

Forest Hall Medical Group

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Forest Hall Medical Group on 1 December 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- 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.
- 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.
- Staff had received training appropriate to their roles.

We saw several areas of outstanding practice including:

- An analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR) was used, which enabled the practice to look at trends and compare performance with other practices. The latest report showed the practice was one of only two across the whole clinical commissioning group (CCG) area to achieve all of the 'higher level indicators' (for example, in relation to hospital admission rates and accident and emergency attendances).
- Staff were proactive in carrying out clinical audits to help improve patient outcomes. A significant number of audits had been carried out in the past year (14) and one of the GP partners had a dedicated weekly clinical session set aside specifically for audit

Summary of findings

work. All of the clinical audits we looked at were relevant, well designed, detailed and showed learning points and evidence of changes to practice. We saw these were clearly linked to areas where staff had reviewed the practice's performance and judged that improvements could be made.

- A review of the uptake of the pneumonia vaccine showed that numbers had decreased over the past few years. A proactive campaign to contact patients was undertaken. This resulted in an increase from around 50 patients receiving the vaccine in 2013 to over 600 in 2014.
- The practice had written to high risk patients to encourage them to attend for health checks. Data

showed the practice was the best performer across the CCG in relation to health checks, with over 20% of eligible patients receiving a check, compared to an average of around 9%.

- Patient privacy was given a high priority within the practice. There was a 'patient station' screened off from the main waiting room, this allowed patients to complete forms and collect specimen packs in a private area. Staff had designed forms for patients to complete to give to the receptionist if they did not wish to discuss their condition or requirement.

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 practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There were procedures in place for monitoring and managing risks to patient and staff safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally.

Good infection control arrangements were in place and the practice sites were clean and hygienic. There was evidence of medicines management. However, one of the Patient Group Directives (PGDs, authorisation to allow nurses to administer medicines) we reviewed had not been authorised by a GP. Staff told us this had been an oversight as it was an amendment to a previous PGD and they would ensure it was authorised.

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.

Outcomes for patients who use services were consistently very good. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 97.7% of the points available. This was above the local average of 96.7% and the national average 93.5%. An analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR) was used, which enabled the practice to look at trends and compare performance with other practices. The latest report showed the practice was one of only two across the whole clinical commissioning group (CCG) area to achieve all of the 'higher level indicators' (for example, in relation to hospital admission rates and accident and emergency attendances).

Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff were proactive in carrying out clinical audits to help improve patient outcomes. A significant number of audits had been carried out in the past year (14) and one of the GP partners had a dedicated weekly clinical session set aside specifically for audit work. All of the clinical audits we looked at were

Outstanding



Summary of findings

relevant, well designed, detailed and showed learning points and evidence of changes to practice. We saw these were clearly linked to areas where staff had reviewed the practice's performance and judged that improvements could be made.

Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. All staff had received an appraisal within the last 12 months. 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.

Are services caring?

The practice is rated as good for providing caring services.

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 available. We saw that staff treated patients with kindness and respect, and maintained confidentiality. There was a 'patient station' screened off from the main waiting room, this allowed patients to complete forms and collect specimen packs in a private area. Staff had designed forms for patients to complete to give to the receptionist if they did not wish to discuss their condition or requirement.

The National GP Patient Survey published in July 2015 showed the practice was above average for its satisfaction scores on consultations with doctors but the scores for nurses were mixed. Results showed that 97% of respondents had confidence and trust in their GP, compared to 92% nationally. Over 95% of respondents said the last GP they saw was good treating them with care and concern, compared to the national average of 87%. However, 68% said the nurse was good at treating them with care and concern compared to the national average of 77%. Although, 87% said they had confidence and trust in the last nurse they saw, which was above the national average of 85%.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs.

The most recent National GP Patient Survey results (July 2015) showed 67% (compared to 73% nationally and locally) of respondents were able to get an appointment or speak to someone

Good



Summary of findings

when necessary. However, 91% of respondents said their appointment was at a convenient time (compared to the national and local average of 92%). The practice also scored well on the ease of getting through on the telephone to make an appointment.

The practice was proactive in encouraging patients to use the online system to book appointments. A strategy had been developed, in conjunction with staff, which set out how they would achieve this. There were notices on display in the waiting room, a visual display in the main corridor and patients were informed of the service opportunistically during appointments. This had resulted in over 25% of patients registering for on-line access. The number of on-line bookings over the past 18 months had increased significantly from around 10 per month to over 90 per month.

