Corbridge Medical Group

Quality Report

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Date of inspection visit: 9 February 2016
Date of publication: 24/03/2016

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?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

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 Corbridge Medical Group on 9 February 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. 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.
- 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.
- Feedback from patients was very positive and the practice achieved high scores in the National GP Patient Survey.
- Staff were committed to working collaboratively with other services. The involvement of other organisations was integral to how services were planned and delivered.
- 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 6pm and 7.30pm every Monday evening.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, an information leaflet for patients 'what to expect at an outpatients appointment' was developed in conjunction with the PPG.
- The practice had comprehensive policies and procedures governing their activities and there were very good systems in place to monitor and improve quality.

Summary of findings

- 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.
- There was strong collaboration and support across all staff groups. Staff throughout the practice worked well together as a team.

We saw several areas of outstanding practice including:

- 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 (15). There was an audit programme in place. An 'audit club' meeting was held every three months and was attended by members of the whole multi-disciplinary team (MDT). All the clinical audits we looked at were relevant, well designed, detailed and showed learning points and evidence of changes to practice.
- Staff were proactively supported to acquire new skills and share best practice. A monthly 'journal club' meeting was held to discuss new guidelines. This was attended by the GPs, practice nurses and medicines manager. One of the GP partners had set up a local GP club; this was a monthly education event attended by many GPs from other practices in the area.
- 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. The practice was the preferred practice for a number of students at a local college for young people with learning disabilities, autism spectrum conditions and complex needs (25 patients). Services were tailored to meet those patients' individual needs. GPs spent a large proportion of their time carrying out home visits (between 15 and 20 each day), due to the high number of elderly and very elderly patients in the area.
- The local village was a designated dementia friendly village. The practice was part of this and signposted patients to the various support groups, including a café designed for patients with dementia. All staff within the practice had been trained as 'dementia friends'.

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

The provider should:

- Provide staff with guidance on the action to take if refrigerator temperatures are higher than the levels recommended by Public Health England.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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 arrangements were in place and the practice was clean and hygienic. 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. The practice had arrangements in place to manage medicines. However, the key for the controlled drugs cupboard was not stored securely and there were some concerns in relation to one of the refrigerators used to store medicines.

Are services effective?

Good

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Data showed patient outcomes were in line with national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness. The latest publicly available data from 2014/15 showed the practice had achieved 95% of the total number of points available, which was above the national average (93.5%).

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 (15). There was an audit programme in place. An 'audit club' meeting was held every three months and was attended by members of the whole multi-disciplinary team (MDT). All the clinical audits we looked at were relevant, well designed, detailed and showed learning points and evidence of changes to practice.

Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued. The practice had achieved the Royal College of GPs (RCGP) Practice Accreditation Award. This measured the quality of care provided to patients across 72 quality standards.

Arrangements had been made to support clinicians with their continuing professional development. Staff were proactively

Summary of findings

supported to acquire new skills and share best practice. A monthly 'journal club' meeting was held to discuss new guidelines. This was attended by the GPs, practice nurses and medicines manager. One of the GP partners had set up a local GP club; this was a monthly education event attended by many GPs from other practices in the area.

There were effective systems in place to support multi-disciplinary working with other health and social care professionals in the local area.

Are services caring?

Good

The practice is rated as good for providing caring services.

Feedback from patients was continually positive. Patients we spoke with and those who completed CQC comment cards were very complimentary about the practice.

Patients were active partners in their care. There was a well-defined culture within the practice to put patients first. Staff recognised and respected the totality of patients' needs and they always took people's personal preferences into account.

The National GP Patient Survey published in July 2015 showed that patients rated the practice much higher than others for almost all aspects of care. Results showed that 100% of respondents had confidence and trust in their GP, compared to 95% nationally and 96% locally. Over 95% of respondents said the last GP they saw was good treating them with care and concern, compared to the national average of 85% and the local average of 88%. The scores for nurses were also above average. For example, 94% of respondents felt nurses were good at treating them with care and concern, compared to the national average of 90% and the local average of 93%.

The practice had strong links with a local carers' support group. The group had provided some training sessions for staff at the practice. Since that time the practice had increased the number of carers on the register from 60 to 106; this represented 1.5% of the practice register.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

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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 was the preferred practice for a number of students at a local college for young people with learning disabilities, autism spectrum conditions and complex needs (25 patients). Services were tailored to meet those patients' individual needs.

