patient was registered with the practice. A subsequent audit showed that these arrangements had been successful; 15 out of 15 patients had their DNAR status recorded. This work allowed the GP who carried out the audit to take on a wider role within the North of England Commissioning Support Unit to increase the quality of care for patients in nursing homes in the area.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff, for example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The practice had a long track record as a training practice. Two of the GPs were accredited GP trainers. At the time of the inspection there were three trainee GPs in post. Feedback from trainees was very positive; they told us the practice provided them with strong support. The practice scored highly in the General Medical Council (GMC)'s national training scheme survey for 2015. Trainee doctors rated the level of workload as better than the England average.
- A number of administrative apprentices had been employed over the past few years. Some of these staff had gone on to have permanent roles within the practice; others had been successful in obtaining roles in other practices.

- The practice was the first in the area to employ a healthcare assistant (HCA) apprentice. The HCA took part in a video case study with The National Skills Academy to show how primary care providers could use apprenticeships to enhance service delivery and provide great patient care.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors and nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.



# Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

## Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Diet and lifestyle advice was available and smoking cessation advice was available from a local support group.

The practice had a comprehensive screening programme. For example, there was a designated member of the administrative team who was responsible for monitoring the cervical screening attendances. There was a policy to offer telephone or text reminders for patients who did not

attend for their cervical screening test. The practice's uptake for the cervical screening programme was 88.7%, which was above the CCG average of 81.2% and the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.8% to 98.5% (compared to the CCG averages of between 94.6% and 97.8%) and five year olds from 89.5% to 96.8% (compared to the CCG averages of between 91% and 96.7%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed 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 people 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 room to discuss their needs.

Feedback from patients was continually positive about the way staff treated people. We reviewed 38 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive about the practice. Common words used to describe the practice included, first class, excellent, the best practice in the area, exceptional and thoroughly satisfied. They also commented positively about the staff, words used included respectful, supportive and caring.

We spoke with 12 patients during our inspection. 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 January 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for most of the satisfaction scores on consultations with doctors. For example, of those who responded:

- 99% 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%.
- 93% 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%.
- 98% 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%.

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

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 January 2016 National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results for doctors were well above local and national averages. For example, of those who responded:

- 99% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 96% said the GP gave them enough time, compared to the CCG average of 89% and the national average of 87%.
- 96% 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%.
- 93% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 84% and the national average of 85%.
- 90% said the last nurse they spoke to was good listening to them, compared to the CCG average of 92% and the national average of 91%.
- 90% said the nurse gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 87% said the nurse involved them in decisions about their care, compared to the CCG average of 87% and the national average of 85%.

## Are services caring?

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

### **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. For example, there were leaflets with information about counselling services, diabetes, Parkinson's disease and children's services.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. They were offered health checks and referred for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice had issued questionnaires to patients which included asking if they were a carer. Since that time the practice had increased the number of carers on the register by 29 to 79; this represented 0.9% of the practice register.

There was a strong, patient-centred culture. Patients' emotional and social needs were seen as important as their physical needs. One of the healthcare assistants (HCA) had recently taken on a 'patient and carers' support role. The scheme was in its infancy but aimed to provide bespoke support for those patients who needed it, including people who were isolated or had recently suffered a bereavement. For example, if a patient had been referred for an urgent appointment, the HCA would contact them after their appointment to ask how they were and if they needed any help or support. At the time of the inspection there were five patients on the register who were regularly contacted by the HCA.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended opening hours every Monday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for anyone who needed them. This included people with a learning disability and people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Doctors carried out a weekly ward round and had regular phone contact with staff at a local nursing home.
- Telephone consultations were available each day.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The site had level access; however, at the time of the inspection there was no lift to the first floor. Arrangements had been made to provide consultation rooms on the ground floor which were suitable for patients with mobility problems.
- Appointments with GPs could be booked online, in person, on the telephone.
- The practice provided a number of additional services for the convenience of the patients; this included in-house gynaecology, obstetrics and dermatology clinics and minor surgery.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met their needs and promoted equality. For example, the practice engaged with a group of patients with learning disabilities to carry out a 'health quality check' of the practice. A team of health quality checkers visited the practice, looked at the premises and spoke with staff. They provided a report on their findings. The report was very positive and highlighted that the practice was proactive in making reasonable adjustments for patients

with learning disabilities. The health checkers also commented positively on the communication with patients. The practice worked with the health checkers to develop a number of 'easy read' leaflets for patients.

One of the healthcare assistants was the first point of contact for patients on the learning disability register. They had built up a rapport with patients and their carers. As a result of this work, 35 out of 36 patients had received their annual health check during the previous 12 months.