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. 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 PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the 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.

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 good 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.

The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people. A review of the uptake of the pneumonia vaccine showed that numbers had decreased over the past few years. A proactive campaign to contact patients was undertaken. This resulted in an increase from around 50 patients receiving the vaccine in 2013 to over 600 in 2014

Good



People with long term conditions

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

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.

Nationally reported QOF data (2014/15) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice had obtained all of the points available to them for providing recommended care and treatment for patients with asthma. This was 2.4 percentage points above the local CCG average and 2.6 points above the national average.

Good



Families, children and young people

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

Good



Summary of findings

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 national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.1% to 100% and five year olds from 89.5% to 96%. The practice's uptake for the cervical screening programme was 91.0%, which was well above the CCG average of 83.1% 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 on Monday evenings between 6.30pm and 7.30pm and from 7.30am on Tuesday, Wednesday and Thursday mornings for working patients who could not attend during normal opening hours.

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 45s and travel vaccinations. The practice was the highest performer in the area in relation to the number of health checks carried out.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks. The practice offered longer appointments for people with a learning disability, if required.

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).

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.

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. This was 4.8 percentage points above the local CCG average and 7.2 points above the England average. Performance for dementia related indicators was also above local and national averages (100% compared to 96.8% locally and 94.5% nationally).

Good



Summary of findings

What people who use the service say

We spoke with 22 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.

We reviewed 31 CQC comment cards which had been completed by patients prior to our inspection.

Patients were generally complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system, although some felt they waited too long for the telephone to be answered, which was in contrast to the results from the National GP Patient Survey.

The National GP Patient Survey results published in July 2015 showed the practice was generally performing in line with local and national averages, although some scores were below average. There were 111 responses (from 274 sent out); a response rate of 41%, which represented one per cent of the practice patient list.

- 93% said their overall experience was good or very good, compared with a CCG average of 89% and a national average of 85%.
- 82% found it easy to get through to this surgery by phone compared with a CCG average of 79% and a national average of 71%.
- 84% found the receptionists at this surgery helpful compared with a CCG of 89% and a national average of 87%.
- 67% 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 73%.
- 91% said the last appointment they got was very convenient compared with a CCG and national average of 92%.
- 75% described their experience of making an appointment as good compared with a CCG average of 78% and a national average of 74%.
- 64% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 72% and a national average of 65%.
- 59% felt they don't normally have to wait too long to be seen compared with a CCG average of 65% and a national average of 58%.

Outstanding practice

An analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR) was used, which enabled the practice to look at trends and compare performance with other practices. The latest report showed the practice was one of only two across the whole clinical commissioning group (CCG) area to achieve all of the 'higher level indicators' (for example, in relation to hospital admission rates and accident and emergency attendances).

Staff were proactive in carrying out clinical audits to help improve patient outcomes. A significant number of audits had been carried out in the past year (14) and one of the GP partners had a dedicated weekly clinical session set aside specifically for audit work. All of the clinical audits we looked at were relevant, well designed, detailed and

showed learning points and evidence of changes to practice. We saw these were clearly linked to areas where staff had reviewed the practice's performance and judged that improvements could be made.

A review of the uptake of the pneumonia vaccine showed that numbers had decreased over the past few years. A proactive campaign to contact patients was undertaken. This resulted in an increase from around 50 patients receiving the vaccine in 2013 to over 600 in 2014.

The practice had written to high risk patients to encourage them to attend for health checks. Data showed the practice was the best performer across the CCG in relation to health checks, with over 20% of eligible patients receiving a check, compared to an average of around 9%.

Summary of findings

Patient privacy was given a high priority within the practice. There was a 'patient station' screened off from the main waiting room, this allowed patients to complete

forms and collect specimen packs in a private area. Staff had designed forms for patients to complete to give to the receptionist if they did not wish to discuss their condition or requirement.

Forest Hall Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Forest Hall Medical Group

Forest Hall Medical Group is registered with the Care Quality Commission to provide primary care services. It is located to the east of Newcastle upon Tyne.

The practice provides services to around 11,000 patients from one location: Station Road, Forest Hall, Newcastle upon Tyne, NE12 9BQ. We visited this address as part of the inspection. The practice has three GP partners (two male and one female), four salaried GPs (two female and two male), a nurse practitioner (female), one practice nurse (female), two healthcare assistants, a practice manager, and 11 staff who carry out reception and administrative duties.