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. A member of the administration team carried out daily reviews of appointments and waiting times and ensured staffing levels were sufficient. Patient access was a standing agenda item at each business meeting. Several patients we spoke with commented how useful they found the practice's triage system.

The practice scored very highly in relation to access in the National GP Patient Survey. The most recent results (July 2015) showed:

- 82% of patients were satisfied with the practice's opening hours, compared to the CCG average of 77% and the national average of 75%.
- 97% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 77% and the national average of 73%.
- 89% of patients described their experience of making an appointment as good, compared to the CCG average of 76% and the national average of 73%.
- 95% of patients said their appointment was at a convenient time, compared to the CCG average of 93% and the national average of 92%.

Are services well-led?

Outstanding ☆

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

The practice had a clear vision with quality and safety as its top priority. There was a robust supporting business plan in place, which reflected the vision and values. This was regularly reviewed and discussed with staff.

The leadership and culture of the practice was used to drive and improve the delivery of high quality care. Several of the GP partners had lead roles across Northumberland. For example, one of the GPs was a lead on the CCG's Vanguard project (Vanguards have been set up by NHS England to help pioneer new models of care in the NHS). Another of the GPs set up a local networking club for GPs and had a key role in developing the local federation of GP practices.

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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. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

Innovative approaches were used to gather feedback from patients. Feedback was valued and patients were involved in the delivery of the service. Patients were invited to let the practice know about their experiences, both in relation to the practice and other NHS services, via a 'Tell us your story' form. Blank forms were available in the waiting room so patients could make a note of their experiences, what went well and what could have gone better. These stories were then discussed within the practice and shared with the PPG.

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. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued. The practice had achieved the Royal College of GPs (RCGP) Practice Accreditation Award. This measured the quality of care provided to patients across 72 quality standards. The practice was part of a Clinical Research Network (CLRN) and was a designated research practice.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

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.

GPs spent a large proportion of their time carrying out home visits (between 15 and 20 each day), due to the high number of elderly and very elderly patients in the area. Several patients lived in local residential or nursing homes; there was a named GP for each home. They carried out regular visits and had regular phone contact with staff.

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

People with long term conditions

Good

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

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 effectively 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 some of the conditions commonly associated with this population group. For example, the practice had obtained 95.3% of the points available to them for providing recommended care and treatment for patients with diabetes, (compared to the CCG average of 95% and the national average of 89.2%.

Families, children and young people

Good

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up

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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. Childhood immunisation rates for the vaccinations given were slightly below CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 100% (CCG rates ranged from 97.6% to 98.1%) and five year olds from 89.1% to 96.4% (CCG rates ranged from 94.9% to 98.5%). The practice's uptake for the cervical screening programme was 87.3%, which was above the CCG average of 83.5% 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)

Good

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered on Monday evenings between 6pm and 7.30pm and from 7.30am one Thursday each month 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 40s and travel vaccinations.

People whose circumstances may make them vulnerable

Outstanding

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

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. 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.

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The practice was the preferred practice for a number of students at a local college for young people with learning disabilities, autism spectrum conditions and complex needs (25 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. For example, one of the practice nurses visited the college at the start of each academic year, to meet the students, tell them about the practice and the services offered. The nurse also visited the college to carry out health checks for those students who preferred not to attend the practice.

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. The number of carers on the register was 106; this represented 1.5% of the practice register.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice is rated as outstanding 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. The local village was a designated dementia friendly village. The practice was part of this and signposted patients to the various support groups, including a café designed for patients with dementia. All staff within the practice had been trained as 'dementia friends'.

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's performance in relation to patients experiencing poor mental health was below average. For example, the practice had obtained 80.8% of the QOF points available to them for providing recommended care and treatment for patients with poor mental health, compared to

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the national average of 92.8% and the local clinical commissioning group (CCG) average of 96.5%. Managers were aware of this and had taken action to improve. We looked at the figures for the current year, these showed performance had improved.

Summary of findings

What people who use the service say

We spoke with 10 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 41 CQC comment cards which had been completed by patients prior to our inspection.

