

# Wellway Medical Group

## Quality Report

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Date of inspection visit: 25 February 2016

Date of publication: 03/05/2016

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?	Outstanding	☆
Are services effective?	Outstanding	☆
Are services caring?	Outstanding	☆
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 Wellway Medical Group on 25 February 2016. Overall the practice is rated as outstanding.

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

- 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.
- The practice used innovative and proactive methods to improve patient outcomes. Clinical audits had been triggered by new guidance and from learning from significant events.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. The latest publicly available data from 2014/15 showed the practice had achieved 99.7% (England average 94.8%) of the total number of points available to them, with a clinical exception reporting rate of 4.6% (England average 9.2%).
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- 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 a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

# Summary of findings

- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

We saw several of outstanding practice which included:

- The practice had all-encompassing systems and processes in place to ensure that patients received high quality care and treatment. These included learning from significant events, triggering clinical audits and then changes in clinical practise which improved patient care.
- The practice introduced 'LEAN' processes for all their pathways including systems focussed on improving access to their services. Using the LEAN system removed unnecessary tasks to ensure a faster and more efficient process. Patient access was improved following critical feedback from patients in the GP National Patient Survey in 2013 when only 25% of patients said it was easy to get through on the telephone. After introduction of a new LEAN appointment system the January 2016 score had improved to 92%. The CCG gave also feedback that attendances of their patients, at the local access centres, had reduced significantly, noting that in 2013, 1070 patients attended while in 2015, 261 attended which was a reduction of 73% over that two year period.
- The practice had an excellent learning culture. They took quality improvement very seriously. The practice had a very evident culture of improvement across all staff groups, led by the Quality & Performance Team. There was a clear and proactive approach to seeking out and embedding new ways of providing care and treatment. For example, the practice had recently recruited a paediatric advanced nurse practitioner to improve services for children. We saw this had led to higher than average performance across a number of patient outcome indicators and they had been rated as a higher achieving practice within the General Practice Outcome Standards (GPOS).
- The practice took the needs of carers very seriously by appointing a carer's champion whose role was to promote the needs of carers and liaise with the local carer's organisation. We saw they maintained information for carers boards in each of the waiting areas of the surgeries which contained a wealth of information. Information for carers was also posted on their social media pages. This included support available at home, mobility aids and transport support. The practice had information setting out what their goal was as a practice to support carers. The local carer's organisation had provided carer awareness training for staff. They also featured the work the practice were doing for carers on their website. The practice's computer system alerted GPs if a patient was a carer. There were 367 patients on their carer's register which was 2% of the practice population. The practice offered annual health checks for carers in the carers birthday month.
- The practice took the needs of vulnerable patients seriously. A lead nurse role had been nominated vulnerable groups which included patients with learning disabilities, epilepsy and sensory impairment. The practice maintained a register of patients with a learning disability. They were offered a yearly review with the lead nurse. Health action plans with personalised goals had been designed for the patients, including easy read health action plans for patients with a learning disability. The practice nurse had liaised with a local specialised nurse for advice and was seeking feedback from patients regarding the service the patients received. The practice provided GP and practice nurse services to a local hospital forensic mental health unit for patients who had been referred by the courts for assessment or who had been declared as not criminally responsible or unfit to stand trial by the Criminal Justice System.
- The practice had introduced a programme to reduce unplanned admissions to hospital. This 'high risk patient pathway' focussed on frail elderly patients, those on their palliative care and mental health register and some high risk patients who had chronic obstructive pulmonary disease (COPD). A care plan had been introduced for each patient. A multidisciplinary, high risk patient pathway meeting was held monthly. As a result of this the practice's emergency admissions to hospital for the over 65s had reduced from 15.68 per 1,000 patient population to 11.73 from quarter 1 of 2015/16 to quarter 2 of 2015/16.

# Summary of findings

**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 outstanding for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was a genuine open culture in which all safety concerns were highly valued. The practice used every opportunity to learn from internal and external incidents, to support improvement. There were thorough processes for ensuring significant events were identified and followed up. Learning was based on a thorough analysis and investigation. As part of yearly appraisal staff were asked to give a written example of a significant event they were involved in and what change or improvement had happened as a result.

We saw that the significant events drove forward improvement at the practice. For example, the practice changed its home blood pressure monitoring policy and procedure as a result of abnormal readings from a patient where the patient's GP had not been notified of this. The level and quality of incident reporting ensured the practice had an effective and complete picture of safety.

Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. For example, the practice had a medicines management team who were a sub-team within their quality and performance team. They ensured that prescribing at the practice was clinically safe and budget aware by running regular searches on the computer system specific to prescribing at the practice. They provided the GPs with a quarterly update on their use of anti-biotic medicine.

We found the practice had effective quality monitoring systems, which gave them a good understanding of the risks and helped them plan effective mitigating action. For example, the human resources manager compiled a workforce information report for the GP partners every six months; this gave assurances that there were sufficient staff to deliver safe patient care and also gave an update on recruitment information, employment checks and sickness absence.

There was a proactive approach to anticipating and managing risks to people who use services. For example, at all four sites the practice had a standardised set of emergency medicines, which included the way they were laid out in the box (The LEAN system removes all

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unnecessary tasks to ensure a faster and more efficient process). This made it easier for staff should they need to respond at any of the four sites. There were also comprehensive records to show they were checked on a regular basis.

## Are services effective?

The practice is rated as outstanding for providing effective services.

The practice had a structured system in place which was monitored by their quality and performance team to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Clinical audits had been triggered by new guidance and from learning from significant events. The nurse manager had developed a strategy for caring for the different population groups of the practices' patients. For example, there was a nursing strategy for patients with long term conditions. This was broken down into the different types of conditions.

Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. The latest publicly available data from 2014/15 showed the practice had achieved 99.7% of the total number of points available to them, with a clinical exception reporting rate of 4.6%. The QOF score achieved by the practice in 2014/15 was above the England average of 94.8% and the local clinical commissioning group (CCG) average of 97.6%. The clinical exception rate was below the England average of 9.2% and the CCG average of 9.3%.

