Hetton Group Practice

Quality Report

Francis Way
Hetton-le-Hole
Houghton-le-Spring
Tyne and Wear
DH5 9EZ
Tel: 0191 526 1177
Website: www.hettongp.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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Hetton Group Practice on 22 September 2015. Overall, the practice is rated as good.

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;
- Risks to patients and staff were assessed and well managed;
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and responsibilities;
- 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 treated with compassion, dignity and respect and were involved in decisions about their care and treatment;
- The majority of patients who provided us with feedback did not raise any concerns over access to appointments. Results from the National GP Patient Survey of the practice showed that patient satisfaction with access to appointments, practice opening hours and appointment waiting times, was broadly in line with local Clinical Commissioning Group (CCG) and national averages. Staff continuously monitored the practice's appointment system to provide better responsiveness for their patients;
- There was a clear leadership structure and staff felt well-supported by the management team. Good governance arrangements were in place;
- Staff had a clear vision for the development of the practice and were committed to providing their patients with good quality care. This was demonstrated by the steps staff were taking to develop additional services to meet the needs of their patients.

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

Summary of findings

- The practice needs to assess and consider what emergency medications are appropriate for doctors to carry with them when carrying out routine home visits for use in acute situations.

We identified outstanding areas of practice:

- Staff had supported a local organisation (Sunderland People First) to carry out a check of how well their practice met the health needs of patients with learning disabilities. The practice had prepared an action plan to help address those areas where it had been identified that staff could make improvements. Staff had already taken action to implement their action plan and this had led to improvements in the services provided to patients with learning disabilities;
- The practice offered a full range of immunisations for children who attended their child health and immunisation clinics. On the basis of the nationally reported data available to the Care Quality Commission (CQC), we saw that, where comparisons allowed, the delivery of the majority of childhood immunisations was mostly higher, when compared to the overall percentages for children receiving the same immunisations within the local CCG area.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There was an effective system for dealing with safety alerts and sharing these with staff. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place and staff recruitment was safe. The premises were clean and hygienic and there were good infection control processes.

Are services effective?

Good

The practice is rated as good for providing effective services. Nationally reported Quality and Outcomes Framework (QOF) data showed the practice had performed well in providing recommended care and treatment to their patients. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health, and providing advice and support to patients to help them manage their health and wellbeing. Staff worked with other health care professionals to help ensure patients' needs were met. They had also completed a variety of clinical audits and used these to improve patient outcomes. There was an effective appraisal system and staff had access to the training they needed to carry out their duties.

Are services caring?

Good

The practice is rated as good for providing caring services. The majority of patients we spoke with, and most of those who completed Care Quality Commission comment cards, told us they were satisfied with the quality of the care and treatment they received. Patients said they were treated with dignity and respect and were involved in decisions about their care and treatment. The National GP Patient Survey of the practice showed good levels of patient satisfaction with the caring services provided by the nurses, and by the GPs in some of the areas covered.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Staff had reviewed the needs of their local population and were providing services to meet them. The practice was fully engaged with the local

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Clinical Commissioning Group (CCG) and worked with them to improve and develop patient care in the locality within which they were based. 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 any issues raised. The majority of patients who provided us with feedback did not raise any concerns over access to appointments. Results from the National GP Patient Survey of the practice showed that patient satisfaction with access to appointments, practice opening hours and appointment waiting times, was broadly in line with local CCG and national averages. Following feedback from patients, the practice had recently made changes to their 'Doctor-First' appointment system, to take account of patient feedback.

Are services well-led?

Good

The practice is rated as good for being well-led. Staff had a clear vision about how they wanted the practice to develop, and were taking steps to deliver this. The practice had good governance processes, and these were underpinned by a range of policies and procedures that were accessible to all staff. There were systems and processes in place to identify and monitor risks to patients and staff, and to monitor the quality of services provided. Regular practice and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. The practice proactively sought feedback from patients and had an active Patient Participation Group (PPG) whose members were encouraged and supported to comment on how services were delivered.

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

Good

The practice is rated as good for the care of older people. Staff offered proactive, personalised care which met the needs of these patients. The practice offered home visits and longer appointment times where this was needed by their older patients. Nationally reported data showed the practice had performed well in providing recommended care and treatment for most of the clinical conditions commonly associated with this population group. For example, the data showed the practice had achieved 100% of the total points available to them for providing the recommended care and treatment to patients with heart failure. (This was 1% above the local Clinical Commissioning Group (CCG) average and 2.9% above the England average.)