Patients were generally very 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. Most patients were satisfied with the appointments system; several commented how useful they found the triage system.

The National GP Patient Survey results published in July 2015 showed the practice was performing above local and national averages. There were 137 responses (from 252 sent out); a response rate of 54%. This represented 1.9% of the practice's patient list.

- 98% said their overall experience was good or very good, compared with a CCG average of 87% and a national average of 85%.
- 97% found it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 73%.
- 93% found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and national average of 85%.
- 95% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 89% described their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.

However, some respondents felt they had to wait too long to be called in for their appointment.

- 33% usually waited more than 15 minutes after their appointment time to be seen compared with a CCG average of 18% and a national average of 27%.
- 38% felt they normally have to wait too long to be seen compared with a CCG average of 24% and a national average of 35%.

Areas for improvement

Action the service SHOULD take to improve

Provide staff with guidance on the action to take if refrigerator temperatures are higher than the levels recommended by Public Health England.

Outstanding practice

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 (15). There was an audit programme in place. An 'audit club' meeting was held every three months and was attended by members of the whole multi-disciplinary team (MDT). All the clinical audits we looked at were relevant, well designed, detailed and showed learning points and evidence of changes to practice.

Staff were proactively supported to acquire new skills and share best practice. A monthly 'journal club' meeting was held to discuss new guidelines. This was attended by the GPs, practice nurses and medicines manager. One of the GP partners had set up a local GP club; this was a monthly education event attended by many GPs from other practices in the area.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in

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a way that met their needs and promoted equality. The practice was the preferred practice for a number of students at a local college for young people with learning disabilities, autism spectrum conditions and complex needs (around 20 patients). Services were tailored to meet those patients' individual needs. GPs spent a large proportion of their time carrying out home visits (between 15 and 20 each day), due to the high number of elderly and very elderly patients in the area.

The local village was a designated dementia friendly village. The practice was part of this and signposted patients to the various support groups, including a café designed for patients with dementia. All staff within the practice had been trained as 'dementia friends'.

Corbridge 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 practice nurse specialist advisor and a CQC pharmacy inspector.

Background to Corbridge Medical Group

Corbridge Medical Group is registered with the Care Quality Commission to provide primary care services. It is located in the town of Corbridge in Northumberland.

The practice provides services to around 6,900 patients from one location: Corbridge Health Centre, Newcastle Road, Corbridge, Northumberland, NE45 5LG. We visited this address as part of the inspection. The practice has five GP partners (two female and three male), one salaried GP (female), three practice nurses (all female), a healthcare assistant, a practice manager, and 16 staff who carry out reception, administrative and dispensing duties.

The practice is a training practice and three 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 part of Northumberland clinical commissioning group (CCG). The practice population is made up of a significantly higher than average proportion of patients over the age 65 (26.8% compared to the national average of 16.7%). Information taken from Public Health England placed the area in which the practice is located in the ninth 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 two storey building. All patient facilities are on the first floor, accessible by a lift or ramp. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8am and 8pm every Monday; between 8am and 6pm Thursday to Friday. In addition, the practice opens at 7am on one Thursday each month. Patients can book appointments in person, on-line or by telephone. Appointments were available at the following times:

- Monday – 8.30am to 11.10am; then from 3.20pm to 7.30pm
- Tuesday – 8.30am to 11.10am; then from 3.20pm to 5.30pm
- Wednesday – 8.30am to 11.10am; then from 3pm to 5.30pm
- Thursday – 8.30am to 11.10am; then from 3.20pm to 5.30pm
- Friday – 8.30am to 11.10am; then from 3pm to 5.30pm

A duty doctor is available each afternoon until 6.30pm.

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 Limited (NDUC).

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

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

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

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

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

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 9 February 2016. We spoke with 10 patients and 13 members of staff from the practice. We spoke with and interviewed four GPs, a practice nurse, the practice manager, the healthcare assistant and six 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 41 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.

Good

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.

Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident the arrangements to dispose of returned medicines were improved. New protocols were put into place; these were discussed at a staff meeting and guidance was circulated to all staff.

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. Alerts were disseminated by the practice manager to the clinical staff. The clinical staff then decided what action should be taken to ensure continuing patient safety, and mitigate risks.