The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example the quality and performance team ran regular monitoring searches for patients with certain conditions on the practice computer system to ensure that improvements in the quality of patient care could be delivered. The practice had formulated SMART (Specific, Measurable, Achievable, Relevant and Time bound) plans to support patients to improve the self-management of a number of long term conditions, including diabetes, chronic obstructive pulmonary disease (COPD), asthma and epilepsy.

There was continuing development of staff skills, staff received appropriate training for their roles and appraisals and supervisions

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were carried out for staff. The practice had developed their nursing team particularly since the appointment of a nurse manager in 2013. They provided clinical supervision to the practice nurses and healthcare assistants and carried out competency assessments.

## Are services caring?

The practice is rated as outstanding for providing caring services.

Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

The practice had rolled out annual health checks for carers recently. This was in the carers birthday month, a 15 minute review which included a blood test and three carer related questions. The practice's computer system alerted GPs if a patient was a carer. There were 367 patients on their carer's register which was 2% of the practice population.

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## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. They were currently working with the CCG on a scheme to increase the quality of referrals to secondary care.

Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had very good access to appointments for patients. They had received poor feedback in the GP National Patient Survey in 2013, only 25% of patients said it was easy to get through on the telephone. By January 2016 this score had improved to 92%. The practice had implemented a new appointment system. They were shortlisted for the General Practice Award for 'Time to Care' because of this. The CCG gave feedback to the practice after they had introduced the new

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appointment system that the attendances of their patient at the local access centres had reduced significantly. In 2013, 1070 patients attended; in 2015, 261 attended which was a reduction of 73% over a two year period.

The practice had developed services to understand the needs of different groups of patients. For example, their arrangements for the needs of patients with long term conditions lead to more targeted and proactive care for these patients. The practice provided services to other organisations such as the local forensic mental health unit and the Royal National Lifeboat institution (RNLI).

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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

The leadership, governance and culture are used to drive and improve the delivery of high-quality person centred care. The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. They had a strategic planning document for 2016. This clearly set out the arrangements for monitoring, and the evidence the practice used to demonstrate improved outcomes. High standards were promoted and owned by all practice staff and teams worked together across all roles.

The practice took a systematic approach to improve care outcomes, tackle health inequalities and obtain best value for money. They achieved this through very good governance arrangements that supported improvement. The practice had clear processes to monitor all aspects of the service, identify any risks and areas for improvements and review the success of any improvements implemented. The practice used the 'LEAN' process for all their pathways including administrative procedures. This system removes all unnecessary tasks to ensure a faster and more efficient process. There are fail safe procedures in place within the LEAN system to ensure nothing is missed. There was a clear link between clinical audit and improved outcomes for patients.

The practice had a culture of continuous improvement. For example they had significantly improved patient access based on feedback from patients. This had then reduced attendance at the local access centre by 76% over the last two years.

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# Summary of findings

There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients using new technology, such as social media platforms and they had an active patient reference group which influenced practice development. The PRG had helped the practice agree priorities of its surveys. The latest included surveys regarding reception, appointments, communication and medication. The surveys were a factor in the practice changing the way they operated their appointment system.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as outstanding for the care of older people. The provider was rated as outstanding for providing safe, effective, caring, responsive and well-led services. These areas of outstanding practice affected all patients, including this population group.

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 above local clinical commissioning group (CCG) average (98.9%) and above the England average (97.1%).

The practice was responsive to the needs of older people, including offering home visits usually by the same GP. All patients had a named GP. There was a named GP for each of the care homes the practice provided care to ensure continuity of care.

Older patients were added to the practice's high risk patient pathway if they were identified as being at risk of hospital admission.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people.

The practice had a carer's champion their role was to liaise with the local carer's organisation. We saw they maintained information for carers boards in each of the waiting areas of the surgeries which contained a wealth of information. Information for carers was also posted on their Facebook and Twitter pages. This included support available at home, mobility aids and transport support. The practice had information setting out what their goal was as a practice to support carers. The local carer's organisation had provided carer awareness training for staff. They also featured the work the practice were doing for carers on their website. The practice had rolled out annual health checks for carers recently. This was in the carers birthday month, a 15 minute review which included a blood test and three carer related questions. The practice's computer system alerted GPs if a patient was a carer. There were 367 patients on their carer's register which was 2% of the practice population.

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# Summary of findings

## People with long term conditions

The practice is rated as outstanding for the care of patients with long-term conditions. The provider was rated as outstanding for providing safe, effective, caring, responsive and well-led services. These areas of outstanding practice affected all patients, including this population group.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the national average (100% compared to 96% nationally).

The practice had a strong variety of systems and recall systems in place for patients with long-term conditions. The practice's quality and performance unit monitored closely for recall appointment for health checks. Patients were invited for annual health checks conducted in the month of their birthday.

The nurse manager had developed a strategy for caring for the different population groups of the practices' patients. For example, there was a nursing strategy for patients with long term conditions. This was broken down into the different types of conditions. The nurse manager had started with diabetes as this was the practice's largest number of patients with a long term condition. The practice nurses had trained to achieve a formal qualification in diabetes. A SMART (Specific, Measurable, Achievable, Relevant and Time-bound) plan was formulated to improve the self-management of diabetes patients which included an audit of current diabetes control and the development of education leaflets and self-management plans for patients. There were similar strategies in place for the management of chronic obstructive pulmonary disease (COPD), asthma and epilepsy. Healthcare assistants conducted the screening checks which monitored the baseline observations such as blood pressure, height and weight. Bloods could be taken for screening.

Flexible appointments, including extended opening hours and home visits were available when needed.

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## Families, children and young people

The practice is rated as outstanding for the care of families, children and young people. The provider was rated as outstanding for providing safe, effective, caring, responsive and well-led services. These areas of outstanding practice affected all patients, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. There was a

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monthly safeguarding meeting at the practice which they called their 'supporting families meeting' where the health visitor and school nurse attended. There were links on the practice intranet system to a child sexual exploitation vulnerability tool.

Immunisation rates were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98%, compared to the CCG averages of 95% to 98% and for five year olds from 96% to 100%, compared to CCG averages of 95% to 100%.

The practice's uptake for the cervical screening programme was 82%, which was above the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Family planning advice was given during normal surgery hours by the practice nurses. The practice offered minor surgery which included intrauterine device (IUD), contraceptive coil fitting.

