

Burn Brae Medical Group

Quality Report

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

Ratings

Overall rating for this service	Outstanding	
Are services safe?	Outstanding	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Outstanding	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burn Brae Medical Group on 30 July 2015. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, they had a robust patient focussed approach to reviewing the health needs of patients with long term conditions.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- 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
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

We saw numerous areas of outstanding practice including:

- The practice made sure all staff had the knowledge and skills to identify and act upon safeguarding

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concerns. In addition to the training appropriate to their roles, the practice held an annual safeguarding training event to give the staff the opportunity to discuss different safeguarding scenarios and to ensure they were skilled and confident in safeguarding.

- The practice was innovative and reflective of how they could improve the health outcomes for patients. This was evidenced through the active approach to clinical and other audits, and being at the forefront nationally in the care planning approach for long term conditions. The practice performed higher than local and national averages on a number of the indicators in the Quality Outcomes Framework, including those related to hypertension, mental health, dementia and diabetes mellitus.
- The practice took patient involvement in health and well-being very seriously. They took an active approach to involving patients in monitoring and improving their health. This was evidenced in the care planning approach for patients with long-term conditions.
- Following consultation with young people, the practice had implemented a young patient drop in service one afternoon a week, outside school hours, to

encourage them to access primary health services. The practice had conducted a further survey to seek young people's views on what barriers there were to accessing services. To help the practice plan how they could overcome these barriers. The practice developed a leaflet aimed at young people to inform and encourage them about the services offered by the practice. They had achieved accreditation in the 'You're Welcome', the Department of Health 'Quality criteria for young people friendly health services'.

- There was strong evidence throughout the practice that team spirit and motivation was high. Of particular note was the general feeling of 'no one is left behind' and the emphasis on improving health outcomes for all.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had an ethos of patient empowerment and this was evident across a number of areas, such as reviewing the health of patients with long-term conditions and engagement with young people.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as outstanding for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used every opportunity to learn from internal and external incidents, to support improvement. Information about safety was highly valued and was used to promote learning and improvement. The practice had effective processes in place to safety manage prescribing of medicines. The practice held an annual safeguarding training event to give the staff the opportunity to discuss different safeguarding scenarios and to ensure they were skilled and confident in safeguarding. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Outstanding



Are services effective?

The practice is rated as good for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group. The practice used innovative and proactive methods to improve patient outcomes and it linked with other local providers to share best practice. The practice performed higher than local and national averages on a number of the indicators in the Quality Outcomes Framework, including those related to hypertension, mental health, dementia and diabetes mellitus.

Good



Are services caring?

The practice is rated as outstanding for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. Views of external stakeholders were very positive and aligned with our findings.

Outstanding



Summary of findings

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Patients told us it was easy to get an appointment with a named GP or a GP of choice, there was continuity of care and urgent appointments available on the same day. 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



Are services well-led?

The practice is rated as outstanding for being well-led. It had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice carried out proactive succession planning. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients using new technology, and it had a very active patient participation group (PPG) which influenced practice development.

Outstanding



Summary of findings

The six population groups and what we found

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

Older people

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

There were aspects of the practice which were outstanding and this related to all population groups. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Outstanding



People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions.

There were aspects of the practice which were outstanding and this related to all population groups. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. The practice was at the forefront nationally in the care planning approach for long term conditions and took an approach that supported patient engagement and empowerment in their health outcomes. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice held an annual health fair to promote healthier living, self-management of chronic diseases and minor illnesses and to help patients and the general public better understand the work of the practice. This promoted local organisations to patients which could offer them support.

Outstanding



Families, children and young people

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

There were aspects of the practice which were outstanding and this related to all population groups. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood

Outstanding



Summary of findings

immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

The practice had taken action to overcome barriers to young people accessing services, and had achieved accreditation in the 'You're Welcome', the Department of Health 'Quality criteria for young people friendly health services'.

Working age people (including those recently retired and students)

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

There were aspects of the practice which were outstanding and this related to all population groups. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice held a health fair annually to promote healthier living; self-management of chronic diseases and minor illnesses, to help patients and the general public better understand the work of the practice and to help patients to know about local organisations which could offer them support.

