

Fulcrum Medical Practice

Quality Report

Acklam Road
Middlesbrough
TS5 4EQ
Tel: 01642 354550
Website: www.fulcrummp.co.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? | | Outstanding |  |
| Are services caring? | | Good |  |
| Are services responsive to people's needs? | | Good |  |
| Are services well-led? | | 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 Fulcrum medical practice on 25 January 2017. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

(The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)

The Fulcrum medical practice is a unique primary medical practice in Middlesbrough, which provides GP and specialist pharmacological and psychosocial services for people with addiction to drugs and alcohol. There are 712 patients registered at the practice. The mean average age of patients registered with the practice is 38 years of

Summary of findings

age. Of all of the patients registered at Fulcrum, 78% are male and 22% are female. There are only 46 children registered at the practice. Adult patients can only register at the practice if they have a substance misuse problem. For many of the practice population the substance is predominantly heroin.

We saw areas of outstanding practice:

- The practice had trained many of its patients how to use a life-saving opiate overdose reversal drug, and provided take-home kits for single patient use. Analysis of data from patient records had indicated how effective this project was in reversing heroin overdose. 325 patients were trained and given take-home kits (a medication to reverse the effects of a heroin overdose) and 71 of these patients had used the life-saving kit in the first few months of the project.
- All patients who attended for their cervical screening received a small pack of toiletries to take away, along with health promotion advice. This had greatly increased the cervical screening uptake rate (by 24%). The practice's current uptake figure of 81% is above

the national average uptake rate of 71%, within mainstream general practices. This is a significant figure in a small cohort of females in a hard-to-reach population group.

- The waiting area had been transformed into a more relaxed informal space, furnished with sofas and comfortable seating. It was used as a therapeutic space to undertake daily health promotion sessions using health promotion specialists capturing a hard to reach group and enabling them to take responsibility for their own health and development.

The areas where the provider should make improvements are:

- Include Infection Prevention and Control as part of the induction programme.

Identify the need for, and monitor the completion of, Mental Capacity Act (2005) training for all clinical staff in order for them to carry out their duties effectively and safely.

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 good for providing safe services.

Good



- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The systems to manage and share the information that were needed to deliver effective care were coordinated across services and supported integrated care for people who used services.
- Practice derived data indicated that patients registered at the practice were 82% more likely to survive than patients (who used drugs and alcohol) registered with regular GMS providers within the same town.
- There was truly holistic approach to assessing, planning and delivering care and treatment to people who use services.
- The safe use of innovative and pioneering approaches to care and how it is delivered were actively encouraged

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the development of a 'hub' and 'spoke' system of access to opioid replacement therapy across four local pharmacies.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- People could access appointments and services in a way and at a time that suits them.
- People's individual needs and preferences were central to the planning and delivery of

tailored services.

- The services were flexible, provided choice and ensured continuity of care.
- Patients could discuss multiple presenting problems during their consultations with a clinician.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. There was not an active patient participation group (PPG) but patient feedback was regularly sought.
- There was a strong focus on continuous learning and improvement at all levels.

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



- There were very few patients in this population group (less than 1%). The mean average age of patients was 38 years.

The premises were accessible for people with limited mobility.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80%, which was comparable to the England average of 78%.
- Longer appointments were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



- There were very few patients in this population group (less than 2%). Only 46 children were registered with the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation uptake rates in children under five years were 100%
- The practice funded and provided toiletries as incentives for women attending antenatal appointments with the midwife at the practice, and for women attending for cervical screening.
- Cervical screening uptake rates were 10% higher than the national average.

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).

Summary of findings

- The needs of the working age population 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 a full range of health promotion and screening that reflects the needs for this age group.
- Saturday morning appointments were available for working-age people.

People whose circumstances may make them vulnerable

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

- All patients on the practice list were in circumstances which make them vulnerable due to the specialist nature of the GP practice.
- The practice offered longer appointments for all patients who required this.
- Patients could access a GP or nurse without an appointment via an on-call 'walk-in' system.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients were able to discuss multiple presenting problems at one appointment.
- There was a dedicated detoxification team who worked flexible hours, at a variety of locations to suit the patient, for example within the patients' homes or at neutral venues across the town.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had close links with social care, via an open dialogue and regular meetings, to keep vulnerable patients safe.
- Patients on opiate substitute medication were trained to administer overdose reversal medication, to reduce the risk of fatal overdose.
- The practice had clear protocols and boundaries about the prescribing of opiate substitute medication.

Outstanding



Summary of findings

- Practice derived data indicated that patients registered at the practice were 82% more likely to survive than patients (who used drugs and alcohol) registered with regular GMS providers within the same town.
- The practice delivered health promotion sessions in numerous opportunistic ways, to capture the health needs of a hard to reach group of patients.

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health

- Nationally reported data (2015/2016) showed that the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 96% which is similar to the England average of 95%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs.
- There was ease of access to mental health specialists within the practice, and referrals to community talking therapies were accessible.
- There was ongoing psychological assessment of patients readiness to start detoxification from drugs and/or alcohol.
- Mental health and psychological wellbeing were treated with equal importance to patients' physical health status.
- The practice constantly evaluated its psychosocial intervention work by asking patients for feedback about sessions.

It used the evaluation to consider themes on how to improve delivery of the sessions.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with, and in some cases above, local and national averages. 316 survey forms were distributed and 23 were returned. This represented just 3.2% of the practice's patient list and a response rate of 7.3%

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the local CCG average of 87% and the national average of 85%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients commented that the practice was flexible, friendly and caring and always tried to accommodate patients.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Include Infection Prevention and Control as part of the induction programme.