The practice is part of North Tyneside clinical commissioning group (CCG). The practice population is made up of a slightly higher than average proportion of patients over the age 65 (19.7% compared to the national average of 16.7%). Information taken from Public Health England placed the area in which the practice was located in the fourth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a purpose built single storey building. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8.00am and 7.30pm on Mondays; between 7.30am and 6.30pm on Tuesdays; between 7.30am and 6.30pm on Wednesdays and Thursdays and between 8.00am and 6.30pm on Fridays. Patients can book appointments in person, on-line or by telephone. Appointments were available with a GP from 8.30am to 12pm; then from 3pm to 5.20pm Tuesday to Thursday and until 7.30pm on Mondays.

The practice provides services to patients of all ages based on a General Medical Services (GMS) 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 (NDUC).

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.

Detailed findings

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 1 December 2015. We spoke with 22 patients and 11 members of staff from the practice. We spoke with and interviewed three GPs, a nurse practitioner, a practice nurse, the practice manager, a healthcare assistant and four staff carrying out reception, administrative and dispensing 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 31 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. Administrative staff maintained an incident log to record any non-clinical incidents.
- Where relevant, incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS). Data showed the practice was one of the highest reporting organisations in the area.
- 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. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient's ECG (electrocardiogram) test was mislaid. The issue was reviewed and this resulted in the development of a new protocol, further training for staff and the purchase of a replacement ECG monitor.

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 national drug alerts were disseminated by the pharmacist to the GPs. This enabled the clinical staff to decide what action should be taken to ensure continuing patient safety, and mitigate risks. However, there were no systems in place to monitor whether any action had been taken.

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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role, for example, the GPs had all been trained to level 3 in children's safeguarding.
- Notices displayed in the waiting room and in the consultation rooms 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 check (DBS). (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. The practice manager 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 any improvements identified as a result.
- Most of 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 safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, one of the 10 PGDs we reviewed had not been authorised by a GP. Staff told us this had been an oversight as it was an amendment to a previous PGD and they would ensure it was authorised.

Are services safe?

- Recruitment checks were carried out and the three 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 checks through the Disclosure and Barring Service.

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 reception office. 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.
- 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 and there were emergency medicines available in the reception area and in two consultation rooms.
- 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 secure areas 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

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

The latest publicly available data from 2014/15 showed the practice had achieved 97.7% of the total number of points available; this was 4.2% above the England average.

The data showed:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally). For example, the percentage of patients on the asthma register, who had an asthma review in the preceding 12 months was 93.3%, compared to a national average of 75.3%.
- Performance for diabetes related indicators was better than the national average (94.2% compared to 89.2% nationally). For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90.7%, compared to a national average of 88.3%.

- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally). For example, 92.6% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.3%.
- Performance for two indicators (peripheral arterial disease and stroke) appeared to be below the national average. Managers felt this was incorrect and showed us actual results which demonstrated the practice had achieved 100% of the points available.

The QOF data showed the practice had performed exceptionally well in obtaining 100% of the total points available to them for delivering care and treatment aimed at improving public health. This was 4.3% above the national average. The data showed the practice had obtained 100% of the points in relation to cardiovascular disease (primary prevention), compared to the national average of 87.9%.

The practice's clinical exception reporting rate was 11.4% for 2014/15. This was 2.2% above the England average (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 exception rate was above average because of the number of patients who had not attended for their reviews, despite several attempts by the practice to engage with them.

Staff were proactive in carrying out clinical audits to help improve patient outcomes. A significant number of audits had been carried out in the past year (14) and one of the GP partners had a dedicated weekly clinical session set aside specifically for audit work. All the clinical audits we looked at were relevant, well designed, detailed and showed learning points and evidence of changes to practice. We saw these were clearly linked to areas where staff had reviewed the practice's performance and judged that improvements could be made. The results and any necessary actions were discussed at the clinical team meetings.

For example, an audit of the quality of learning disability health checks had been carried out. An initial audit was carried out which showed six patients did not have a



Are services effective?

(for example, treatment is effective)

documented care plan in place following their health check. Action was taken and patients were contacted. A further audit cycle was carried out and this showed an improvement, in that care plans were in place for all patients who had received a health check.