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Effective systems were in place which ensured that patients with long-term conditions received an appropriate service which met their needs. Nationally reported data showed the practice had performed well, and obtained the maximum number of points, for providing recommended care and treatment for most of the clinical conditions commonly associated with this population group. Performance was above the local CCG and England averages in all areas. For example, the data showed the practice had achieved 100% of the total points available to them, for providing the recommended care and treatment to patients with rheumatoid arthritis. (This was 8.2% above the local CCG average and 7% above the England average.)

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk. For example, the practice maintained a register of vulnerable children and contacted families where a child had failed to attend a planned appointment. Where comparative data was available to us, this showed immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the practice premises were suitable for children and babies. There was a weekly midwife clinic, and a recall system in place to ensure that new mothers attended for postnatal and six-weekly checks. The practice offered contraceptive and sexual health advice, and staff were taking steps to provide an out-of-hours sexual health clinic for

younger patients. The practice had completed a best practice self-review tool (You're Welcome) to assess how accessible their services were to younger patients, and were waiting for an accreditation visit.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). Staff were proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this age group. Early and late appointments were offered, to make it easier for families and working-age patients to obtain convenient appointments. Nationally reported data showed staff were good at identifying patients who were at risk of developing long-term health conditions, such as coronary heart disease and hypertension.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Staff maintained a register of patients with learning disabilities and offered annual reviews to help them stay healthy. Staff had also supported a local organisation (Sunderland People First) to carry out a check of how well the practice met the health needs of patients with learning disabilities. The practice had prepared an action plan to help address those areas where it had been identified staff could make improvements. Staff had already taken action to implement their action plan and this had resulted in improvements to the services patients with learning disabilities received. Nationally reported data showed the practice had obtained 100% of the points available to them for providing recommended care and treatment to patients with learning disabilities. (This achievement was 19.4% above the local CCG average and 15.9% above the England average.) Systems were in place to protect vulnerable children. For example, staff 'flagged' the records of at-risk children, to identify when the practice had been contacted about these patients. Staff knew how to recognise signs of abuse in vulnerable adults and children. They understood their responsibilities regarding information sharing and the documentation of safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Nationally reported data showed the practice had achieved 100% of the total points available to them for providing recommended care and treatment to patients with mental health needs. (This achievement

Summary of findings

was 9.7% above the local CCG average and 9.6% above the England average.) Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations, and were able to access in-house psychotherapy, as well as sessions run by MIND and Turning Point (organisations which provide help to patients experiencing mental health difficulties). Nationally reported data also showed the practice had achieved 100% of the total points available to them for providing recommended care and treatment to patients with dementia. (This achievement was 5% above the local CCG average and 6.6% above the England average.) Screening and assessment was offered to patients at risk of dementia.

Summary of findings

What people who use the service say

We spoke with eight patients during the inspection. The majority provided positive feedback about their experience of using the practice. Words used to describe the practice included: supportive; pretty well run; staff take their time and do not rush; treated with dignity, compassion and respect; and satisfied with the service. However, two of the patients told us it was sometimes difficult to get an appointment, and one said that, because of the telephone triage system operated by the practice, you were not always able to speak with the doctor of your choice.

As part of our inspection we asked staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 38 completed comment cards 36 of which were positive about the standard of care received. Descriptions of the service included: excellent; 100% happy; fantastic experience; professional service. Where patients commented, they said they were treated with respect, dignity and compassion. However, one patient raised concerns about access to appointments and another said their repeat prescriptions were never correct.

The National GP Patient Survey of the practice, published in July 2015, showed varying levels of patient satisfaction, with the practice performing well in some areas, and less well in others. (298 surveys were sent out. There were 99 responses, which was a response rate of 33%.) For example, patient satisfaction was above the local Clinical Commissioning Group (CCG) and national averages with regards to the quality of care and treatment patients received from the nursing team, and by the GPs in some of the areas covered. Patient satisfaction levels in other areas covered by the survey were, although below the local CCG and national averages, broadly in line with these. However, there were also a small number of areas where the practice's performance was considerably below the local CCG and national averages. Of the patients who responded to the survey:

- 98% had confidence in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%;
- 95% said the last GP they saw or spoke to was good at listening to them, compared to the local CCG average of 91% and the national average of 89%;
- 94% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 89% and the national average of 87%;
- 98% said the last GP they saw or spoke to was good at giving them enough time, compared to the local CCG average of 89% and the national average of 87%;
- 89% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 84% and the national average of 85%;
- 81% said the GP they last saw treated them with care and concern, compared with the local CCG average of 87% and the national average of 85%;
- 82% described their overall experience of the surgery as good, compared to the local CCG average of 88% and the national average of 85%;
- 89% said their last appointment was convenient, compared to the local CCG average of 93% and the national average of 92%;
- 67% said they would recommend the surgery to someone new in the area, compared to the local CCG average of 81% and the national average of 78%;
- 67% found it easy to get through to the surgery by telephone, compared with the local Clinical Commissioning Group (CCG) average of 79% and the national average of 73%;
- 63% described their experience of making an appointment as good, compared with the local CCG average of 76% and the national average of 73%;
- Only 18% said they usually get to see or speak to their preferred GP, compared to the local CCG average of 60% and the national average of 60%.

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

The practice needs to assess and consider what emergency medications are appropriate for doctors to carry with them when carrying out routine home visits for use in acute situations.

Hetton Group Practice

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 adviser. There was also a general practice professional and an Expert by Experience on the team.

Background to Hetton Group Practice

Hetton Group Practice is a large teaching practice providing care and treatment to 11503 patients of all ages, based on a General Medical Services (GMS) contract. The practice is based in a small town in the Coalfields area of Sunderland and is part of the NHS Sunderland Clinical Commissioning Group (CCG.) The Sunderland local authority area is significantly more deprived than the average for England and it is estimated that over 13,300 children are considered to be living in poverty. Other indicators show that in Sunderland the life expectancy for men and women is nearly respectively eleven and seven years below that of the England averages. The practice had a very low proportion of patients who were from ethnic minorities.

The Hetton Group Practice is located in a purpose built health centre and provides patients with fully accessible treatment and consultation rooms. The practice shares the building with other community health based services. Staff provide a range of services and clinics including, for example, services for patients with asthma, diabetes and coronary heart disease. It consists of eight GP partners (five male and three female), a practice manager, an office manager, two practice nurses, a triage nurse, two healthcare assistants, a pharmacy assistant and a team of administrative and reception staff. The practice also employed a female salaried GP and a GP registrar was on placement at the time of our visit.

The practice, which we visited as part of our inspection, is based at: Francis Way, Hetton-le-Hole, Houghton-le-Spring, Tyne and Wear. DH5 9EZ. The practice was open Monday to Friday between 8am and 6pm, and offered GP and nurse appointments from 8:30am until 5:40pm.

When the practice is closed patients can access out-of-hours care via the Northern Doctors Urgent Care service, and the NHS 111 service.

Why we carried out this inspection

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 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.

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

Detailed findings

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 September 2015. During our visit we spoke with a number of staff, including three of the GP partners, the practice manager, the practice nurse, the medicines management assistant and staff working in the administrative and reception team. We also spoke with eight patients. We observed how patients were being cared for and reviewed a sample of the records kept by practice staff. We reviewed 38 Care Quality Commission (CQC) comment cards in which patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify potential risks and to improve quality in relation to patient safety. This information included, for example, significant event audit and incident reports, safety alerts and complaints. The practice had recorded that 30 incidents and eight significant events had occurred between, 01 April 2014 and 31 December 2014. The records we looked at showed these had been dealt with appropriately, and had been reported to the local Clinical Commissioning Group (CCG) via the Safeguarding Incident and Risk Management System (SIRMS). (This system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so the local CCG can identify any trends and areas for improvement.) Staff told us significant events were discussed at team meetings to help promote shared learning, or on the day they occurred, if they were considered to be more urgent. Copies of significant event reviews could be easily accessed by staff on the practice's intranet system.

A GP partner we spoke with confirmed all staff had completed training in how to report significant events. Staff we spoke to were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. The records we looked at showed staff had taken appropriate action in relation to the incidents reported. They had maintained a clear record of what had happened, what action had been taken in response and what lessons had been learned as a result. All incidents were reviewed at the practice's monthly business meeting and the findings discussed quarterly with the Patient Participation Group (PPG). The patients we spoke with raised no concerns about safety at the practice. Overall, the sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately.