The practice had recently recruited a paediatric advanced nurse practitioner to improve services for children. They would be able to provide services which benefitted children which included carry out paediatric bloods on site and sessions for parents on managing minor illness in children and spotting red flag symptoms.

Mother and baby clinics were offered by the health visiting team. Child immunisations were carried out by making an appointment with the practice nurse and baby/hold development checks were available with the GP or health visitor.

The practice had recently signed up to an initiative for teenagers called 'you're welcome' which would improve the services they provide to teenagers.

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

The practice is rated as outstanding for the care of working-age people (including those recently retired and students). The provider was rated as outstanding for providing safe, effective, caring, responsive and well-led services. These areas of outstanding practice affected all patients, including this population group.

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, flexible and offered continuity of care. The practice offered a flexible appointment system and extended opening hours on evenings at two of the surgeries.

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The practice was proactive in offering online services which included test results and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group.

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

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The provider was rated as outstanding for providing safe, effective, caring, responsive and well-led services. These areas of outstanding practice affected all patients, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told vulnerable patients about how to access various support groups and voluntary organisations. 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 normal working hours and out of hours.

There was a proactive approach to understanding the needs of different groups of people. A lead nurse role had been set up for special groups which included patients with learning disabilities and sensory impairment. The practice maintained a register of patients with a learning disability. They were offered a yearly review with the lead nurse. Health action plans with personalised goals had been designed for the patients, including easy read health action plans for patients with a learning disability. The practice nurse had liaised with a local specialised nurse for advice and was seeking feedback from patients regarding the service the patients received.

The practice provided GP and practice nurse services to a local hospital forensic mental health unit for patients who have been referred by the courts for assessment or who have been declared as not criminally responsible or unfit to stand trial by the Criminal Justice System.

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

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). The provider was rated as outstanding for providing safe, effective, caring, responsive and well-led services. These areas of outstanding practice affected all patients, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice maintained a mental health register for patients with severe

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and enduring mental health; they were invited for an annual health check, which was a structured template which included an emergency health plan. 89.9% 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 88.5%.

The practice included a specific screening question for early identification of dementia in their annual review processes for patients. This had been introduced in an effort to improve early diagnosis of dementia. The percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review within the preceding 12 months was better than the national average at 96.5% (compared to a national average of 84.0%). Some patients with severe and enduring mental health were on the practice high risk patient pathway.

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## What people who use the service say

We spoke with seven patients on the day of our inspection, which included patients at Morpeth, Lynemouth and Pegswood surgeries.

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included excellent, nice practice and very good. They told us staff were friendly and helpful and they received a good service.

We reviewed 31 CQC comment cards completed by patients prior to the inspection from all four surgeries. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, caring, helpful, excellent, good and prompt service. Patients particularly commented on the ease with which they could obtain same day appointments.

The latest GP Patient Survey published in January 2016 showed that scores from patients were above or in line with national and local averages. The percentage of patients who described their overall experience as good was 90%, which was above the local clinical commissioning group (CCG) average of 87% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 85% (local CCG average 81%, national average 79%).
- 92% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 87% said the GP gave them enough time compared to the local CCG average of 89% and national average of 87%.
- 90% said the nurse was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 90% said the nurse gave them enough time compared to the local CCG average of 95% and national average of 92%.
- 92% said they found it easy to get through to this surgery by phone compared to the local CCG average 78%, national average 73%.
- Percentage of patients who find the receptionists at this surgery helpful – 94% (local CCG average 90%, national average 87%).

These results were based on 123 surveys that were returned from a total of 252 sent out; a response rate of 48.8% and 0.6% of the overall practice population.

## Outstanding practice

- The practice had all-encompassing systems and processes in place to ensure that patients received high quality care and treatment. These included learning from significant events, triggering clinical audits and then changes in clinical practise which improved patient care.
- The practice introduced 'LEAN' processes for all their pathways including systems focussed on improving access to their services. Using the LEAN system removed unnecessary tasks to ensure a faster and more efficient process. Patient access was improved following critical feedback from patients in the GP National Patient Survey in 2013 when only 25% of patients said it was easy to get through on the telephone. After introduction of a new LEAN

appointment system the January 2016 score had improved to 92%. The CCG gave also feedback that attendances of their patients, at the local access centres, had reduced significantly, noting that in 2013, 1070 patients attended while in 2015, 261 attended which was a reduction of 73% over that two year period.

- The practice had an excellent learning culture. They took quality improvement very seriously. The practice had a very evident culture of improvement across all staff groups, led by the Quality & Performance Team. There was a clear and proactive approach to seeking out and embedding new ways of providing care and treatment. For example, the practice had recently recruited a paediatric advanced nurse practitioner to

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improve services for children. We saw this had led to higher than average performance across a number of patient outcome indicators and they had been rated as a higher achieving practice within the General Practice Outcome Standards (GPOS).

- The practice took the needs of carers very seriously by appointing a carer's champion whose role was to promote the needs of carers and liaise with the local carer's organisation. We saw they maintained information for carers boards in each of the waiting areas of the surgeries which contained a wealth of information. Information for carers was also posted on their social media pages. This included support available at home, mobility aids and transport support. The practice had information setting out what their goal was as a practice to support carers. The local carer's organisation had provided carer awareness training for staff. They also featured the work the practice were doing for carers on their website. The practice's computer system alerted GPs if a patient was a carer. There were 367 patients on their carer's register which was 2% of the practice population. The practice offered annual health checks for carers in the carers birthday month.
- The practice took the needs of vulnerable patients seriously. A lead nurse role had been nominated vulnerable groups which included patients with learning disabilities, epilepsy and sensory impairment.

The practice maintained a register of patients with a learning disability. They were offered a yearly review with the lead nurse. Health action plans with personalised goals had been designed for the patients, including easy read health action plans for patients with a learning disability. The practice nurse had liaised with a local specialised nurse for advice and was seeking feedback from patients regarding the service the patients received. The practice provided GP and practice nurse services to a local hospital forensic mental health unit for patients who had been referred by the courts for assessment or who had been declared as not criminally responsible or unfit to stand trial by the Criminal Justice System.

