

Woodlands Park Health Centre

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

Good



Are services caring?

Good



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 Woodlands Park Health Centre on 3 December 2015. The overall rating for the practice was good; but was requires improvement for providing caring services. The full comprehensive report on the December 2015 inspection can be found by selecting the 'all reports' link for Woodlands Park Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 September 2017 to review in detail the actions taken by the practice to improve the quality of care.

The practice is rated as good overall including for providing caring services.

Our key findings at this inspection were as follows:

The practice had addressed the issues identified during the previous inspection.

- The latest published National GP Patient Survey showed that patients' scores for how they were treated with kindness, dignity, respect and compassion had increased.

- The survey showed that scores had mostly improved for how patients felt about being involved in care planning and in involvement in decisions about their care and treatment.
- The practice had implemented an action plan to address the lower scores in the survey.
- CQC comment cards completed by patients were positive about the standard of care received.
- Staff were to receive care navigator training and the practice had been more proactive in identifying carers and giving them information about help available to them.

At our previous inspection on 3 December 2015 we said the provider should make improvements in several areas. We saw at this inspection that improvements had been made;

- Staff had received mandatory training and this was closely monitored using an internal computer software package which provided prompts for the practice manager and staff when training was due.
- There were no longer any risks associated with transporting medicines to the branch surgery as this had closed in May 2017.
- Complaints were managed in line with the practice's complaints policy.

Summary of findings

There were areas where the provider still needed to make improvements. At our previous inspection in December 2015 there was limited evidence that clinical audits were used to improve quality outcomes for patients. At this inspection we saw that there was an audit plan in place and some audits were supplied, however there were no two cycle audits. The audits supplied had no clear aims nor were preparation or planning described.

Therefore the provider should:

- Carry out clearly defined clinical audit which is clearly linked to patient outcomes, monitored for effectiveness and comprises of two cycles to monitor improvements to patient outcomes.

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 caring?

At our previous inspection on 3 December 2015, we rated the practice as requires improvement for providing caring services as data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care. A small number of Care Quality Commission comment cards noted that the GPs were not caring.

These arrangements had improved when we undertook a follow up inspection on 7 September 2017. CQC comment cards completed by patients were positive about the standard of care received. The latest published National GP Patient Survey showed that patients' scores for how they were treated with kindness, dignity, respect and compassion had increased. The survey showed that scores had mostly improved for how patients felt about being involved in care planning and in involvement in decisions about their care and treatment. The practice had implemented an action plan to address the lower scores in the survey. Staff were to receive care navigator training and the practice had been more proactive in identifying carers and giving them information about help available to them.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Carry out clearly defined clinical audit which is clearly linked to patient outcomes, monitored for effectiveness and comprises of two cycles to monitor improvements to patient outcomes.

Woodlands Park Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. Remote clinical advice was provided by a GP specialist advisor.

Background to Woodlands Park Health Centre

Woodlands Park Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice is located in Wideopen and provides primary medical services to patients living in Wideopen, Seaton Burn, Hazlerigg and parts of North Gosforth and Dudley. The practice provides services to around 5,300 patients from:

- Woodlands Park Medical Centre, Canterbury Way, Wide Open, Newcastle upon Tyne, NE13 6JJ.

This is a purpose built premises in the centre of Wideopen. There is on-site parking and disabled parking. A disabled WC is accessible.

The practice has three partners and one salaried GP (one male and three female). The practice also currently has a female junior doctor on placement with the practice. The practice employs a practice manager, nurse prescriber, healthcare assistant and eight staff who undertake administrative roles. The practice provides services based on a General Medical Services (GMS) contact.

The practice is an approved training practice where qualified doctors gain experience in general practice.

The surgery is open from 8:30am to 6pm Monday to Friday; it is closed from 12:30pm until 2pm each Tuesday for staff training. The telephones are answered by the practice during these times. When the practice is closed patients are directed to the NHS 111 service. This information is available from the practices telephone message and the practice website.