Overview of safety systems and processes

The practice had defined 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 staff would act as chaperones, 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 who 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.
- 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 DBS checks.

Medicines management

- 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).
- Many patients lived in rural areas; there was therefore a dispensary within the practice. Patients were able to obtain their medicines either straight after their consultation, or within a day if stocks were not held on site. Staff had access to written procedures to support the safe dispensing of medicines and these were up to date.

Good

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. The key to the controlled drugs cupboard was kept in a locked room, but in a drawer which was not locked. Immediate action was taken to rectify this.
- Regular medication audits were carried out 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. (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).
- Some medicines (vaccines) needed to be stored in a refrigerator. Staff confirmed that the procedure was to check the refrigerator temperature every day to ensure the vaccines were stored at the correct temperature. We saw records of the temperature recordings, showing the minimum and maximum temperatures but not the actual temperature at the time of the check. The records showed that on three days in August 2015 the correct temperatures for storage were not maintained in one of the refrigerators (8.6 degrees centigrade compared to the recommended maximum of 8 degrees centigrade). It was not clear what action had been taken on those days. Managers said they would ensure staff were aware of the procedures to follow in those instances.

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 staff 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).
- The practice had very effective arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a designated person responsible for planning staffing levels. There was a comprehensive rota system in place for all the different staffing groups to ensure that enough staff were on duty. Contingency plans were in place so that cover for any unplanned staff absence could be quickly arranged.

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 treatment room.
- The practice had a defibrillator available on the premises, this was equipped with adult but not children's pads. The practice manager told us these would be ordered straight away. There was oxygen with both 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, building damage and reduced staffing levels. The plan included detailed steps about the action to take in relation to each type of event.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to ensure all clinical staff were kept up to date. The 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 latest publicly available data from 2014/15 showed the practice had achieved 95% of the total number of points available, which was above the national average (93.5%).

At 9.6%, the clinical exception reporting rate was slightly above 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, where a medication cannot be prescribed due to a contraindication or side-effect or where patients refuse to be monitored).

We discussed the QOF results and carried out a review of the data. The data showed the practice's performance across the QOF clinical indicators was in line with national averages. For example:

- Performance for diabetes related indicators was better than the national average (95.3% compared to 89.2% nationally).
- Performance for heart failure related indicators was better than the national average (100% compared to 97.9% nationally).
- Performance for asthma related indicators was below the national average (86.7% compared to 97.4% nationally). For example, 63.5% of patients with asthma had an asthma review in the preceding 12 months that included an assessment of asthma control. This compared to a national average of 75.3%. Since then an audit had been carried out and figures for the current financial year showed improved performance. During the first 12 months of 2015/16 74% of reviews had already been carried out.
- Performance for mental health related indicators was below the national average (80.8% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 77.5%, compared to the national average of 88.3%. Managers were aware of this and had taken action to improve. We looked at the figures for the current financial year, these showed performance had improved.

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 (15). There was an audit programme in place. An 'audit club' meeting was held every three months and was attended by members of the whole multi-disciplinary team (MDT). 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. The results and any necessary actions were discussed at the clinical team meetings. For example, an audit on the use of inhalers by children diagnosed with asthma was carried out. An initial audit showed that three patients had been issued with more inhalers than expected. Action was taken and the three patients were reviewed. A further audit showed that in each of the three cases, usage of inhalers had decreased

Good

Are services effective?

(for example, treatment is effective)

or was deemed to be appropriate. The practice had plans in place to repeat this audit every six months to ensure they continued to be aware of any patients who may not have been controlling their asthma well.

Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued. The practice had achieved the Royal College of GPs (RCGP) Practice Accreditation Award. This measured the quality of care provided to patients across 72 quality standards.

The practice was a member of a local federation of GP practices (Hadrian Primary Care Alliance). The practice undertook a project, Knowledge Transfer Partnership (KTP) with a local university on behalf of the federation. The KTP was a two year project which involved the analysis and benchmarking of many data sets in relation to access and appointments within the practice.