- The practice had introduced a programme to reduce unplanned admissions to hospital. This 'high risk patient pathway' focussed on frail elderly patients, those on their palliative care and mental health register and some high risk patients who had chronic obstructive pulmonary disease (COPD). A care plan had been introduced for each patient. A multidisciplinary, high risk patient pathway meeting was held monthly. As a result of this the practice's emergency admissions to hospital for the over 65s had reduced from 15.68 per 1,000 patient population to 11.73 from quarter 1 of 2015/16 to quarter 2 of 2015/16.



# Wellway Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a specialist advisor with experience of GP practice management and a CQC inspection manager.

### Background to Wellway Medical Group

Wellway Medical Group provides Primary Medical Services to the towns of Morpeth, Pegswood, Lynemouth, Newbiggin and the surrounding areas. The practice provides services from four locations;

- The Surgery, Wellway, Morpeth, Northumberland, NE61 1BJ
- The Surgery, West View, Pegswood, Northumberland, NE61 6TB
- The Surgery, Albion Terrace, Lynemouth, Northumberland, NE61 5TB
- The Health Centre, Buteland Terrace, Newbiggin, Northumberland, NE64 6NS

The main surgery is at Morpeth, the other three are branch surgeries. We visited all four locations as part of the inspection.

Patient facilities are on the ground floor at all surgeries except for one where a treatment room is on the first floor. There is step free access to the buildings with disabled access. There is car parking with dedicated disabled parking bays at all of the surgeries other than Pegswood surgery where there is a parking bay close to the entrance.

The practice has seven GP partners and eight salaried GPs. Twelve are female and three male. The practice is a training practice who have GP trainees allocated to the practice (fully qualified doctors allocated to the practice as part of a three-year postgraduate general medical training programme) and also trains final year medical students. There is a nurse manager and four practice nurses. The nurse manager is a supervisor of student nurses. There is a practice manager and a human resources manager, six quality and performance staff, four clinical coding staff, 22 reception, five secretarial and four domestic members of staff.

The practice provides services to approximately 17,700 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) contract with NHS England.

Opening times are as follows;

- Morpeth - Monday and Tuesday 8am until 7.30pm, Wednesday to Friday 8am until 6.30pm
- Lynemouth – Monday – Friday open at 8am. Close Monday and Wednesday 6:30pm. Tuesdays 7:30pm, Thursday 1pm and Friday 5pm.
- Pegswood – Monday to Friday 8am until 5pm except closed on a Thursday from 12 noon.
- Newbiggin – Monday to Friday 8am until 6:30pm except closed on a Friday at 5pm.

The practice ran a patient demand led appointment system. Clinicians would talk to patients, usually by telephone, to enable them to assess the need for an appointment on a clinical priority basis. This meant that consulting times were usually up to the doctor who spoke to the patient and based on the patients needs.

# Detailed findings

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

## Why we carried out this inspection

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

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

## How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 25 February 2016.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.

Reviewed a sample of the practice's policies and procedures.



# Are services safe?

## Our findings

### Safe track record and learning

There was a strong comprehensive system in place for reporting and recording significant events. The practice had a genuinely honest and open culture where safety concerns raised by staff and people who used the services were valued as an integral part of learning and improvement.

Significant events were recorded by staff on a shared template. The resource and development manager was responsible for their collation. They were numbered and categorised, for example, clinical or practice management, prioritised and then discussed as part of the monthly education training afternoon or earlier if this was deemed necessary. We saw actions from the meetings were reviewed at a future meeting to ensure they had been followed through. Outcomes were fed back to staff who were informed about any lessons learned and any proposals for change. All staff were encouraged to participate in learning and to improve safety as much as possible. As part of yearly appraisal staff were asked to give a written example of a significant event they were involved in and what change or improvement had happened as a result. Where incidents and events met the threshold criteria, these were also added to the local CCG Safeguard Incident & Risk Management System (SIRMS). Incidents were shared with the CCG where appropriate and also learning was shared across all four practice sites, with all staff, via the practice meeting process. This meant that lessons learned from significant events could be shared across the local health economy for the benefit of the whole practice population.

There had been 47 significant events recorded in the last year. We saw that the significant events drove forward improvement at the practice. For example, the practice changed its home blood pressure monitoring policy and procedure as a result of abnormal readings from a patient where the patient's GP had not been notified of this. The level and quality of incident reporting ensured the practice had an effective and complete picture of safety.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. There was a comprehensive system in place to manage the safety alerts. The nurse manager was the designated lead in the practice to manage this process. They determined

what action was necessary and acted accordingly. All alerts were stored in a folder on the shared computer drive. The nurse manager maintained a log of each alert and what action had been taken in the practice from the alert. The medicines management lead in the practice received alerts which were medicines related and audits were carried out as necessary.

### Overview of safety systems and processes

The practice could demonstrate its safe track record through having systems in place for safeguarding, health and safety, infection control, and staffing.

- 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 practice had policies and links on their intranet system which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was laminated information on safeguarding at work stations throughout the practice. One of the GP partners was the lead for safeguarding adults and children. Patient records were tagged with alerts for staff if there were any safeguarding issues they needed to be aware of. There was a monthly safeguarding meeting at the practice which they called their 'supporting families meeting' where the health visitor and school nurse attended. Staff demonstrated they understood their responsibilities and had all received safeguarding children training relevant to their role. The safeguarding lead had received level 3 safeguarding children training.
- The practice had a chaperone policy and there were notices displayed in each of the surgery's waiting areas, advising patients that they could request a chaperone, if required. The practice nurses and healthcare assistants carried out this role. They had received chaperone training and 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, patients commented positively on the cleanliness of the practice. The nurse manager was the infection control lead. Staff had received on-line infection control training and the lead nurse had provided staff with hand



## Are services safe?

hygiene and handling specimens training. There were infection control policies, including a needle stick injury policy. Regular infection control and hand hygiene audits had been carried out and where actions were raised these had been addressed. There were legionella risk assessments for all of the surgeries (legionella is bacteria found in the environment which can contaminate water systems in buildings).