Outstanding



People whose circumstances may make them vulnerable

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

There were aspects of the practice which were outstanding and this related to all population groups. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It offered longer appointments for people with a learning disability and had carried out annual health checks by the GP lead in this area.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in

Outstanding



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vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

There were aspects of the practice which were outstanding and this related to all population groups. The practice held a register of patients experiencing poor mental health and there was evidence they carried out annual health checks for these patients. The practice regularly worked with the multi-disciplinary teams in case management of people experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. They had systems in place to follow up patients who had attended Accident and Emergency (A&E).

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing significantly higher than local and national averages. There were 118 responses from 255 surveys sent out representing a response rate of 46.3%.

- 99.3% find it easy to get through to this surgery by phone compared with a Clinical Commissioning Group (CCG) average of 77.5% and a national average of 74.4%.
- 98.7% find the receptionists at this surgery helpful compared with a CCG average of 88.2% and a national average of 86.9%.
- 79.1% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62.1% and a national average of 60.5%.
- 96.2% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.6% and a national average of 85.4%.
- 96.3% say the last appointment they got was convenient compared with a CCG average of 92.5% and a national average of 91.8%.

- 95.1% describe their experience of making an appointment as good compared with a CCG average of 75.3% and a national average of 73.8%.
- 78.2% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 74.4% and a national average of 65.2%.
- 79.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 67.1% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 CQC comment cards which were mostly highly positive about the standard of care received. With the majority of comments describing the service as excellent and with very high levels of satisfaction with the service. Words used to describe the practice included excellent, professional, kind, caring and fantastic.

Three of the CQC comment cards included some negative feedback about the service. Two patients reported being made to feel like they were wasting staff time. The third related to lack of clarity of information provided by a GP.

Outstanding practice

- The practice made sure all staff had the knowledge and skills to identify and act upon safeguarding concerns. In addition to the training appropriate to their roles, the practice held an annual safeguarding training event to give the staff the opportunity to discuss different safeguarding scenarios and to ensure they were skilled and confident in safeguarding.
- The practice was innovative and reflective of how they could improve the health outcomes for patients. This was evidenced through the active approach to clinical and other audits, and being at the forefront nationally in the care planning approach for long term conditions. The practice performed higher than local and national averages on a number of the indicators in the Quality Outcomes Framework, including those related to hypertension, mental health, dementia and diabetes mellitus.
- The practice took patient involvement in health and well-being very seriously. They took an active approach to involving patients in monitoring and improving their health. This was evidenced in the care planning approach for patients with long-term conditions.
- Following consultation with young people, the practice had implemented a young patient drop in service one afternoon a week, outside school hours, to encourage them to access primary health services. The practice had conducted a further survey to seek young people's views on what barriers there were to accessing services. To help the practice plan how they could overcome these barriers. The practice developed a leaflet aimed at young people to inform

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and encourage them about the services offered by the practice. They had achieved accreditation in the 'You're Welcome', the Department of Health 'Quality criteria for young people friendly health services'.

- There was strong evidence throughout the practice that team spirit and motivation was high. Of particular note was the general feeling of 'no one is left behind' and the emphasis on improving health outcomes for all.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had an ethos of patient empowerment and this was evident across a number of areas, such as reviewing the health of patients with long-term conditions and engagement with young people.

Burn Brae Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP and a specialist adviser with a background in practice management.

Background to Burn Brae Medical Group

Burn Brae Medical Group are based in Hexham, a rural market town and civil parish in Northumberland, which is located south of the River Tyne. The practice provides services to just over 8,900 patients. Burn Brae is based at Hexham Primary Care Centre, Hexham Northumberland, NE46 1QJ and we visited the practice as part of this inspection

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice. The catchment area for the practice covers approximately 200 square miles.

The practice is open between 8am and 8pm Monday to Wednesday. On Thursday and Fridays they are open between 8am and 6:30pm. Extended hours surgeries are offered until 8pm Monday to Wednesday.

The practice is a training practice with five GP partners (two female and three male). There are also two salaried GPs (both female), three practice nurses, one healthcare assistant and a team of administrative support staff.

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

The practice serve an area with lower levels of deprivation affecting children and people aged 65 and over, when compared to the England average. While the practice area is within the second least deprived decile in England, the proportion of people in paid work or full time employment is 51.4% and this is lower than England as a whole where the average is 60.25% of people being in paid employment. However, there is also a smaller proportion of people who were unemployed (1% compared to 6.2% England average) and a lower proportion of disability allowance claimants (at 37.7 per 1000 population, compared to an England average of 50.3 per 1000 population).