Appointments are available at the following times:

- Monday 8:30am to 11:45am and 1:45pm to 5:30pm
- Tuesday 8:30am to 11:30am and 2pm to 5:30pm
- Wednesday 8:30am to 12:20pm and 1pm to 5:20pm
- Thursday 8:30am to 11:45am and 1:45pm to 5:30pm
- Friday 8:30am to 11:45am and 1:45pm to 5:30pm

The practice is part of NHS North Tyneside clinical commissioning group (CCG). Information from Public Health England placed the area in which the practice is located in the seventh least deprived decile of ten. In general, people living in more deprived areas tend to have greater need for health services. The practice's age population is weighted towards people over the age of 60 and 12.4% of patients are over the age of 75.

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare (known locally as Northern Doctors Urgent Care Limited).

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Woodlands Park Medical Centre on 3 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection in December 2015 can be found by selecting the 'all reports' link for Woodlands Park Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Woodlands Park Medical Centre 7 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

During our visit we:

- Spoke with the practice manager.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to manage the service.
- Used a specialist advisor GP to remotely assess the clinical audit supplied to us.

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.

Are services caring?

Our findings

At our previous inspection on 3 December 2015, we rated the practice as requires improvement for providing caring services as data from the National GP Survey showed patients rated the practice lower than others for several aspects of care. A small number of Care Quality Commission comment cards noted that the GPs were not caring.

These arrangements had improved when we undertook a follow up inspection on 7 September 2017. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

We reviewed 14 Care Quality Commission comment cards of which all were positive about the standard of care received. Common words used to describe the service were excellent, very good, supportive and understanding. Patients said they received a good service. There were two unrelated concerns raised.

At our previous inspection we saw that results from the National GP Patient Survey (July 2015) showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for most of their satisfaction scores on consultations with GPs and nurses. We looked at the data from the July 2017 survey for this recent inspection and saw the scores had increased. For example:

- 80% said the GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%). (68.2% in July 2015 survey.)
- 81% said the GP they saw or spoke to give them enough time (CCG average 89%, national average 86%). (74.2% in July 2015 survey.)
- 98% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%) (91.6% in July 2015 survey.)
- 82% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 89%, national average 86%). (67% in July 2015 survey.)
- 94% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 93%, national average 91%). (86.8% in July 2015 survey.)

- 100% said they had confidence or trust in the last nurse they saw or spoke to (CCG average 99%, national average 97%). (98.7% in July 2015 survey.)

At our previous inspection we saw that the practice did not have an action plan based on the results of the 2015 patient survey. At this inspection we saw that the practice had taken the views of the NHS Friends and Family Test (FFT) and the patient participation group and used this feedback to formulate an action plan to address issues raised by the low scores in the survey. (NHS England guidance states that from 1 December 2014, all GP practices must implement the FFT. The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). The practice manager who was new in post explained that a patient survey was planned in the future.

Care planning and involvement in decisions about care and treatment

Patient feedback on the comments cards we received told us that patients felt involved in decision making about the care and treatment they received. At our previous inspection results from the National GP Patient survey 2015 showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. At this inspection we found that scores here had mostly improved in the July 2017 survey. For example:

- 85% said the last GP they saw was good at explaining tests and treatments (CCG average of 89%, national average of 86%). (79.5% in July 2015 survey.)
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%). (78.3% in July 2015 survey.)
- 92% said the last nurse they saw was good at explaining tests and treatments (CCG average 91%, national average 90%). (95% in July 2015 survey.)
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%). (80.9% in July 2015 survey.)

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 1% of the practice list as carers. The practice manager told us that since our last

Are services caring?

inspection more carers information had been made available to patients, staff had been more proactive in identifying carers and a carers action plan had been devised in conjunction with the local GP federation. The

practice had recently signed up some of the administrative staff to receive care navigator training. This would help them to assist sign posting patients to avenues of help and care available to them.