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.). Prescription pads were securely stored and there were systems in place to monitor their use. The practice had a medicines management team who were a sub-team within their quality and performance team. They ensured that prescribing at the practice was clinically safe and budget aware by running regular searches on the computer system specific to prescribing at the practice. For example, the GPs received a quarterly update on their use of antibiotic medicine.
- We saw the practice had a comprehensive recruitment policy which was updated regularly. Recruitment checks were carried out. We sampled recruitment checks for both staff and GPs, including locums, and saw that checks had been undertaken prior to employment. For example, proof of identification, references, and qualifications. The practice had a human resources manager. They carried out governance checks every month to ensure staff complied with on-going employment checks such as medical defence insurance and registration with appropriate professional bodies. All staff had received a DBS check and were required to complete a DBS declaration every three years to state that their DBS status had not changed.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were comprehensive procedures in place for monitoring and managing risks to patients and staff safety. An administration officer had also been trained to be the health and safety lead for the practice. They had attended a supervising health and safety at work course. The staff at the practice had all been trained in health and safety. The lead showed us the practice health and safety information which included, fire and health and safety policies and risk assessments for each surgery, fire equipment checks and the fire evacuation

report. There were regular fire drills at each site. 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 had comprehensive arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The human resources manager compiled a workforce information report for the GP partners every six months; this gave assurances that there were sufficient staff to deliver safe patient care and also gave an update on recruitment information, employment checks and sickness absence. The human resources manager carried out the rota planning for staff six weeks ahead to enable enough staff cover or locum GP cover to be obtained if necessary. There was an escalation plan and a traffic light system in place to monitor day to day staffing issues as the need arose. For example, administrative staff were able to work at any of the four sites at short notice to provide cover for any unexpected absence.

### Arrangements to deal with emergencies and major incidents

All staff received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. At all four sites the practice had a standardised set of emergency medicines, which included the way they were laid out in the box (The LEAN system removes all unnecessary tasks to ensure a faster and more efficient process). This made it easier for staff should they need to respond at any of the four sites. There were also comprehensive records to show they were checked on a regular basis.

The practice had a detailed business continuity plan in place for major incidents such as building damage. This was broken down into the four sites the practice had with contacts listed for the different arrangements at each site. The plan included emergency contact numbers for staff and was updated on a regular basis. A copy was also held on the practice's intranet system and at all of the branch surgeries, along with a quick reference action card for staff to refer to in each area.



# 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 a quality and performance team who were an administrative based team; they were led by one of the salaried GPs. They were responsible for regular patient monitoring searches of the practice computer systems and tasking out actions to the patient's usual doctor for action. The lead GP for the team was responsible for receiving all new guidelines and these were discussed as necessary at the practice monthly education meetings. For example, new guidelines received on atrial fibrillation and cancer had been actioned by the team. They took action as appropriate with regards to existing patients and updated templates and guidelines and protocols the practice had in place. The practice had structured tiered templates in place to obtain information on medical conditions to improve patient care. The templates had links to guidelines and optional avenues of care. Clinical staff told us they were easy to use.

The nurse manager had developed a strategy for caring for the different population groups of the practices' patients. For example, there was a nursing strategy for patients with long term conditions. This was broken down into the different types of conditions. The nurse manager had started with diabetes as this was the practice's largest number of patients with a long term condition. The practice nurses had trained to achieve a formal qualification in diabetes. A SMART (Specific, Measurable, Achievable, Relevant and Time-bound) plan was formulated to improve the self-management of diabetes patients which included an audit of current diabetes control and the development of education leaflets and self-management plans for patients. There were similar strategies in place for the management of chronic obstructive pulmonary disease (COPD), asthma and epilepsy. The practice had undertaken clinical audit to provide assurances that the work they did to increase patient knowledge of their condition was successful. The audit confirmed improvements had been made.

### 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 99.7% of the total number of points available to them, with a clinical exception reporting rate of 4.6%. The QOF score achieved by the practice in 2014/15 was above the England average of 94.8% and the local clinical commissioning group (CCG) average of 97.6%. The clinical exception rate was below the England average of 9.2% and the CCG average of 9.3%. Outcomes for patients were consistently better than expected when compared with other similar services.

The data showed:

- Performance for diabetes related indicators was above the national average (96.5% compared to 89.2% nationally). For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90.4%, compared to a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 96.7%, compared to a national average of 94.5%.
- Performance for asthma related indicators was above the national average (100% compared to 97.4% nationally).
- The practice performed well on the percentage of patients with atrial fibrillation with CHADS2 score of 1, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy. (Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body. A CHADS2 score rates the risk for patients with atrial fibrillation based on identified major stroke risk factors.) The practice had achieved 100% in this indicator, compared to an average of 98.4% nationally.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was above the national



# Are services effective?

## (for example, treatment is effective)

average (100% compared to 96% nationally). The percentage of patient with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 90.3% which was better than the national average of 89.9%.

- Performance for mental health related indicators was above the national average (96.2% compared to 92.8% nationally) For example, 89.9% 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 88.5%.
- Performance for dementia indicators was above the national average (100% compared to 94.5% nationally). The percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review within the preceding 12 months was better than the national average at 96.5% (compared to a national average of 84.0%).

The General Practice Outcome Standards (GPOS) had rated the practice as a higher achieving practice which placed it in the top 5.58% of practices in England. The general practice outcome standards were developed as part of the programme of work to improve quality, access and patient experience in general practice.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. These were triggered by new clinical guidance, recognition of areas where the practice were outliers, significant events, personal interest, changes in prescribing practice and monitoring of effectiveness. We saw examples of eight full completed audits which had been carried out in the last year. This included audits regarding minor surgery, basal cell carcinomas, and anti-psychotic prescribing in patients with dementia. This was a high rate of clinical audit, which was linked to improvement of patients' outcomes. The audits were stored on the practice intranet system for review of all team members.

The practice had carried out a repeat audit of patients presenting to accident and emergency department at the hospital (A and E) with coronary heart disease/angina, who had been flagged as having a high attendance rate for this. The review suggested that patients had been experiencing an increased problem with angina in the months prior to the A and E attendance but had not presented to their GP

about this. In response to this, all patients who were prescribed a sublingual glycerol trinitrate (GTN) spray to relieve chest pain and required more than the usual amount were flagged to the practice medicines manager for review. The healthcare assistant's annual health check for patients with coronary heart disease was expanded to include specific advice regarding angina. The practice attributed this to an 88% reduction on the number of A and E attendances for patients with coronary heart disease. This showed that staff were actively engaged in activities to monitor and improve quality and outcomes for their patients.