There are a higher proportion of patients over the age of 65, 75 and 85 when compared to England averages. The average male life expectancy is 80 years, which is higher than the England average of 79 years. The average female life expectancy is the same as the England average at 83.

The number of patients reporting with a long-standing health condition is slightly higher than the national average (practice population is 55.8% compared to a national average of 54.0%). The number of patients with health-related problems in daily life is higher than the national average (50.6% compared to 48.8% nationally). There is a smaller proportion of patients with caring responsibilities at 15.7% compared to 18.2% nationally.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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)

The inspector:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 30 July 2015.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.



Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Where appropriate complaints received by the practice were entered onto the system and treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice improved their approach to recording routine blood test results for those patients whose dosage of medication was dependent on blood test results. Following identification of a transcription error reported by a patient, the practice introduced a clinical system that could print labels to replace manual transcribing of results. This eradicated the risk of transcribing errors and made reading of results much clearer for clinicians and patients. The practice kept the patient informed of their progress in reviewing the incident and following the implementation of the improvements the patient feedback was that they were delighted with the changes made.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the Safeguard Incident and Risk Management System (SIRMS) to report patient safety incidents. Clinical audit was used as an integral part of reviewing safety and the quality of improvement work within the practice. The practice routinely used clinical audit as a means to check on improvements identified through the significant events process.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice had identified and acted upon staff training needs within the practice to ensure clinicians were kept up to date. For example, the practice had recently delivered a training session for staff to update them on guidance about identifying and acting upon safeguarding concerns relating to female genital mutilation. The practice took action to make sure all staff were confident and skilled in dealing with safeguarding concerns. They undertook an annual safeguarding event for all staff, where small groups of staff mixed across different job roles considered different scenarios and what action they should take.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Only clinical staff, such as GPs and practice nurses, acted as chaperones.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical



Are services safe?

lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice produced an annual infection control statement. This set out how the practice reduced the risk of infections, the audits they undertook to support this (and their outcome), and any significant events which were related to infection control. There were no significant events identified relating to infection control within the financial year 2014-15.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice had an effective process for issuing repeat prescriptions. Each time a repeat prescription was generated for particular types of medication, a red form was attached to highlight to the GP to check against a predefined set of risks prior to them authorising the prescription. This form was a second check to help the GP ensure the prescription was appropriate and safe to issue. The practice had effective processes in place for issuing prescriptions for controlled drugs. Controlled drugs are medicines which are controlled under the Misuse of Drugs legislation. Where a controlled drug was being prescribed a white form was attached. The person collecting the prescription (the patient or their representative) was asked to sign and date this form to confirm receipt. This provided an audit trail of prescriptions for controlled drugs.

- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice held an annual meeting to discuss and agree staff holiday arrangements. This ensured adequate cover and a fair distribution of holiday leave during peak times, such as school holidays.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. Where a medical emergency had occurred, we saw this was considered through the significant event process to identify what went well and what improvements the practice could make.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.8% of the total number of points available, with 5.6% exception reporting. This compared to a Clinical Commissioning Group (CCG) average of 94.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- The percentage of patients with hypertension having regular blood pressure tests was higher than the CCG and national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) was 150/90 mmHg or less was 85.8% compared to a national average of 83.1%.
- Performance for mental health related indicators was better than the CCG and national average. Overall the practice achieved 100% of the points available, compared to a CCG average of 96.2% and a National average of 90.4%. This included high performance on indicators relating to having a comprehensive care plan in place, monitoring patients' blood pressure and recording social factors which can impact on health, such as smoking and alcohol consumption.

- The percentage of patients who had been diagnosed with dementia, whose care had been reviewed within the preceding 12 months, was higher than comparators at 94.9%, compared to a National average of 83.8%.

The practice had effective arrangements in place in order to identify and review patients with long term conditions. For example the practice had previously taken part in a Northumbria Care wide project, as part of the 'Year of Care' programme, to improve care planning for patients with diabetes. The practice adopted the approach following the pilot and the way the practice planned care for diabetes patients was noted as an area of good practice in the Department of Health report, 'Working together for better diabetes care'. Their approach placed a high emphasis on patient engagement and empowering patients to self-manage their own health. They had also rolled out this approach for other long term conditions, such as coeliac disease (which is a common digestive condition where a person has an adverse reaction to gluten) and cardiovascular disease (a disease of the heart or blood vessels).

