

# Birtley Medical Group

## Quality Report

Durham Road  
Birtley  
County Durham  
DH3 2QT  
Tel: 0191 4921022  
Website: [www.birtleymedicalgroup.nhs.uk](http://www.birtleymedicalgroup.nhs.uk)

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Letter from the Chief Inspector of General Practice

### **This practice is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Birtley Medical Group on 14 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems in place to manage risk so that safety incidents were less likely to happen.
- The practice could demonstrate effective clinical audit and quality improvement activity that led to improvements in patient care and outcomes
- The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice monitored and responded to the needs of their patient population. They had introduced extended opening hours to reflect the needs of patients who worked and reviewed the way in which they delivered care and treatment to their older and housebound patients.

There were areas where the provider should make improvements:

- Consider offering all carer's registered with the practice an annual health check
- Review access arrangements for patients with mobility issues
- Review the risk assessment supporting the decision not to hold a supply of recommended emergency medicines on the premises.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Birtley Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC lead inspector. A GP specialist adviser was also in attendance.

## Background to Birtley Medical Group

Birtley Medical Group provides care and treatment to approximately 16,040 patients of all ages from the Birtley, Portobello, Bewick Main, Ouston, Urpeth and Barley Mow areas of Gateshead. The practice is part of NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and operates on a general medical services (GMS) contract.

Birtley Medical Group provides services from the following address, which we visited during this inspection:

Birtley Medical Group

Durham Road

County Durham

DH3 2QT

The surgery is located in purpose built accommodation which has been extended over the years to accommodate a growth in the number of patients and staff. All reception and consultation rooms are on the ground floor. An on-site car park with dedicated disabled parking spaces is available.

The surgery is open from 7am to 6pm on a Monday and Friday and from 7am to 8pm on a Tuesday, Wednesday and Thursday.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and GatDoc.

Birtley Medical Group offers a range of services and clinic appointments including long term condition reviews, contraception services, childhood health surveillance, Warfarin clinic and antenatal services. The practice is a teaching and training practice involved in teaching qualified doctors interested in a career in General Practice and the training of medical students. They are also a member of the Medical Research Council's General Practice Research Framework which is national group of general practices interested and participating in research.

At the time of our inspection the practice consisted of:

- Four GP partners (three male and one female)
- Ten salaried GPs (eight female and two male)
- One nurse team manager (female)
- Two nurse practitioners (both female)
- Three practice nurses (female)
- Five healthcare assistants (female)
- 32 non-clinical members of staff including managing partners, reception manager, administration manager, receptionists, phlebotomist, administrators and casual reception staff.

The average life expectancy for the male practice population is 79 (CCG average 77 and national average 79) and for the female population 81 (CCG average 81 and national average 83). 21.2% of the practices' patient population are in the over 65 age group.

At 53.7%, the percentage of the practice population reported as having a long standing health condition was slightly lower than the CCG average of 54.2% and the same as the national average. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services.

## Detailed findings

At 57.4% the percentage of the practice population recorded as being in paid work or full time education was lower than the CCG average of 60.5% and national average

of 61.9%. The practice area is in the fifth most deprived decile. Deprivation levels affecting children and adults were lower than the local average but higher than the national average.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

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

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice retained several 'casual' members of staff to assist with reception and administration duties when required.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice had a defibrillator and a supply of oxygen.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Non clinical staff had undertaken in-house training to raise awareness of sepsis and also had written guidance to help them identify signs of sepsis in the under-fives.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

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

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

### Safe and appropriate use of medicines

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

- The provider kept a supply of some of the medicines recommended to be kept on site for use in emergency situations. We were told that the practice had risk assessed the decision not to carry all of the recommended emergency medicines as they felt they would be readily available from a nearby pharmacy if they were required. However, they had not taken steps to assure themselves that the pharmacy routinely kept a stock of these medicines, such as rectal diazepam.
- A system was in place to regularly check the expiry dates of emergency medicines and those requiring refrigeration, including vaccines.