The practice had carried out an audit to measure patients' knowledge of their diabetes control which was linked to their diabetes self-management plans. The standard was for 80% of the patients with diabetes to understand what their HbA1c measurement meant (HbA1c is blood glucose control in diabetics). In September 2015, 63% could describe this correctly which was an improvement on the previous year when 17% could. There was on-going work to improve patient's knowledge to achieve the standard set of 80% with a further audit planned to monitor this.

The GPs had specialist clinical interests; for example, one of the GP partners was a speciality doctor in dermatology, they also worked as an associate dermatologist at the local hospital. Minor surgery was carried out at the practice which included excision of basal cell carcinoma, which is a growth on the skin. There were clinics for the insertion and removal of intrauterine devices (IUD also known as coil) and joint injections. One of the practice nurses had a special interest in supporting patients who had issues with alcohol.

### Effective staffing

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

- There was continuing development of staff skills. The human resources manager had oversight of staff training. As part of their workforce information report they would give the GP partners an update every six months on staff training.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and responsibilities of their job role. There was also an up to date locum induction pack at the practice.



# Are services effective?

(for example, treatment is effective)

- A training matrix was maintained which held records of training for staff which included: safeguarding adults and children, mental capacity act, infection control, basic life support, health and safety, moving and handling, fire safety, equality and diversity, information governance, customer care, complaints handling and conflict resolution. The matrix identified which training was appropriate for each job role and when refresher training was due using a traffic light system. The practice had records of weekly lunchtime educational meetings which were held in the practice from 2013. Examples of topics discussed were heart failure from a hospital consultant, frailty and tips for effective administration.
- The practice had developed their nursing team particularly since the appointment of a nurse manager in 2013. They provided clinical supervision to the practice nurses and healthcare assistants and carried out competency assessments. There were lead nurse roles for certain clinics such as immunisations. Nurses and health care assistants had received training appropriate to their role. The practice had recently recruited a paediatric advanced nurse practitioner to improve services for children. They would be able to provide services which benefitted children which included carrying out paediatric bloods on site and sessions for parents on managing minor illness in children and spotting red flag symptoms.
- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. We saw examples of appraisals staff had received within the last twelve months. They told us they felt supported in carrying out their duties. Appraisals gave staff the opportunity to give feedback on their line manager. The nurse lead appraised the practice nurses.
- All GPs in the practice had received their revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.) The salaried GPs also received in house mentoring.

## Coordinating patient care and information sharing

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

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

The quality and performance team ran regular monitoring searches for patients with certain conditions on the practice computer system to ensure that improvements in the quality of patient care could be delivered. Feedback for action was given to the patients usual GP as a task or recalls for reviews issued to the patient, with the relevant clinician. There were 49 regular monitoring searches carried out every month. These ranged from annual checks for chronic diseases, to searches following a significant event, for example, an invitation for patients prescribed the combined contraceptive pill whose body mass index (BMI) was over 30 for a health check. Some of the searches were where the practice had decided that they needed to do them as part of best clinical care, for example, monitoring searches for patients who were prescribed medication who have chronic kidney disease.

The practice had introduced a programme to reduce unplanned admissions to hospital. This 'high risk patient pathway' focussed on frail elderly patients, those on their palliative care and mental health register and some high risk patients who had chronic obstructive pulmonary disease (COPD). A care plan had been introduced for each patient. A multidisciplinary, high risk patient pathway meeting was held monthly. As a result of this the practice's emergency admissions to hospital for the over 65s had reduced from 15.68 per 1,000 patient population to 11.73 from quarter 1 of 2015/16 to quarter 2 of 2015/16.



# Are services effective?

(for example, treatment is effective)

The systems to manage and share the information that was needed to deliver effective care were coordinated across services and supported integrated care for the practice's patients. For example, the practice had a scoring system for post-discharge from hospital follow up. If the score was high or the GP felt necessary the patient would be tasked to the GP who would liaise with the wider healthcare professionals.

The practice held weekly referral monitoring meetings so they could discuss referrals to secondary care colleagues to ensure unnecessary pressure was not put on their services but also to learn from each other's experience. This ensured that referral resources were not wasted, we saw minutes of these meetings. The CCG confirmed to the practice that this had reduced the practice's referrals and raised the quality of referrals. Where possible secondary care advice and guidance was obtained.

One of the GP partners had set up a protocol regarding results received into the practice from other healthcare providers in order to save time. The healthcare assistants had been trained by them to follow a strict protocol to file normal non-urgent results, for example, dental extraction or A and E attendance in a folder which would be looked at by a GP in bulk every few days. This enabled non-routine results to be actioned more quickly. The GPs had a buddy system if the doctor was away from the practice for the following up of information if required. The inspection team felt this system was fail safe making it impossible for anything to be missed and cutting down unnecessary work. The system was audited frequently.

The practice had a palliative care register which was discussed at the monthly palliative care meeting and a traffic light system used to identify the most vulnerable and in need patients on the register in order to manage their treatment and support.

## 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. There were links on the practice intranet system to a child sexual exploitation vulnerability tool. There was a 'pop up' reminder for this to be completed if the patient was under the age of 18 and contraception coded. 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.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These 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, weight, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was above the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98%, compared to the CCG averages of 95% to 98% and for five year olds from 96% to 100%, compared to CCG averages of 95% to 100%.

The practice had recently signed up to an initiative for teenagers called 'you're welcome' which would improve the services they provide to teenagers.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the practice nurse or GP if appropriate. Follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. All patients over the age of 65 were invited for a flu immunisation vaccine every year.





# 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. 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.

We reviewed 31 CQC comment cards completed by patients prior to the inspection from all four surgeries. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, caring, helpful, excellent, good and prompt service.

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included excellent, nice practice and very good. They told us staff were friendly and helpful and they received a good service.

Results from the national GP patient survey in January 2016 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% 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%.
- 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 they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

Patients told us that 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 in line with local and national averages. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 90% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 90% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language.

### 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 mental health and breast feeding. This included a full list of support agencies who could help patients on issues such as bereavement, counselling and debt management.