The practice had a system for handling safety alerts. All safety alerts received by the practice were forwarded to the lead GP partner so that appropriate action could be taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices which helped to keep patients safe. These included:

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The practice had safeguarding policies and procedures which were accessible to all staff, and these included details of who to contact in the event that a safeguarding referral needed to be made. One of the GP partners acted as the safeguarding lead for the practice and had undertaken additional training to enable them to carry out this role effectively. Staff demonstrated they understood their safeguarding responsibilities and all but one member of staff had received safeguarding training relevant to their role. Systems were in place which ensured staff contacted the families of any children who missed planned appointments;
- Arrangements to ensure all staff who acted as chaperones were trained for the role and had undergone 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 or adults who may be vulnerable.);
- Procedures for monitoring and managing risks to patient and staff safety. Overall, we saw evidence that appropriate checks were carried out to ensure the safety of the premises and the equipment used by staff. All electrical equipment had been tested in January 2015 to ensure it was safe to use and was working properly. Other checks had been carried out to make sure equipment was safe to use. However, when checking equipment expiry dates, we found the following out-of-date equipment: syringes, an oxygen mask; a speculum (medical tool) and a swab. The practice manager took immediate action to address this concern, and told us the current system for checking expiry dates would be reviewed, to make sure it was fit for purpose. The practice manager had carried out a fire risk assessment to identify and manage potential fire risks. The practice had a lead for fire safety who had completed more advanced training, to enable them to carry out this role. Staff had taken part in a fire drill within the last12 months to help ensure they knew what to do in a fire emergency. Staff had carried out a health and safety risk assessment in August 2015, to help minimise risks to staff and patients;
- Arrangements to ensure appropriate standards of cleanliness and hygiene were being followed. The

practice was clean and tidy throughout. Daily cleaning was carried out by domestic staff working to a recorded cleaning schedule. The practice had an identified infection control lead who provided advice and guidance to staff. An infection control audit had been carried out within the previous 12 months, to help reduce the risk of the spread of infection. There were infection control protocols in place and staff had received training in infection control. A legionella risk assessment had been completed, and regular water temperature checks were undertaken. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.);

- Arrangements for managing medicines, including emergency drugs and vaccines, which helped to keep patients safe. For example, we saw evidence which confirmed that medication reviews were all done in a timely and appropriate manner, with support from a designated medicines management clerk. Practice systems meant that only the GPs could re-authorise repeat prescription medicines. Suitable arrangements had been made to monitor vaccines. These included carrying out daily temperature checks of the medicines stored in the vaccine refrigerator and keeping a record of these in a log book. Prescription forms were stored securely and staff were complying with relevant guidance concerning their storage. A member of staff now acts as the medicines management co-ordinator for the practice. They told us a key part of their role was to ensure staff were following the practice's medicines policies and procedures.
- Arrangements for monitoring the prescribing practice of staff. We looked at information before the inspection which indicated that the practice was prescribing more antibiotics for some groups of patients, when compared with similar practices. We found staff were aware of this and had used the information made available to them to monitor how well they were following prescribing guidelines. Staff provided evidence which demonstrated they had reviewed their prescribing data and, on identifying that there were variations in clinicians' practice, had taken action to improve their performance. For example, a GP prescribing lead had been identified, and training sessions were held for clinical staff. All the GPs had also signed up to become 'Antibiotic Guardians', to help promote awareness of antibiotic resistance. There was evidence that the comprehensive audit carried out, and the subsequent measures staff later put in place, had led to a significant improvement in the prescribing of antibiotics in the practice;
- Carrying out required recruitment checks on staff to make sure they were suitable. The staff files we sampled showed that appropriate checks had been undertaken prior to their employment. These included: checks that staff were registered with the appropriate professional body; obtaining references from previous employers; checking that staff had obtained the qualifications they needed to carry out their roles and responsibilities; carrying out a DBS check to make sure new staff were safe to care for vulnerable adults and children;
- Arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups, to ensure there were enough staff on duty. The GP partners covered each other's leave, and there had been no use of GP locums during the previous four years.

Arrangements to deal with emergencies and major incidents

Staff had made arrangements to deal with emergencies and major incidents. For example, the practice's intranet system included a facility which enabled staff to alert others in the event of an emergency. The practice nurse was responsible for monitoring the availability of emergency medicines and ensuring they were within their expiry dates. They told us they regularly checked the resuscitation equipment, including the defibrillator and oxygen supply, and undertook checks of medicines and equipment kept by the GPs in their doctor's bag. The sample of records we looked at confirmed this. However, one of the GP partners told us the doctors did not routinely take emergency medicines out with them when they carried out a home visit. The sample of training records we looked at confirmed staff had received annual basic life support training. The practice had a comprehensive and up-to-date business continuity plan to help them manage major incidents, such as a power failure or damage to the building. Key staff retained copies of the plan at their own homes, to help ensure they would be able to respond promptly and appropriately to an out-of-office emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff 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. They used these guidelines to develop how care and treatment was delivered to meet patients' needs. Nursing staff were able to access e-templates to record the outcome of their consultations with patients. A member of the nursing team told us the e-templates covered all of the areas specified in the relevant NICE guidelines.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) scheme. (This is intended to improve the quality of general practice and reward good practice.) Staff used the information collected for the QOF and their performance against national screening programmes, to monitor outcomes for patients. Overall, the QOF data, for 2013/14, showed the practice had performed well in obtaining 99.2% of the total points available to them. (This was 4.7% above the local Clinical Commissioning Group (CCG) average and 5.7% above the England average.) For example, with regards to specific clinical conditions the QOF data showed:

- Performance for the cancer related indicator was better than the local CCG average (2.8% higher) and the England average (4.5% higher);
- Performance for the chronic obstructive pulmonary disease related indicator was better than the local CCG average (2.8% higher) and the England average (4.7% higher);
- Performance for the hypertension related indicator was better than the local CCG average (10.1% higher) and the England average (11.6% higher).

The data showed the practice had obtained 100% of the total points available to them for delivering care and treatment aimed at improving public health. For example, the QOF data showed the practice had, during the previous 12 months: monitored the prevalence of obesity within their patient population; maintained a register of patients who met the criteria for being assessed as obese, and recorded the body mass index of these patients in their medical records. Their performance was in line with the local CCG and England averages.

The practice's clinical exception reporting rate was 3.6% for 2013/14. This was 4% below the CCG average and 4.3% below the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) This suggests that the practice operates an effective patient recall system, where staff are focussed on following patients up and contacting non-attenders.

The information we looked at before the inspection did not identify that the practice was an outlier for any QOF (or other national) clinical targets, with the exception of antibacterial prescribing, which staff had taken steps to address.

Staff carried out clinical audits to help improve patient outcomes. The sample of clinical audits we looked at had been well completed. They covered, for example, whether patients taking medicines prescribed for the management of hypertension, heart failure and diabetic nephropathy had had their renal function tested. A clinical audit had also been carried out to check that patients prescribed certain anti-epileptic medicines had had their Calcium and Vitamin D levels monitored. We were able to confirm that these audits, and others that had been carried out, were complete audits which demonstrated improvements in patient outcomes.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. There were arrangements for making sure that all new staff received an appropriate induction. For example, there was an induction pack for locum GPs to help make sure they understood the practice's systems, policies and procedures. Staff had received the training they needed to carry out their roles and responsibilities, including for example, training on safeguarding vulnerable patients, basic life support and infection control. The partners received a two-week study allowance each year, and one of the GPs was away on a minor surgery course at the time of our inspection.

Good

Are services effective?

(for example, treatment is effective)

The practice nurse provided us with evidence confirming they had completed diplomas in the care of patients with asthma and chronic obstructive pulmonary disease. They had also undertaken advanced training in areas such as diabetes and spirometry (a test that can help diagnose various lung conditions). They had completed training updates where these were required. The practice nurse told us the management team was very supportive of their need to carry out training and ensured they were made aware of any training available. Staff had access to, and made use of, e-learning training modules and monthly in-house training. There were arrangements in place for staff to have an annual appraisal, and GP staff were supported to work towards their re-validation with the General Medical Council.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped staff to make sure staff had the information they needed to plan and deliver care and treatment. The information included patients' medical records and test results. The practice nurse told us NHS patient information leaflets were available and that these, and other sources of advice, were shared with patients to help them manage their long-term conditions. All relevant information was shared with other services in a timely way, for example, when patients were referred to other services, such as hospitals. The sample of referrals we looked at were of a high quality and showed evidence of patient choice and engagement. We did not identify any evidence that there were backlogs in responding to clinical tasks such as, for example, patient discharge letters or other types of advisory letters. Staff worked well together, and with other health and social care professionals, to assess and plan on-going care and treatment, and meet the range and complexity of patients' needs.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (2005). When staff provided care and treatment to children and young people, they also carried out assessments of their capacity to consent that were in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear, staff told us they would assess the patient's capacity and, where appropriate, record the outcome of the assessment and seek further advice and support.

Health promotion and prevention

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice had a comprehensive screening programme. For example, nationally reported QOF data, for 2013/14, showed the practice had obtained 100% of the overall points available to them for providing recommended care and treatment to patients who smoked. (This was 5.8% above the local CCG average and 6.3% above the England average.) The data also confirmed the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy.