The practice was the preferred practice for a number of patients who lived in a local community based home for patients with chronic mental illness (13 patients). Services were tailored to meet those patients' individual needs. We were told about several examples of how staff from the practice positively engaged with the patients and had built up relationships. This had resulted in staff being able to carry out routine checks for the patients, which in turn had resulted in a number of new diagnoses, including diabetes and skin problems, which were subsequently addressed by the practice.

The practice had taken action to ensure patients over the age of 75, who had not been diagnosed with a long term condition, and therefore had not received regular checks, were offered an appointment for a health check. A search of patient records was undertaken to identify those patients. The patients were contacted and offered a health check. The practice carried out a review of the outcomes; this showed that 96 patients were offered a check, 79 patients attended and from these there were 27 new diagnoses or issues identified. Arrangements were made to continue the project on a monthly basis to ensure all patients were offered the opportunity.

The practice was responsive to events in the wider health economy. A review of a significant event (from another GP practice) in relation to the death of a student had prompted staff to consider how they could support students. Arrangements were put in place so that any new students registered with the practice were sent a text welcoming them to the practice and inviting them to attend for a new patient review. Since September, four students had booked an appointment to discuss their mental health concerns.



# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

The practice was open between 8am and 7.30pm Mondays and Wednesdays and between 8am and 6.30pm on Tuesdays, Thursdays and Fridays. Appointments were available at the following times:

- Monday - 8am to 12pm; then from 2pm to 7.30pm
- Tuesday - 8am to 11am; then from 2pm to 6.30pm
- Wednesday - 7.30am to 12.10pm; then from 3pm to 7.30pm
- Thursday - 8am to 12pm; then from 1pm to 6.30pm
- Friday - 7.45am to 12pm; then from 2pm to 6.30pm

Extended hours surgeries were offered at the between 6.30pm and 7.30pm every Monday and Wednesday. At the time of the inspection the practice was also undertaking a trial of opening at 7.30am each Wednesday morning. This was to be reviewed to ascertain whether it had been useful for patients.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, further appointments were released two weeks in advance and same day appointments were also available for people that needed them.

Access to the service was continually monitored and the appointments system changed where necessary to meet demand. Regular reviews of appointments and waiting times were carried out, to ensure staffing levels were sufficient.

Results from the National GP Patient Survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example, of those who responded:

- 83% of patients were satisfied with the practice's opening hours, compared to the CCG average of 79% and the national average of 75%.

- 96% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 78% and the national average of 73%.
- 87% of patients described their experience of making an appointment as good, compared to the CCG average of 75% and the national average of 73%.
- 72% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 68% and the national average of 65%.

Despite scoring very well in relation to getting through to the practice on the telephone, staff said that they were aware anecdotally that some patients felt this was not the case. As a result extra telephone lines had been installed; staff told us they wanted to further improve patient access.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- There was a complaints policy and procedures which were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the process for registering temporary residents was reviewed and a new protocol was discussed with staff and implemented.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice's website set out the vision and values for the patients, the practice and the locality and the practice team. There was a clear vision to:

- “Maintain our longstanding traditions with a practice team and environment which is patient centred, welcoming, caring and accessible.
- To treat patients fairly, equally, and with dignity & respect.
- To provide highly effective, efficient and safe healthcare services for our patients.
- To listen, communicate and collaborate with patients effectively”.

The practice had a mission statement which was displayed on the website and in the waiting room. Staff knew and understood the values.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- The practice had comprehensive policies and procedures governing their activities and there were very good systems in place to monitor and improve quality and identify areas of risk.
- Clinical leads had been identified for key areas, and this helped to ensure staff were kept up-to-date with changes to best practice guidelines, and changes to the Quality and Outcomes Framework.
- Regular clinical, practice management team and multi-disciplinary meetings took place. These promoted good staff communication and helped to ensure patients received effective and safe clinical care.
- Leaders had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

### Leadership, openness and transparency

The GP partners 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. Managers were visible in the practice and staff told us that they were approachable and always took the time to listen.

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager and the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There was a high level of staff satisfaction. All of the staff we spoke with spoke very highly of the practice and said they were proud to work there.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke with two members of the PPG; they told us about some of the work they had carried out with the practice. This included involving the PPG in discussions and making decisions about the recent refurbishment of the ground floor of the surgery. The PPG also produced a regular patient newsletter.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

# Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, one of the GPs was part of the North of England Commissioning Support Unit initiative to increase the quality of care to patients in nursing homes.

Interviews with staff demonstrated they were always looking for better ways of providing patients with the care and treatment they needed. Staff undertook regular

training to help ensure they maintained their competencies and skills. The practice was the first in the area to employ a healthcare assistant (HCA) apprentice. One of the healthcare assistants (HCA) had recently taken on a 'patient and carers' support role. The scheme was in its infancy but aimed to provide bespoke support for those patients who needed it.