The practice took the needs of carers very seriously by appointing a carer's champion whose role was to promote the needs of carers and liaise with the local carer's organisation. We saw they maintained information for carers boards in each of the waiting areas of the surgeries which contained a wealth of information. Information for carers was also posted on their social media pages. This included support available at home, mobility aids and transport support. The practice had information setting out what their goal was as a practice to support carers. The local carer's organisation had provided carer awareness



## Are services caring?

training for staff. They also featured the work the practice were doing for carers on their website. The practice's computer system alerted GPs if a patient was a carer. There were 367 patients on their carer's register which was 2% of the practice population. The practice offered annual health checks for carers in the carers birthday month.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would visit to offer support, there were referrals available to counselling if appropriate.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood the different needs of the population and acted on these needs in the planning and delivery of its services. The practice had close links with the local community through the different multi-disciplinary meetings and groups the practice attended. The practice worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area. They were currently working with the CCG on a scheme to increase the quality of referrals to secondary care. The practice were the third lowest referrer in the CCG of patients with chronic obstructive pulmonary disease (COPD) to secondary care.

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. For example, the practice had identified their highest risk patients and had developed holistic care plans to meet their needs. This included patients who were housebound and those who lived in the four local care homes which the practice provided services to. Each care home had one of the GPs allocated to them to ensure continuity of care.

There was a proactive approach to understanding the needs of different groups of people. A lead nurse role had been set up for special groups which included patients with learning disabilities, epilepsy and sensory impairment. The practice maintained a register of patients with a learning disability. They were offered a yearly review with the lead nurse. Health action plans with personalised goals had been designed for the patients, including easy read health action plans for patients with a learning disability. The practice nurse had liaised with a local specialised nurse for advice and was seeking feedback from patients regarding the service the patients received.

The practice provided GP and practice nurse services to a local hospital forensic mental health unit for patients who had been referred by the courts for assessment or who had been declared as not criminally responsible or unfit to stand trial by the Criminal Justice System.

The practice provided medical officer cover to the local branch of the Royal National Lifeboat Institution (RNLI).

The practice included a specific screening question for early identification of dementia in their annual review processes for patients. This had been introduced in an

effort to improve early diagnosis of dementia. The practice maintained a mental health register for patients with severe and enduring mental health; they were invited for an annual health check, which was a structured template which included an emergency health plan.

The practice had a patient reference group (PRG) with 30 members, 21 were active and attended meetings four times a year and nine were virtual members. The practice tried to rotate the meetings to be held at all four of its sites. One of the administration staff was the co-ordinator for the PRG and one of the GP partners chaired the meetings. Discussions at meetings included feedback from NHS Choices, themes from significant events, complaints, compliments and concerns and Friends and Family feedback was reviewed and discussed. From this action plans and priority areas for improvement were drawn up. The PRG had helped the practice agree priorities of its surveys. The latest included surveys regarding reception, appointments, communication and medication. The surveys were a factor in the practice changing the way they operated their appointment system.

The practice had carried out a survey of patients in February 2015 regarding surgical procedures carried out at the practice to assess their performance. Feedback from patients was positive with no actions to carry forward from the survey. A further review of these services was on-going.

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

- The practice offered extended opening hours on Monday and Tuesday evenings at the Morpeth surgery until 7.30pm and on Tuesday evenings at the Lynemouth surgery until 7.30pm.
- Requesting repeat prescriptions was available online, at reception or by using an answerphone service.
- Home visits were available for housebound patients or those who could not come to the surgery.
- All patients had a named GP, which the practice called their 'usual doctor'. This GP would be the one to ring them back if they contacted the surgery for an appointment providing they were working that day. This ensured excellent continuity of care.



# Are services responsive to people's needs?

## (for example, to feedback?)

- Specialist Clinics were provided including minor surgery, joint injections, intrauterine device (IUD also known as coil) fitting and removal service, phlebotomy and travel vaccinations.
- The surgery offered an INR clinic for patients taking warfarin. INR (International Normalised Ratio) is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. By being able to come to the clinic, patients did not have to travel to hospital for the test.
- A home blood pressure monitoring service was available.
- There were disabled facilities, hearing loop and translation services available.
- All patient services were accessible to patients with physical disabilities. Other reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services.
- Family planning advice was given during normal surgery hours by the practice nurses.
- Mother and baby clinics were offered by the health visiting team. Child immunisations were carried out by making an appointment with the practice nurse and baby/hold development checks were available with the GP or health visitor.

### Access to the service

Opening times were as follows;

- Morpeth - Monday and Tuesday 8am until 7.30pm, Wednesday to Friday 8am until 6.30pm
- Lynemouth – Monday – Friday open at 8am. Close Monday and Wednesday 6:30pm. Tuesdays 7:30pm, Thursday 1pm and Friday 5pm.
- Pegswood – Monday to Friday 8am until 5pm except closed on a Thursday from 12 noon.
- Newbiggin – Monday to Friday 8am until 6:30pm except closed on a Friday at 5pm.

The practice ran a patient demand led appointment system. Clinicians would talk to patients, usually by telephone, to enable them to assess the need for an appointment on a clinical priority basis. This meant that consulting times were usually up to the doctor who spoke to the patient and based on the patients needs.

Patients particularly commented on the ease with which they could obtain same day appointments and patients who completed CQC comment cards said they could always get an appointment when they needed one.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example;

- 90% of patients were satisfied with the practice's opening hours compared to the local CCG average of 77% and national average of 78%.
- 92% patients said they could get through easily to the surgery by phone compared to the local CCG average of 78% and national average of 73%.
- 84% of patients described their experience of making an appointment as good compared to the local CCG average of 76% and national average of 73%.
- 98% of patients said the last appointment they made was convenient compared to the local CCG average of 93% and national average of 92%.

The practice were short listed for the General Practice Award for 'Time to Care,' which is sponsored by healthcare publications. This was because the practice had implemented a new appointment system which had significantly improved patient access. The practice received a score in the GP Patient Survey of December 2013 of 25% for how easy it was to get through to the surgery by telephone. After the implementation of the new system in June 2014, this improved to 39% in January 2015 and in January 2016 the score was 92%.