One area identified for further investigation was patients who attended the practice most frequently. Managers wanted to understand the reasons behind this. The KTP allowed the practice to see who the patients were; they were then invited to complete a health questionnaire then attend the practice for a 'one stop shop' hour long appointment with a GP and a nurse. These appointments allowed staff to assess the patients' needs and provide appropriate support. A further analysis showed the rate of attendances had fallen dramatically following the 'one stop shop' consultation, in some cases by more than 50%.

The practice used the information to develop searches for the computer system, so that other practices would be able to identify relevant patients in their own list. The success of the project meant it was rolled out to the other practices in the locality. One of the GP partners had spoken at the national Academic Health Services Network conference and had recently been invited to speak at the local RCGP conference. The practice received an official rating of 'very good' from the Technology Strategy Board in relation to the project.

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 e.g. for those reviewing patients with long-term conditions 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.
- GPs and new GP trainees completed Myers-Briggs Type Indicator (MBTI) assessments (these are a psychometric questionnaire designed to measure psychological preferences in how people perceive the world and make decisions); this helped determine their preferred learning styles. The GP trainers demonstrated how this was taken into account when supporting the trainee GPs at the practice, for example, some preferred take time alone to contemplate and consolidate their learning, whereas some preferred to discuss issues with others.
- 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.
- The practice had a long track record as a training practice. Three of the GPs were accredited GP trainers. At the time of the inspection there were three trainee GPs in post. The practice also offered Extended Academic Integrated Training Posts (ITPs). These gave opportunities for trainee GPs to undertake supervised research relevant to general practice. The practice also provided opportunities for medical students; there were year long placements available for 3rd year students and three week attachments available for final year students.
- Staff were proactively supported to acquire new skills and share best practice. A monthly 'journal club' meeting was held to discuss new guidelines. This was attended by the GPs, practice nurses and medicines manager. One of the GP partners had set up a local GP club; this was a monthly education event attended by many GPs from other practices in the area. External

Good

Are services effective?

(for example, treatment is effective)

speakers were invited to deliver training sessions. The club was so well received it was opened up to trainee GPs, locums and GPs who lived but did not necessarily work in the area.

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.

There were well established arrangements for working 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.

Staff, teams and services were committed to working collaboratively. We saw evidence that MDT meetings took place on a weekly basis. These meetings were attended by practice staff, district nurses, a social worker, a midwife and a health visitor. Other healthcare staff were based in the same building, which allowed for effective and regular communication between services. We spoke with some of the community staff and they told us the weekly meetings were invaluable. A review of the MDT meetings showed that over the past year, more than 10% of the practice population was discussed at the meetings. This ensured care was co-ordinated for patients.

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 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 cessation. Patients were then signposted to the relevant service. The practice sub-let some consultation rooms to provide services closer to patients' homes. This included ophthalmology, ENT and audiology outreach services from local acute hospitals.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 87.3%, which was above the CCG average of 83.5% 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 its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were slightly below CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 100% (CCG rates ranged from 97.6% to 98.1%) and five year olds from 89.1% to 96.4% (CCG rates ranged from 94.9% to 98.5%).

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that 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. The vast majority of the 41 patient CQC comment cards we received were very positive about the service experienced. The comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Words used by patients included 'excellent', 'friendly', 'caring' and attentive'. We spoke with 10 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. Staff went 'the extra mile' for patients, for example, GPs carried out some home visits on evenings themselves rather than passing over to the out of hour's service.

Results from the National GP Patient Survey 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 its satisfaction scores on consultations with doctors and above average for nurses. For example:

- 100% said they had confidence and trust in the last GP they saw, compared to the CCG average of 96% and the national average of 95%.
- 95% 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 99% and the national average of 97%.
- 94% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 93% and the national average of 90%.
- 93% patients said they found the receptionists at the practice helpful, compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients were empowered as active partners in their care. The GPs told us about the practice ethos in relation to care and treatment. They were aware that patients often had a great deal of knowledge about their ongoing care needs and should be involved in planning their care. They described how they made decisions with patients and not for them. Regular audits of patients' notes were carried out to ensure clinical staff adopted this approach. Trainee doctors were also taught this as part of their training at the practice.

Patients were valued as individuals. Staff recognised and respected the totality of patients' needs and they always took their personal preferences into account. For example, many patients preferred to use alternative or complementary therapies. The GPs were supportive of patient choice and were able to advise patients on the services available locally.