Arrangements had also been made to provide women with access to appropriate screening services. For example, the QOF data showed the practice had obtained 100% of the overall points available to them for providing cervical screening services. (This was 0.8% above the local CCG average and 2.5% above the England average.) The data also showed the practice had protocols that were in line with national guidance. These included protocols for the management of cervical screening, and for informing women of the results of these tests. The practice had also obtained 100% of the overall points available to them for providing contraceptive services to women in 2013/14. (This was 3% above the local CCG average and 5.6% above the England average.)

The practice had obtained 100% of the QOF points available to them for providing recommended care and treatment to patients with learning disabilities and mental health needs. (This was 19.4% and 9.7% respectively above the local CCG average and 15.9% and 9.6% respectively above the England average.) QOF data showed that 91.8% of patients with the mental health conditions covered had a comprehensive care plan in place which had been agreed with them and their carers. (This was 3.5% above the local CCG average and 5.9% above the England average.)

The practice offered a full range of immunisations for children who attended their child health and immunisation clinics. On the basis of the nationally reported data available to the Care Quality Commission (CQC), we saw

Good

Are services effective?

(for example, treatment is effective)

that, where comparisons allowed, the delivery of the majority of childhood immunisations was mostly higher, when compared to the overall percentages for children receiving the same immunisations within the local CCG area. Flu vaccination rates for patients over 65s, and patients in at risk groups, were similar to those of other local practices. We saw evidence that staff took active steps to encourage patients to have appropriate vaccinations. For example, staff visited luncheon clubs to administer vaccinations.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection we observed that members of staff were courteous and helpful to patients who attended the practice or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens or curtains were provided in consulting and treatment rooms so that patients' privacy and dignity was maintained during examinations 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. Staff told us that a private space would be found if patients indicated they needed to discuss a confidential matter.

As part of our inspection we asked staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 38 completed comment cards and 36 were positive about the standard of care the respondents received. Words respondents used to describe the service included: excellent; 100% happy; fantastic experience; professional service. Where patients commented, they said they were treated with respect, dignity and compassion. The National GP Patient Survey of the practice showed good levels of patient satisfaction with the caring services provided by the nurses, and by the GPs in some of the areas covered. Of the patients who responded to the survey:

- 95% said the GP was good at listening to them, compared to the local CCG average of 91% and the national average of 89%;
- 94% said the GP gave them enough time, compared to the local CCG average of 89% and the national average of 87%;
- 98% said they had confidence and trust in the last GP they saw, compared to the local CCG average of 96% and the national average of 95%;
- 81% said the last GP they spoke to was good at treating them with care and concern, compared to the local CCG average of 87% and the national average of 85%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with, and those who completed CQC comment cards, told us clinical staff gave them enough time to explain why they were visiting the practice, and involved them in making decisions about their care and treatment. Results from the National GP Patient Survey of the practice showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results for the nursing staff were consistently above the local CCG and national averages. Patient satisfaction with the GPs performance in this area was broadly in line with the local CCG and national averages. Of the patients who responded to the survey:

- 94% said the last nurse they saw was good at explaining tests and treatments, compared to the local CCG average of 92% and the national average of 90%;
- 90% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 89% and the national average of 85%;
- 83% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 89% and the national average of 86%;
- 79% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 85% and the national average of 81%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a range of support groups and organisations. The practice's IT system alerted clinical staff if a patient was also a carer, so this could be taken into account when planning their care and treatment. Written information was available for carers to ensure they understood the various avenues of support available to them. A member of the practice team acted as a 'carer co-ordinator' and 'carers champion' and helped to ensure that the needs of carers were identified and their views documented. Arrangements were in place to refer patients who were also carers to a carers organisation based in Sunderland where this was judged to be appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. Staff used a locally developed intelligence tool (Raidr) to identify the needs of their patient population and compare their performance with other local practices, and nationally. Other examples of the practice's responsiveness included:

- Allocating a named doctor to patients aged over 75 years of age and those with long-term conditions. Staff had completed care plans for the 2% of their patient population who had complex needs and were at risk of an unplanned hospital admission. Regular meetings took place to review the needs of patients who fell into this group. The practice was taking steps to improve its influenza vaccine uptake rate of 76% by scheduling immunisation visits to care homes, luncheon clubs and community centres. An influenza open day was taking place on the day of our inspection. Staff had made arrangements for a special bus to bring patients requiring an influenza vaccination to the practice from outlying areas. The partners supported the local 'Time to Think' beds and Care Home Project schemes, by allocating GP time to help deliver these services. ('Time to Think' services support people to recuperate after a hospital stay.);
- Maintaining a register of patients with long-term conditions to help staff plan, and deliver, appropriate services to meet their needs. There was a designated lead for each of the long-term conditions covered by the Quality and Outcomes Framework (QOF). The needs of patients with long-term conditions were managed by the nursing team, which included nurse prescribers, with support from the GP team. Staff were involved in a variety of research projects where the focus was on the management of specific long-term conditions, such as chronic obstructive pulmonary disorder (COPD). The practice's COPD lead was actively taking steps to identify patients with this condition and improve how the practice supported them to manage their condition. The practice had a COPD action plan which set out how they would meet the needs of this group of patients. Staff were developing services for patients with diabetes which included GP and nurse training for insulin initiation, and the provision of an insulin initiation service at the practice. Staff made use of the Primary Care Atrial Fibrillation (AF) Service to help them make sure that those patients with AF, who were considered to be at high-risk of a stroke, received anticoagulation treatment, where their needs indicated that this would be appropriate. (AF is a heart condition that causes an irregular heartbeat and often an abnormally fast heart rate.);
- Providing services to meet the needs of children, families and young people. For example, by providing contraceptive advice and implants. Patients registered with other practices in the local area were able to access these services. The practice had recently been granted approval to apply for an innovation bid, for the development of an out-of-hours (5:30pm to 7:30pm) teenage sexual health clinic, and a project focussing on the prevention of childhood obesity. We were told the practice had high Chlamydia screening uptake rates, and we were able to confirm that younger patients could access Chlamydia screening packs and sexual health advice. Staff had completed the 'You're Welcome' self review tool to help them judge how well they had made their health services accessible to young people. The practice was waiting for their grading at the time of our inspection. Staff had produced an on-line directory of all the resources available to patients in the area which they had made available to other practices;
- Enabling working age and retired patients to book appointments and repeat prescriptions on-line. The availability of telephone consultations made it easier for these patients to access GP advice. Patients registered with other GP practices, but who were working away from home within the Hetton Group Practice boundary, were able to access appointments at the surgery. Working age patients were offered NHS health checks to help them stay healthy;
- Allocating a named GP for patients with learning disabilities. We were told this helped to provide staff with advice and guidance in this area. The practice maintained a register of patients with learning disabilities and offered annual healthcare reviews. Staff had supported a local organisation (Sunderland People First) to carry out a check of how well the practice met the health needs of patients with learning disabilities. The practice had prepared an action plan to help address those areas where it had been identified staff could make improvements. The practice had agreed to

Good

Are services responsive to people's needs?

(for example, to feedback?)

act as a 'Safe Haven' for patients with learning disabilities. This meant that staff would, if required, provide somewhere for people to go if they felt unwell, lost or were being bullied. Staff 'flagged' the records of at-risk children to identify when the practice had been contacted about these patients. Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing and the documentation of safeguarding concerns;

- Making arrangements to meet the mental health needs of patients. For example, all clinical staff had completed training in how to use the Mental Capacity Act (2005). A member of the clinical team acted as the dementia lead for the local clinical commissioning group (CCG). We were told this member of staff had contributed to the development of an action plan that could be used by other local practices, to help them work towards providing gold standard care for patients with dementia. Nursing staff had received training to enable them to make effective referrals to the local Memory Protection Service. All staff had completed dementia awareness training. Clinicians undertook active dementia screening and, as a result, the practice had the largest dementia care register in their local CCG. Patients were able to access a range of in-house mental health services such as psychotherapy and counselling sessions, provided by MIND and Addiction.

Access to the service

The practice was open Monday to Friday between 8am and 6:00pm and offered GP and nurse appointments from 8:30am until 5:40pm. The practice had previously provided extended hours appointments every other Saturday morning, but we were told this service was no longer offered. Patients were able to book appointments either by telephone, online or attending the practice. The practice operated a 'Doctor First' appointment system, which meant patients calling to request an urgent appointment were first contacted by a doctor, to determine the most appropriate response to their needs. On-call doctors were allocated each day to take on this role to ensure the process worked effectively. In addition to this, the practice also provided face-to-face appointments and telephone call consultations each day. Patients were also able to book routine appointments in advance.