Performance for diabetes related indicators was better than the CCG and national average. They achieved 99.5% of the points available for indicators related to this condition, including high levels of monitoring for blood pressure and cholesterol, high levels of influenza immunisation and high levels of dietary review and appropriate referral onto a structured education programme. This was 4.7% points above the local CCG average and 9.4% above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 13 clinical audits completed in the last two years, most of which were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the type of test used to diagnose diabetes in line with World Health Organisation guidance.

We found the practice took an active approach to audit, and it was used as an integral part of improvement work within the practice.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- We found the practice treated other linked staff, such as district nurses and the community matron, as valued and intrinsic members of the wider practice team. This was evidenced by the practice offering mentorship to the community matron to help her achieve a prescribing qualification.

Coordinating patient care and information sharing

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they

are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.6%, which was similar to the National average of 81.9%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 95.8% to 98.6%. This was the same as or higher than national averages. Flu vaccination rates for the over 65s were 80.3%, and at risk groups 62.8%. These were above the national averages of 73.2% and 52.3% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services effective? (for example, treatment is effective)

Over the last two years the practice held an annual health fair in spring at Hexham Primary Care Centre. This was held jointly with the Sele Medical Practice. This was to promote healthier living; self-management of chronic diseases and minor illnesses; to help patients and the general public better understand the work of the practice; and, to help patients to know about local organisations which could offer them support. As part of the event free first aid training was offered by the Red Cross and people attending were offered a free 'Health MOT', which consisted of a

diabetes risk assessment (offered by Diabetes UK), a Body Mass Index (BMI) assessment, blood pressure and lung age test. A range of different organisations attended, including the Red Cross, Alzheimer's society, Carers Northumberland, Healthwatch Northumberland, and Cancer support services. Approximately 200 people attended the fair. The practice reviewed the success of this event by carrying out a survey of patient views and to seek ideas for future events.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of 47 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with five members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. In particular, they told us they felt the practice had a strong group of GPs who had worked at the practice for some time so knew the patients well. They told us the doctors demonstrated very good listening skills. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96.8% said the GP was good at listening to them compared to the CCG average of 90.4% and national average of 88.6%.
- 94.7% said the GP gave them enough time compared to the CCG average of 88.4% and national average of 86.8%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.8% and national average of 95.3%

- 95.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.6% and national average of 85.1%.
- 93.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.3% and national average of 90.4%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98.4% and national average of 97.2%
- 98.7% patients said they found the receptionists at the practice helpful compared to the CCG average of 88.2% and national average of 86.9%.

Through speaking with staff, patients and other key stakeholders, such as the community matron and managers of care homes we found there was very strong patient focus within the practice. The overriding factor in all management decisions was what was best for the patient. We saw they took every opportunity to improve the service they offered for the people who used them. The inspection team was impressed by the sense of 'nobody is left behind' with the practice looking holistically as to how they could improve access and outcomes for all, but with a focus on those who can be side-lined within primary care. For example, the way they focused on empowerment for those patients with long term conditions and the engagement they had undertaken with young patients.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 97.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.5% and national average of 86.3%.



Are services caring?

- 97.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

The practice approach to care planning for long term conditions demonstrated a patient centric approach, with an emphasis on empowerment of patients and integral involvement of patients in the planning of their care. Health tests were carried out in advance of a review appointment. The patients were then sent a letter detailing all the test results and what they meant. They then had an appointment with the practice nurse to discuss the test results and develop person-centred care plans, agreeing key priorities and goals collaboratively with the patient.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice had carried out some focused engagement with young people with Health Youth Initiative in 2012 to determine how they could make services more accessible to young people. They set up sub-group of the patient participation group made up of young people who were registered with the practice. The practice had surveyed young people and developed a drop in service out of school hours to encourage them to access health services. This service was available every week, late afternoon outside school hours. They followed this up with a further survey in 2014 to find out how young people felt about accessing GP services and identify ways in which they could further improve. The practice had conducted a further survey to seek young people's views on what barriers there were to accessing services, to help the practice plan how they could overcome these barriers. The practice developed a leaflet aimed at young people to inform and encourage them about the services offered by the practice. The practice had achieved 'You're welcome' accreditation. This demonstrated they had met the Department of Health 'Quality criteria for young people friendly health services'.