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 responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally above local and national averages. For example:

- 95% 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%.

Good

Are services caring?

- 96% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 89% and the national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and the national average of 81%.
- 92% said the last nurse they spoke to was good listening to them, compared to the CCG average of 93% and the national average of 91%.
- 94% said the nurse gave them enough time, compared to the CCG average of 95% and the national average of 92%.
- 92% said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 87% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices, in several languages, 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, dementia, mental health services and an exercise group for patients with multiple sclerosis.

Staff knew their patients very well, which allowed for good continuity of care. Whilst all patients had a named GP, all clinical staff regularly discussed those patients with complex needs so they were all aware of their current situation. We observed staff during the inspection and saw positive interactions with patients.

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 strong links with a local carers' support group. The group had provided some training sessions for staff at the practice. Since that time the practice had increased the number of carers on the register from 60 to 106; this represented 1.5% of the practice register.

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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

- The practice was open every Monday evening and one early morning each month 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. GPs spent a large proportion of their time carrying out home visits (between 15 and 20 each day), due to the high number of elderly and very elderly patients in the area.
- Several patients lived in local residential or nursing homes; there was a named GP for each home. They carried out regular visits and had regular phone contact with staff.
- Telephone consultations were available with each of the GPs each day.
- 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 to all facilities.
- Appointments with GPs could be booked online, in person, on the telephone.

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. The practice was the preferred practice for a number of students at a local college for young people with learning disabilities, autism spectrum conditions and complex needs (25 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. For example, one of the practice nurses visited the college at the start of each academic year, to meet the students, tell them about the practice and the services offered. The nurse also visited the college to carry out health checks for those students who preferred not to attend the practice.

This approach had also been adopted in the case of some patients with long term mental health problems, who had been removed from other practices for threatening behaviour. Systems were in place which supported staff to know the patients and how to best meet their needs. For example, some patients preferred to only see male GPs; this was arranged and meant the GPs could get to know the patients and help them to feel comfortable. The relationships developed and some of the patients have since felt able to see a male or female GP.

The local village was a designated dementia friendly village. The practice was part of this and signposted patients to the various support groups, including a café designed for patients with dementia. All staff within the practice had been trained as 'dementia friends'.

Access to the service

Patients could access appointments and services in a way and a time that suited them. Appointments could be booked and repeat prescriptions ordered online by patients who had registered for the service. There was also an Electronic Prescribing Service (EPS) available (the EPS is an NHS service which enables GPs to send prescriptions to the place patients choose to get their medicines from).

The practice was open between 8am and 7.30pm every Monday and between 8am and 6pm Thursday to Friday. Appointments were available at the following times:

- Monday – 8.30am to 11.10am; then from 3.20pm to 7.30pm
- Tuesday – 8.30am to 11.10am; then from 3.20pm to 5.30pm
- Wednesday – 8.30am to 11.10am; then from 3pm to 5.30pm
- Thursday – 8.30am to 11.10am; then from 3.20pm to 5.30pm
- Friday – 8.30am to 11.10am; then from 3pm to 5.30pm

A duty doctor was available each afternoon until 6.30pm.

Extended hours surgeries were offered on Monday evenings until 7.30pm. The practice also opened at 7.30am on one Thursday each month. In addition to pre-bookable appointments that could be booked up to four months in advance, urgent on the 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

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

demand. A member of the administration team carried out daily reviews of appointments and waiting times and ensured staffing levels were sufficient. Patient access was a standing agenda item at each business meeting.

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

- 82% of patients were satisfied with the practice's opening hours, compared to the CCG average of 77% and the national average of 75%.
- 97% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 77% and the national average of 73%.
- 89% of patients described their experience of making an appointment as good, compared to the CCG average of 76% and the national average of 73%.
- 95% of patients said their appointment was at a convenient time, compared to the CCG average of 93% and the national average of 92%.

However, some respondents felt they had to wait too long to be called in for their appointment.

- 33% of patients said they usually waited more than 15 minutes after their appointment time, compared to the CCG average of 18% and the national average of 27%.
- 38% of patients felt they had to wait too long, compared to the CCG average of 24% and the national average of 35%.