## Are services safe?

- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice audited antimicrobial prescribing and there was evidence of actions taken to support good antimicrobial stewardship. For example, antibiotic prescribing was reviewed on a monthly basis and the GPs were able to receive feedback on their performance compared to others. In addition, a urine analysis policy had been introduced when prescribing antibiotics for older people.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the practice had recorded a significant event where a patient had received an incorrect dosage of an injectable medicine. This was because two separate dosages were stored together within the practice. As a result the practice took steps to ensure that different dosages were stored separately to prevent recurrence. The practice had contacted the patient concerned to explain the error and had taken appropriate advice from the patient's hospital consultant.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was performing well in terms of prescribing and was either lower than or comparable with local and national averages.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Patients registering with the practice were offered a new patient health check. The practice had carried out 456 new patient health checks in the previous year.

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice had identified 539 of their older patients as being severely frail and a further 832 as being moderately frail. They were in the process of further assessing these patients using home visits undertaken by GPs and practice nurses, GP appointments, care home ward rounds and assessment of medical records. At the time of the inspection 212 of these patients had been confirmed as being either severely or moderately frail and had received a full geriatric and fall assessment.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. During the previous year the practice had carried out 103 health checks for patients over the age of 75.

- The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- A recall system was in operation to ensure patients with long term conditions were invited for an annual health review.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Practice nurses and the practice health care navigator visited housebound patients at home to carry out annual reviews and ensure both the patient and carer(s) were being appropriately supported. The practice was able to demonstrate that this had reduced requests for GP home visits and appointments as well as unnecessary admissions to hospital for this group of patients.

#### Families, children and young people:

- Published information available to us in advance of the inspection (relating to the period 1/4/2015 to 31/3/2016) showed that, at 8.5/10 the practice had scored lower than the national average of 9.1/10 for ensuring children up to the age of two had received their childhood vaccinations. They had scored below the expected standard of 90% for three of the four indicators. The practice had been aware of their lower than average attainment rate and were able to give us details of action taken to improve their uptake rate. They were able to provide more up to date but as yet unpublished data which showed that for the period up to 1/1/2018 the practice had achieved the expected standard for 90% for all four indicators.
- A system was in place to contact the parents or carers of patients aged under 16 who had attended A&E to offer support and advice.

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

- The practice's uptake for cervical screening was 74.6%, which was higher than the CCG average of 71% and national average of 72.1%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged



# Are services effective?

## (for example, treatment is effective)

40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had carried out 556 NHS Health Checks during the previous year.

- The practice offered GP appointments up to 8pm on a Tuesday, Wednesday and Thursday evenings.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Eight of the 14 patients on the palliative care register who had died since January 2017 had been supported to do so at their preferred place of death
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability were offered an annual health review, influenza immunisation and longer appointments when required. 57% of patients recorded by the practice as having a learning disability had received an annual health check.
- The practice identified and supported carers by ensuring they were signposted to appropriate advice and support services. They had identified 498 of their patients as being a carer (approximately 1.9% of their patient list). Carers were not routinely offered an annual health check but the practice was able to confirm that 202 (41%) of their carers had received a health check in the past year.

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

- 84.9% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This compares with the CCG average of 85.4% and national average of 83.7%.
- 79.2% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months compared with the CCG average of 88.9% and national average of 90.3%.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was

92% (CCG 91.3%; national 90.7%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 96.3% (CCG 96.1%; national 95.3%).

### Monitoring care and treatment

The practice carried out quality improvement activity in the form of clinical audits that could demonstrate improvements in patient care and outcomes as a result. For example, a two cycle audit was carried out in January and October 2017 to ensure patients prescribed non-steroidal anti-inflammatory drugs (NSAIDs) and selective serotonin reuptake inhibitors (SSRIs) were also prescribed gastric protection to protect against peptic ulcer disease. As a result there was an increase in the percentage of patient's prescribed gastric protection.