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

- The practice offered extended hours Monday to Wednesday evenings until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- All patient services were accessible to patients with physical disabilities. Other reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services.

- There was evidence the practice routinely sought the views of patients in planned improvement work to ensure it reflected their views and met their needs.
- The practice had a waiting room blood pressure machine to enable patients to check their own results.
- The practice participated in peer review with local practices to encourage change, particularly around discussing a patient's preferred place of death.

Access to the service

The practice was open between 8am and 8pm Monday to Wednesday. On Thursday and Fridays they were open between 8am and 6:30pm. Extended hours surgeries are offered until 8pm Monday to Wednesday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher when compared to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 90.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.6% and national average of 75.7%.
- 99.3% patients said they could get through easily to the surgery by phone compared to the CCG average of 77.5% and national average of 74.4%.
- 95.1% patients described their experience of making an appointment as good compared to the CCG average of 75.3% and national average of 73.8%.
- 78.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74.4% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, for example, on the practice website, in posters displayed in the waiting area and a summary leaflet available to patients.



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

We looked at six complaints received in the last 12 months and found the practice had responded with openness and transparency when dealing with the compliant. The practice approached complaints as a learning opportunity and identified where they could improve as a result.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had refined their approach to being open and transparent with patients when they were asked to complete occupation health reports.

Are services well-led?

Outstanding 

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

Our findings

Vision and strategy

The practice had a very clear vision to deliver high quality care and promote good outcomes for patients. We found there was a good understanding on what the priorities for the practice were and all staff were engaged in providing good quality care and seeking out ways to improve the service.

The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice held annual away days with staff to share their vision and look at new and improved ways of delivering the service. We found the leadership, governance and culture were used to drive and improve the delivery of high-quality person centred care.

We found the practice had a strategy in place which was stretching, challenging and innovative whilst remaining achievable. We found evidence of a systematic approach to improving care outcomes, involving key stakeholders. There was strong evidence throughout the practice that team spirit and motivation was high. Of particular note was the general feeling of 'no patient is left behind' and the emphasis on improving health outcomes for all.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate

care. Staff told us the partners were visible in the practice and they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. They told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held every year. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. Patient involvement was seen as integral to how the practice reviewed and improved services. For example, the practice had involved patients in the development of diabetes care planning to ensure it met their needs and was effective for patients. They had surveyed young people to seek input into the development of services targeted at young people. They had surveyed the attendees at the annual Health Fair to gather their views on the event and to seek ideas for future events.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Members of the PPG had also attended some staff away days to help them understand how the practice worked and involve them in generating ideas for improving the practice.

The practice had set up a special PPG group of young people to help inform them in the development of specific services for young people. This resulted in the setup of a drop-in service for young people.

The members of the PPG we spoke with told us the practice was very responsive to feedback, they gave several examples where the practice had reacted very quickly. For

Are services well-led?

Outstanding



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

example, they told us protective film had been placed over the atrium windows in the reception area and the electronic prescribing service had been implemented following feedback. They told us the practice manager in particular was an excellent leader, and they could clearly see the tone of the practice was set by the leadership within the practice. They described the practice as exemplary, creative, welcoming, and efficient in every sense. Other things to change as a result of patient feedback included:

- Making weight scales and blood pressure monitoring equipment available to patients within the practice;
- Changing signage in the practice to make it clearer for patients;
- Changing seasonal information on the information display screen; and,
- Refinements to the practice website for ease of accessibility.

The practice produced a monthly patient newsletter, to keep patients informed about the practice and to give them information about health promotion and prevention of ill health.

The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. We saw notes of staff away days and there was a clear focus on patient experience and improving the service generally. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had taken part in local pilot schemes to improve outcomes for patients in the area. For example, the practice had adopted a care planning approach for diabetes following a local pilot. They had also adopted this approach for other long term health conditions to improve patient engagement and empowerment.

The practice participated in research projects where they identified it was beneficial for their patients. For example, they were part of Royal College of General Practitioners research projects on flu surveillance and chlamydia.