Managers were aware of this, the issue had been discussed within the practice and more widely, with members of the patient participation group (PPG). They told us the practice provided holistic care for patients and did not restrict them to 'one problem per appointment'. This meant that patients got the time they needed but the consequence was that surgeries sometimes ran late. Action had been taken to improve patients' experience, including blocking some time out to allow doctors to catch up.

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; these 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.

There was an active review of complaints. Each complaint was investigating by one of the GPs who had not been involved in the incident. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a concern was raised by a patient who said a prescription had been issued by a doctor without having their symptoms assessed. The investigation showed that a telephone consultation had taken place but there had been no face to face consultation. The patient received an apology and additional measures were put into place; clinicians were reminded that they should, where possible, undertake a face to face assessment before prescribing. Following on from the complaint a decision was taken to carry out an audit of prescribing to ascertain whether this was a recurrent problem.

Are services well-led?

Outstanding ☆

(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 very clear vision; 'the focus is on sustained personal care of a high quality that offers continuity, that is safe, in the patient's best interest and delivered in a pleasant professional environment'.

- The strategy to deliver this vision had been produced with stakeholders. The strategy was split into long and short term objectives and was challenging and innovative.
- The practice had a robust supporting business plan which reflected the vision and values and was regularly reviewed and discussed with staff.

Governance arrangements

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

- Governance arrangements were proactively reviewed and reflected best practice.
- 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. A significant number of audits had been carried out in the past year (15). There was an audit programme in place. An 'audit club' meeting was held every three months and was attended by members of the whole multi-disciplinary team (MDT). All of the clinical audits we looked at were relevant, well designed, detailed and showed learning points and evidence of changes to practice.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

Leadership, openness and transparency

The GP partners and managers 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. Leaders 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.

The leadership and culture of the practice was used to drive and improve the delivery of high quality care. Several of the GP partners also had lead roles across Northumberland. For example, one of the GPs was a lead on the CCG's Vanguard project (Vanguards have been set up by NHS England to help pioneer new models of care in the NHS). Another of the GPs set up a local networking club for GPs and had a key role in developing the local federation of GP practices.

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. Some staff told us how they were involved in developing policies and procedures.
- There was a high level of staff satisfaction. Staff spoke highly of the practice. The ethos within the practice was to 'help each other out when necessary'.

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

Innovative approaches were used to gather feedback from patients. Feedback was valued and patients were involved in the delivery of the service. The practice 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. We

Are services well-led?

Outstanding ☆

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

spoke with three members of the PPG and they told us about some improvements made. This included making appointments available to be booked further in advance on the online system.

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 and reviewing capacity in the light of a new nearby housing development. Some patients had reported they had experienced delays in booking appointments for blood tests. Managers had considered this and had begun to train up a member of staff as a phlebotomist to increase the number of appointments available.

Patients were invited to let the practice know about their experiences, both in relation to the practice and other NHS services, via a 'Tell us your story' form. Blank forms were available in the waiting room so patients could make a note of their experiences, what went well and what could have gone better. These stories were then discussed within the practice and shared with the PPG. We saw several examples of where patient care had been improved, for example, following a concern about a patient's hospital appointment, the practice, in conjunction with the PPG, developed an information leaflet for patients 'what to expect at an outpatients appointment'.

The practice had 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.

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.

Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued. The practice had achieved the Royal College of GPs (RCGP) Practice Accreditation Award. This measured the quality of care provided to patients across 72 quality standards.

The practice was part of a Clinical Research Network (CLRN) and was a designated research practice. Four members of staff were trained (NHS recognised training; Good Clinical Practice (GCP)) to carry out research studies. As part of the CLRN the practice participated in a number of research studies and signposted patients to research projects as appropriate. The practiced actively participated in some studies including; a medication review study and a diabetes study.

The practice was a member of a local federation of GP practices (Hadrian Primary Care Alliance). The practice undertook a research project, Knowledge Transfer Partnership (KTP) with a local university on behalf of the federation. The KTP was a two year project which involved the analysis and benchmarking of many data sets in relation to access and appointments within the practice. The success of the project meant it was rolled out to the other practices in the locality. One of the GP partners had spoken at the national Academic Health Services Network conference and had recently been invited to speak at the local RCGP conference. The practice received an official rating of 'very good' from the university in relation to the project.