The most recent published Quality Outcome Framework (QOF) results showed that the practice had attained 96.1% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.7% and national average of 95.5%. The overall exception reporting rate was 9.7% which was comparable with the CCG average of 10.1% and national average of 9.9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). The practice had obtained 100% and above local and national averages for 14 of the 19 most common long term conditions. For four of the remaining indicators (chronic obstructive pulmonary disease, heart failure, mental health and secondary prevention of coronary heart disease) their achievement rate was comparable with local and national averages. For the diabetes indicator the practice had scored below local and national averages (78.5% compared with the CCG average of 93.8% and national average of 91%).

The provider was aware of their low achievement in relation to the care and treatment of patients with diabetes and had implemented a diabetes improvement programme and working group to aid improvement. This included carrying out medication reviews and meeting with diabetes consultants and nurses from a local hospital. All patients with diabetes now had a care plan and were offered a six monthly review.

The practice used information about care and treatment to make improvements. They had been successful in



# Are services effective?

## (for example, treatment is effective)

obtaining funding to enable them to improve nursing management and quality systems. This had resulted in a member of the nursing team staff being released from front line duties to review nursing policies, procedures and training. It had also enabled the practice to commission an external consultancy to undertake development work with the nursing team.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- Practice staff told us that they ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

At 100% the practice QOF attainment in relation to palliative care was higher than the local CCG average of 98.4% and national average of 97.6%. Eight of the 14 patients who had died since January 2017 on the practice palliative care register had been supported to do so at their preferred place of death.

- The practice held monthly multidisciplinary case review meetings where all patients on the palliative care register were discussed.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients at risk of developing a long-term condition and carers.
- At 47.2%, the percentage of new cancer cases who were referred using the urgent two week wait referral pathway (2016/17) was comparable to the CCG average of 48% and national average of 51.6%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

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

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

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received seven patient Care Quality Commission comment cards, the majority of which were very positive about the service experienced. Two of the cards, although complimentary in general, did contain negative feedback in relation to delays experienced in being able to get an appointment with a GP.
- Feedback from attached staff (who work with but are not directly employed by the practice) who we spoke in advance of the inspection was positive. The practice provided us with numerous letters from various multiagency practitioners and patients praising the practice and practice staff. This included feedback from the CCG, Infection Control Team at the local hospital, link care homes, local pharmacies, locum GPs previously employed by the practice and the district nursing service.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 272 surveys were sent out and 118 (43%) were returned. This represented approximately 0.7% of the practice population. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 86%.

- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 89%; national average - 86%.
- 91% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.

However, 70% of patients who responded said they found the receptionists at the practice helpful. This was lower than the CCG average of 88% and national average of 87%.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. The practice had a health care navigator who helped vulnerable patients, including carers to access appropriate help and support services. They had also designated a member of staff as a patient liaison lead whose role included ensuring palliative care patients and other vulnerable patients were receiving coordinated care and support.

The practice identified patients who were carers and the practice's computer system alerted GPs if a patient was

## Are services caring?

also a carer. The practice had identified 498 patients as carers (approximately 1.9% of the practice list). Carers were not routinely offered an annual health check but were able to access one should they wish to do so.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.

- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity as far as possible.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998 and were preparing for the introduction of the General Data Protection Regulations which is due to supersede the Data Protection Act in May 2018.
- The size and layout of the waiting room helped to ensure that patient conversations could not be overheard.
- There was step free access to the building to assist patients with mobility issues. However, although the outer door to the practice was automatic the inner door was not which could present some problems to patients with mobility issues.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. They took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- They offered extended opening hours three days per week, online services such as repeat prescription requests, and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example they had a hearing loop and easy to read leaflets were available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified that they had a higher than average number of elderly and housebound patients and patients resident in local care homes. As a result they had reviewed the way they cared for this group of patients. This included a ward round approach to caring for patients in care homes, the regular involvement of geriatricians and psychiatrists specialising in the care of older people at multi-disciplinary meetings and reviewing patients to assess frailty.