The practice actively participated in many local audits and benchmarking processes. Findings were used by the practice to improve services. For example, data showed that a higher proportion of practice patients were admitted to hospital with chronic obstructive pulmonary disease (COPD) related illnesses. Action was taken to ensure that all patients with a COPD diagnosis were identified. The number of patients on the COPD register increased from 247 in May 2014 to 285 in February 2015, an increase of 15%. This meant the practice was aware of who the patients were and could treat and managed their conditions more effectively. Data showed that the number of hospital admissions had decreased by 50%.

The practice used an analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR) to look at trends and compare performance with other practices. The latest report showed the practice was one of only two across the whole clinical commissioning group (CCG) area to achieve all of the outcomes measured by 'higher level indicators' (for example, in relation to hospital admission rates and accident and emergency attendances).

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 arranged for role-specific training and updates for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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. 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.
- One of the GPs had been an accredited GP trainer for a number of years, at the time of the inspection there was a GP registrar (trainee GP) and third year medical students working at the practice.

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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis, although these were not always formally minuted, 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.
- 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, where appropriate, recorded the outcome of the assessment.



Are services effective?

(for example, treatment is effective)

Health promotion and prevention

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 cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice had a comprehensive screening programme. The QOF data showed the practice performed exceptionally well; the uptake for the cervical screening programme was 91.0%, which was well above the CCG average of 83.1% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. The practice had also performed exceptionally well by obtaining 100% of the overall points available to them for providing contraceptive services to women. This was 2.5% above the local CCG average and 3.9% above the England average.

Childhood immunisation rates for the vaccinations given were comparable with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.1% to 100% and five year olds from 89.5% to 96%.

Flu vaccination rates for the over 65s were 72.92%, and at risk groups 48.07%. These were also comparable with CCG and national averages. A review of the uptake of the pneumonia vaccine showed that numbers had decreased over the past few years. A proactive campaign to contact patients was undertaken. This resulted in an increase from around 50 patients receiving the vaccine in 2013 to over 600 in 2014.

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. The practice had written to high risk patients to encourage them to attend for health checks. Data showed the practice was the best performer across the CCG in relation to health checks, with over 20% of eligible patients receiving a check, compared to an average of around 9%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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.
- There was a 'patient station' screened off from the main waiting room, this allowed patients to complete forms and collect specimen packs in a private area.
- Staff had designed forms for patients to complete to give to the receptionist if they did not wish to discuss their condition or requirement.

All of the 31 patient CQC comment cards we received were positive about the service experienced. The comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We spoke with 22 patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 87%.

- 84% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.
- 87% said they had confidence and trust in the last nurse they saw compared to the CCG average of 88% and the national average of 85%.
- 68% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 77%.

Managers were aware of these results and had carried out a review. During the time the data was collected for the National GP Patient Survey the practice had experienced low nurse staffing levels. Notices were on display in the reception area informing patients of this. The practice nurse worked additional hours and worked flexibly to accommodate more patients. A nurse practitioner had also been recruited and they took up their post on the day of the inspection. Managers felt these actions would lead to improved patient satisfaction in the next Survey.

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 national GP patient survey we reviewed showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, some results were below local and national averages. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and the national average of 87%.
- 91% said the GP gave them enough time compared to the CCG average of 89% and the national average of 85%.
- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 82%.

Are services caring?

- 66% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 74%.
- 71% said the last nurse they spoke to was good listening to them compared to the CCG average of 81% and the national average of 78%.
- 74% said the nurse gave them enough time compared to the CCG average of 84% and the national average of 79%.

Managers were aware of these results and had carried out a review. During the time the data was collected for the National GP Patient Survey the practice had experienced low nurse staffing levels.

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 cancer and diabetes.

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 further support where necessary. Written information was available for carers to ensure they understood the various avenues of support available to them.

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 provide ensure flexibility, choice and continuity of care. For example;

- The practice was open until 7.30pm every Monday and three early mornings each week 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 or people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The site had level access, with facilities provided on the ground floor. Two specially adapted chairs had been purchased recently for patients who had reduced mobility and were unable to use the standard seats in the waiting room.
- Appointments with GPs could be booked online, in person, on the telephone.

The practice was proactive in encouraging patients to use the online system to book appointments. A strategy had been developed, in conjunction with staff, which set out how they would achieve this. There were notices on display in the waiting room, a visual display in the main corridor and patients were informed of the service opportunistically during appointments. This had resulted in over 25% of patients registering for on-line access. The number of on-line bookings over the past 18 months had increased significantly from around 10 per month to over 90 per month.