The CCG gave feedback to the practice after they had introduced the new appointment system that the attendances of their patient at the local access centres had reduced significantly. For example

- In 2013, 1070 patients attended
- In 2014, 813 patients attended (a 24% reduction on the previous year)
- In 2015, 261 patients attended (which was a 73% reduction from 2013).

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. One of the GP partners was



## Are services responsive to people's needs? (for example, to feedback?)

the designated responsible person for complaints in the practice. These were then managed on a day to day basis by the team leader in the quality and performance team and their staff.

We saw the practice had received 31 complaints in the last 12 months, 27 formal and four informal. These had been investigated in line with their complaints procedure. We looked at a sample of three complaints. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated.

There was active reviewing of complaints within the practice, including how they were managed and responded

to. Patients were involved in the reviews and improvements to services were made as a result. Staff had received training in how to handle initial complaints. We saw that complaints were categorised into groups for example doctors, nurses, scanning or secretarial. The information was kept together regarding the complaint with copies of letters, emails and any actions taken. The staff involved in complaints handling process met quarterly to discuss complaints and to give feedback to the wider team to share learning. We saw minutes from these meetings. The practice had recently developed a leaflet which could be given to patients with learning difficulties to explain to them how to make a complaint.

# 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 clear vision to deliver high quality care and promote good outcomes for patients.

The practice had a mission statement which was to be dedicated to continuously improving quality of care, by promoting an environment in which excellence would flourish. Staff we spoke with talked about patients being their main priority.

The practice had clear and effective arrangements for monitoring their performance, and taking action where needed. They had a strategic planning document for 2016. This clearly set out the arrangements for monitoring, and the evidence the practice used to demonstrate improved outcomes. The strategy and supporting objectives were challenging while remaining achievable. For example, it linked to:

- The annual prescribing report to demonstrate effective prescribing;
- The list of clinical audits completed and ongoing;
- Patient and staff feedback and evidence of how they responded to it;
- Other performance reports, such as one completed on palliative care within the practice.

Progress against delivering this strategy was monitored on a monthly basis and reviewed in detail at a six monthly strategy meeting. Managers of departments provided reports on their team's progress for the meetings. This demonstrated there were consistently high levels of constructive staff engagement throughout the practice's workforce.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority. They also knew what their responsibilities were in relation to this and how they played their part in delivering this for patients.

### Governance arrangements

Governance and performance management arrangements were continually reviewed and reflected best practice. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. There were teams within the staff structure, for example, a nurse manager and office manager and their teams.
- There was a quality and performance team whose main function was to ensure that an appropriate level of core quality care was sustained and also allowed for innovation in response to clinical developments.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example the quality and performance team ensured that any new clinical guidelines were disseminated in the practice and guidance and links to templates to ensure good clinical care were kept up to date. There was a human resources manager who ensured compliance with employment law and best practice.
- A programme of continuous clinical audit was used to monitor quality and to make improvements.
- The practice used the 'LEAN' process for all their pathways including administrative procedures. This system removes all unnecessary tasks to ensure a faster and more efficient process. There are fail safe procedures in place within the LEAN system to ensure nothing is missed.
- The practice had an easy to follow and wide-ranging Intranet system, for example, consent forms for teenagers contained links to a child sexual exploitation vulnerability tool.
- Practice specific policies were implemented and were available to all staff.
- The GP partners and salaried GPs were strongly involved in the day to day running of the practice. For example there was a GP lead for complaints; another was responsible for information governance. One of the GP partners had led the project to implement an improved appointment system. There were monthly partners meetings held.
- There were clinical leads for areas such as safeguarding, paediatrics and palliative care.
- Managers had a comprehensive understanding of the performance of the practice. The quality and performance team ensured that all the information to effectively run the practice and learn from incidents such as complaints was available to managers and staff.

# Are services well-led?

Outstanding



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

## Leadership and culture

The 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. The partners were visible in the practice. Staff told us that they were approachable and always took the time to listen to all members of staff.

The practice had been awarded investor in people (IIP) status in 1999 and had been re-accredited in 2013. IIP is a standard which is set for better people management.

The practice provided a staff briefing every week to keep staff up to date with changes and information on what was happening in the practice. For example, the latest briefing contained information on staffing changes, a pen picture of one of the GPs and details on prostate cancer awareness month.

The arrangements in the practice enabled strong team working. For example, all clinicians had agreed to have clinical rooms set up the same, which was part of the practice following the LEAN methodology. The furniture in the rooms was identical which enabled all medical equipment to be stored in the same place. This ensured that it was easy to work across the four sites and gave clinicians the ability to work in any consulting room.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. Managers strived to deliver and motivated staff to succeed.

- Staff told us the practice held regular team meetings. There were regular department meetings and education meetings when the practice was closed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so

and felt supported if they did. The practice held team building events. There was a full six monthly staff meeting of all staff which the practice called 'The big team meeting'.

- Staff said they felt respected, valued and supported, particularly by 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. The system of 360 degree feedback was included in the appraisal process every two years. There were regular staff social events and the GP partners provided fruit and drinking water for the staff every week at each surgery.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through a patient survey and formal and informal complaints received and the practice participation group (PRG).

The practice had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Opportunities for individual training were identified at appraisal. All staff were encouraged to identify opportunities for future improvements on how the practice was run. The practice carried out a staff survey in December 2013 and April 2015. Questions included work environment, workplace communication and support at work. Improvements had been made in 14 of the 17 questions. This was included as part of the practice strategy plan. There were regular staff social events.

## Continuous improvement

The GPs demonstrated a strong commitment to continuous learning and improvement at all levels within the practice. The practice was forward thinking in its approach to the safety and best care of their patients in the systems and processes which it had developed.

For example

- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.

# Are services well-led?

Outstanding



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

- Information about safety was highly valued and was used to promote learning and improvement.
- Systems and processes to improve clinical care were highly developed with further ideas for on-going progress.
- There was competency based training for staff. This included the nursing team where the team of practice nurses and health care assistants were continually being developed by the nurse manager under the mentorship of the GPs.

The practice took an active role in supporting the training of healthcare professionals for the wider healthcare economy. They were a long standing accredited teaching and training practice, three of the GPs were trainers and one GP was a trainer of final year medical students. The nurse manager was a supervisor of student nurses along with another practice nurse. They attend annual updates to ensure ongoing competence as per NMC regulations.