#### People with long-term conditions:

- The recall system operated by the provider ensured patients with a long-term condition were invited to

attend six monthly or annual reviews to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice had adopted a multi-disciplinary approach with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, multidisciplinary meetings with health visitors and midwives to identify and support children at risk of harm.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on a Tuesday, Wednesday and Thursday evenings which included appointments with GPs and nurses.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- A system was in place to proactively follow up vulnerable patients who failed to attend appointments or respond to letters sent by the practice.
- The practice had identified a member of staff as a health care navigator to help identify and support vulnerable patients.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice hosted counsellors from the primary care mental health team and a mental health charity on a regular basis.

# Are services responsive to people's needs?

(for example, to feedback?)

## Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 56% of patients who responded said they could get through easily to the practice by phone; CCG - 77%; national average - 71%.
- 72% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 76% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.
- 63% of patients who responded described their experience of making an appointment as good; CCG - 74%; national average - 73%.
- 50% of patients who responded said they don't normally have to wait too long to be seen; CCG - 60%; national average - 58%.

The practice was aware of the lower than average results in relation to access and had developed an action plan to aid improvement. This involved constantly monitoring demand for appointments and reviewing staff working patterns. They were also trialling the use of online and group consultations as part of a local CCG pilot scheme and installing a telephone system which would allow patients to access an automated appointment booking system at any time. The practice had also installed Wi-Fi in their waiting room to enable patients to access online services whilst in the practice.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had recorded 47 complaints between February 2017 and February 2018. We reviewed a sample of these complaints and found that they were satisfactorily handled in a timely way.
- The practice had carried out a survey of patients who had made complaints to understand their experience of making a complaint and make improvements to their complaints process as a result of this. Feedback we reviewed was generally positive.
- The practice discussed complaints at weekly practice meetings. They also carried out regular 'themes and means' meetings to analyse emerging trends and themes.

# Are services well-led?

Good 

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

## Our findings

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

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities which included topics such as succession planning, collaborative working, leadership improvement, IT and staffing.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. This was to deliver compassionate and competent care and to work in partnership with the local community
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations, which included 360° appraisals for senior members of staff. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The provider had established proper policies, procedures and activities to ensure safety and the managing partners, reception manager and administration manager ensured that they were operating as intended.



# Are services well-led?

Good 

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

## Managing risks, issues and performance

- There were effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider and practice leaders had oversight of MHRA alerts, incidents, and complaints.
- There was evidence of clinical audit and quality improvement activity which could demonstrate improvements to patient care and outcomes.
- The practice had plans in place and had trained staff for major incidents and a business continuity plan was in operation.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Practice clinical and multi-disciplinary (MDT) meetings were held on a six weekly basis. The MDT meetings were regularly attended by geriatricians and an elder care psychiatrist. Whole practice team meetings were held on a weekly basis.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The practice had recently introduced the use of encrypted discs to transfer medical records between services to improve data security. An action plan was in place to improve the use of technology throughout the practice and ensure compliance with the General Data Protection Regulations (GDPR) which come into force in May 2018 and will replace the Data Protection Act 1988.

## Engagement with patients, the public, staff and external partners

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

- There was evidence of the practice making changes to reflect staff and patient views and feedback. For example, they had developed an action plan to improve access to the service as a result of the findings of the last National GP Patient Survey.
- The practice had a patient participation group (PPG) consisting of approximately 8/10 core members. The practice consulted with members via email and the group met when invited to do so by the practice with no set frequency. The PPG members were not asked to suggest agenda items for discussion or areas to consider but reported that they felt the practice would accommodate their wish to do so if requested. Members stated that they had been asked for their views on a variety of issues such as parking, opening hours and patient surveys.
- The service was transparent, collaborative and open with stakeholders about performance and participated in the local Clinical Commissioning Group (CCG) practice engagement programme.

## Continuous improvement and innovation

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

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. There was evidence of learning being shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.