Access to the service

The practice was open between 8am and 7.30pm on Mondays; between 7.30am and 6.30pm on Tuesdays; between 7.30am and 6.30pm on Wednesdays and Thursdays and between 8am and 6.30pm on Fridays. Appointments were available with a GP from 8.30am to

12pm; then from 3pm to 5.20pm each weekday, except Mondays when appointments were available until 7.30pm. Appointments with nurses were available at the following times:

- Monday – 8am to 12.25pm; then from 2pm to 4.45pm
- Tuesday – 7.30am to 12pm; then from 2pm to 5pm
- Wednesday – 7.30am to 12.25pm; then from 2pm to 4.45pm
- Thursday – 7.30am to 12pm; then from 2pm to 5pm
- Friday – 7.30am to 12pm; then from 2pm to 5pm

Extended hours surgeries were offered on Monday evenings between 6.30pm and 7.30pm with a GP and on Tuesday, Wednesday and Thursday mornings with a nurse or healthcare assistant. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent on the day appointments were also available for people that needed them.

Following discussions with patients and the practice's patient participation group (PPG), managers had carried out a review of access and had adjusted the clinicians' rotas to improve access. This included making more appointments available after school hours and increasing the number of appointments available for blood tests during the extended opening hours on Monday evenings. These actions resulted in increased scores in the National GP Patient Survey in relation to the convenience of their appointment from 82% being satisfied in January 2015 to 91% in July 2015.

Other results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was comparable with local and national averages and most of the people we spoke with on the day were able to get appointments when they needed them. For example:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 75%.
- 82% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and the national average of 71%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 74%.

Are services responsive to people's needs?

(for example, to feedback?)

- 64% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 72% and the national average of 65%.

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 in place 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 patient 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.

The practice manager maintained a comprehensive complaints log which detailed the complaint and any action taken or learning implemented. We looked at three complaints received in the last 12 months and found 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, a patient had complained that the information on the urine specimen packs was difficult to read. Action was taken to address the concern; the form was redesigned to make it easier to read; which was helpful for patients and meant reduced time and effort for staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had set out a number of aims and objectives, which included 'the provision of excellent patient care, delivered in a clean, suitably equipped and safe environment'.
- Staff knew and understood the values of the practice.
- The practice had a strategy for future development which reflected the vision and values and this was regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were regularly updated to reflect current arrangements.
- Managers had a comprehensive understanding of the performance of the practice.
- A comprehensive programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GP partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Managers were visible in the practice and staff told us that they were approachable and always took the time to listen. The practice encouraged a culture of openness and honesty. Several of the GP partners also had lead roles across North Tyneside. For example, one of the GPs was a member of the clinical commissioning group (CCG)'s quality and safety committee and another represented the practice on the local Council of Practices.

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 unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology
- records of verbal interactions as well as written correspondence were maintained.

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. We also noted that team away days were held twice each year.
- 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.

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. They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. 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. For example, the PPG members had commented that the practice website contained out of date information; the website had subsequently been redesigned and updated, to include more information for patients.

The practice had also gathered feedback from staff through staff away days and generally 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. For example, staff within the administration team had identified that there were often queues of patients at the reception desk. A separate area, known as the 'patient station', was provided for patients to collect sample packs and complete repeat

Are services well-led?

Good 

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

prescription forms. This helped reduce queues and promoted privacy for patients. Staff told us they felt involved and engaged to improve how the practice was run.

Managers received 360 degree feedback as part of the appraisal process. 360 degree feedback is a system or process in which employees receive confidential, anonymous feedback from the people who work around them. Staff told us this was a good way to improve their performance and welcomed this approach as promoting an open and honest culture in which learning took place.

A yearly action plan was developed following feedback from patients, patient surveys, staff discussions and consideration of national contractual arrangements. This included actions to address areas such as increasing online appointment booking, provision of sensitive information to patients and confidentiality at the reception desk.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice secretary had arranged for regular meetings with other local practice secretaries, to network and share learning. This had helped staff within the practice become more confident in using a new electronic referral system.

Staff were proactive in carrying out clinical audits to help improve patient outcomes. A significant number of audits had been carried out in the past year (14) and one of the GP partners had a dedicated weekly clinical session set aside specifically for audit work.