The majority of patients who provided us with feedback did not raise any concerns about access to appointments. However, a small number of patients told us they found it difficult to obtain appointments, and they were not happy with the appointments system operated by the practice. Results from the National GP Patient Survey of the practice, published in July 2015, showed that patient satisfaction with access to appointments, practice opening hours and appointment waiting times, was broadly in line with local CCG and national averages. Of the patients who responded to the survey:

- 78% were satisfied with the practice's opening hours, compared to the local CCG average of 81% and the national average of 75%;
- 63% described their experience of making an appointment as good, compared to the local CCG average of 76% and the national average of 73%;
- 89% said the last appointment they got was convenient, compared to the local CCG average of 93% and the national average of 92%;
- 71% patients said they usually waited 15 minutes or less after their appointment time. This was in line with the local CCG average and above the national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for managing complaints. This included having designated staff leads who were responsible for handling any complaints received by the practice, and a complaints policy which provided staff with guidance about how to handle complaints. The complaints policy could be accessed via the practice's website and information about how to complain was also available in the patient waiting area. The policy advised patients how to escalate their complaint externally if they were dissatisfied with how the practice had responded. The practice had received fourteen complaints during the previous 12 months. We looked at the records kept of these and found they had been investigated and responded to appropriately. Letters of apology had been sent to complainants where the practice had judged they could have provided a better service. The practice manager told us any complaints received by the practice were discussed in practice meetings, and that opportunities for learning were identified and acted on.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff had prepared a statement of purpose which set out the aims and objectives of the practice. The statement described the practice's commitment to the provision of excellent patient care, delivered in a clean, suitably equipped and safe environment. The practice also had a Mission Statement and a set of core values which had been agreed with the staff team. This included a statement that staff would provide a service which '…puts patient welfare at the heart of everything we do'. Information on the practice's website informed patients that staff aimed to '…deliver the best for our patients by combining the skills of the practice team with other health and social care workers in the community'. The practice's vision was supported by a formal business development plan which, we were told, set out the actions staff were taking to deliver their vision, and make improvements to the service. GP partner planning and review meetings were held on-site to monitor performance in relation to the practice's business development plan. The GP partners and the practice manager were able to clearly describe the arrangements they had put in place to meet the needs of their patient population groups, and they provided evidence to support what they told us.

Governance arrangements

We saw evidence of good governance arrangements. The practice had policies and procedures to govern their activities and there were systems in place to monitor and improve quality and identify areas of risk. One of the GP partners acted as the clinical governance lead, with other partners acting as leads for other areas, such as safeguarding, medicines management and complaints. Regular practice and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. Arrangements had been made which supported staff to learn lessons when things went wrong, and to support the identification, promotion and sharing of good practice. The practice proactively sought feedback from patients and had an active patient participation group (PPG). Overall, the arrangements put in place to make sure the premises and equipment used by staff were suitably maintained were good. There was a clear staffing structure and staff were aware of their own roles and responsibilities. A programme of clinical audits had been carried out and staff were able to demonstrate how these led to improvements in patient outcomes.

Leadership, openness and transparency

The GP partners and practice manager had the experience, capacity and capability needed to run the practice and ensure high quality care. Following a period of change, involving a number of senior GP partners leaving the practice during the previous two years, the practice now had a more stable workforce. Staff had created a culture which encouraged and sustained learning at all levels in the practice, and had, through their partnership working with other agencies, promoted quality and continuing improvement. Staff told us the practice was well led and they said they would feel comfortable raising issues.

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

The practice actively encouraged and valued feedback from patients. The practice had a Patient Participation Group (PPG) consisting of 11 members who met regularly, as well as a virtual patient group of 125 who we were told, were consulted via email. A report prepared earlier in the year, and made available on the practice's website, provided evidence that practice staff and members of the PPG had agreed three key priorities to help improve the care and treatment received by patients. This included, for example, the need to reduce antibiotic prescribing and provide an education programme for patients, to help them better understand when it is appropriate for clinicians to provide this type of medicine. We saw that three PPG meetings had been held during 2015, and minutes of these had been placed on the practice's website. Recent PPG meeting agenda items included, for example: an analysis of the significant events that had occurred; changes to the practice's appointment system; complaints received and priorities for improvement.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was forward thinking and demonstrated a strong commitment to developing patient focussed services through their involvement in bids to deliver more innovative services. The team further demonstrated their commitment to continuous learning by providing staff with

Are services well-led?

Good

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

access to the training they needed to carry out their role effectively, and by providing placements for GP Registrars (trainee doctors) and medical students. The practice had a planned educational programme and there was time allocated each month for clinicians and administrative staff to attend local training events.