- Identify the need for, and monitor the completion of, Mental Capacity Act (2005) training for all clinical staff in order for them to carry out their duties effectively and safely.

Outstanding practice

- The practice had trained many of its patients how to use a life-saving opiate overdose reversal drug, and provided take-home kits for single patient use. Analysis of data from patient records had indicated how effective this project was in reversing heroin overdose. 325 patients were trained and given take-home kits (a medication to reverse the effects of a heroin overdose) and 71 of these patients had used the life-saving kit in the first few months of the project.
- All patients who attended for their cervical screening received a small pack of toiletries to take away, along with health promotion advice. This had greatly increased the cervical screening uptake rate (by 24%).

The practice's current uptake figure of 81% is above the national average uptake rate of 71%, within mainstream general practices. This is a significant figure in a small cohort of females in a hard-to-reach population group.

- The waiting area had been transformed into a more relaxed informal space, furnished with sofas and comfortable seating. It was used as a therapeutic space to undertake daily health promotion sessions using health promotion specialists capturing a hard to reach group and enabling them to take responsibility for their own health and development.

Fulcrum Medical 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 and a second CQC inspector.

Background to Fulcrum Medical Practice

Situated in an urban area of the North east of England, The Fulcrum medical practice, Acklam road, Middlesbrough, TS5 4EQ provides GP and specialist pharmacological and psychosocial services for those people with addiction to drugs and alcohol. It is served well by public transport links. The practice scores one, on a scale of one to ten, for deprivation. The lower the Indices of Multiple Deprivation (IMD) decile the more deprived an area is. People living in more deprived areas tend to have greater need for health services.

The practice comprises of four partners (a GP, two specialist addictions nurse prescribers and a business manager). In addition to this there are two salaried GPs (one is male, one is female) and a locum GP (male). There are four specialist addictions nurse prescribers (male and female) and six clinical support workers, plus an additional support worker. The non-clinical team comprises of two health improvement assistants, receptionists, administrators, data analysts and summarisers.

There are 712 patients registered at the practice. The mean average age of patients registered with the practice is 38 years of age. Of all of the patients registered at Fulcrum, 78% are male and 22% are female. There are only 46 children registered at the practice. Adult patients can only

register at the practice if they have a substance misuse problem. For many of the practice population the substance is predominantly heroin. Many patients in their thirties and forties who are registered at the practice exhibit health needs more commonly seen in the older people population group, for example; Chronic Obstructive Pulmonary Disease (COPD), and osteoporosis.

The practice is housed in a large purpose-built premises just a mile from the town centre. There is a pharmacy situated next door.

The practice premises are open from 9am until 6pm on Mondays, Tuesdays, Wednesdays and Fridays. On a Thursday it opens from 12pm until 6pm, and on Saturdays from 9am until 1pm. The practice has a Personal Medical Services contract with NHS England.

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. The 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 January 2017. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, nurses, health improvement workers and non-clinical staff) and spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked 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).

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 safe?

Our findings

Safe track record and learning

There was an system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events, although this was not in-depth, with analysis of learning outcomes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a urine specimen had not been delivered to the laboratory in time, the practice developed a system to remind staff to check the specimen fridge on a daily basis.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected compliance with the relevant legislation and local requirements. 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 on

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to safeguarding level three.

- An attached midwife attended the practice weekly and liaised with both the GPs and other members of the clinical team. The midwife shared the computerised record system so could have an immediate overview of the patients situation, substance use and risk information. The midwife also acted as a liaison with the wider midwifery team. She was issued with a Naloxone kit for overdose reversal and was provided with toiletry packs by the practice, to use as an incentive for attendance at ante-natal appointments. There was also a link Health Visitor who liaised with the practice in a similar way.
- The practice had robust arrangements with social care. The practice worked with its Middlesbrough Recovery Together partners to provide clinical information for safeguarding reports and liaised with social workers as required. The practice was in the process of reviewing the reporting paperwork, internal communication processes and establishing working links with safeguarding conference chairs to improve relationships and identify any partnership issues. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy, with the exception of some dust in clinical areas. There was a cleaning schedule in place. A nurse was the infection control clinical lead. There was an infection control protocol in place and we were told that staff had received up to date training, although this had not been formally recorded in training records. Annual infection control audits were undertaken but there was no action

Are services safe?

plan in place to address any improvements identified as a result. Curtains had not previously been changed on a six-monthly basis, but as a result of our inspection the practice implemented a system to ensure this was done.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Nurses were qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. Nurses received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- All staff wore personal alarms.
- 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. A first aid kit and accident book were 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 stored securely. An overdose reversal medicine was stocked as an emergency medicine by the practice.

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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that specifically met patients' 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 used the information collected for the Quality and Outcomes Framework (QOF) in addition to a local, population specific indicator: QoF 2) and performance against national screening programmes to monitor outcomes for patients. (QoF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 51% of the total number of points available. However, due to the specific needs of the practice population it was difficult for the practice to score highly in some of the QoF domains, for example, it had no registered patients with a diagnosis of dementia.

Data from 2015/2016 showed:

- Performance for diabetes related indicators was similar to the national average. For example, The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80% compared to the local CCG average of 78% and the England average of 78%
- Performance for mental health related indicators was similar to the national average for example, the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 96% compared with the local CCG average of 96% and the England average of 95%.

Nationally reported data also showed a significant variation in one of the QoF domains, around diabetes: The percentage of patients with diabetes, on the register, in whom the last HbA1c (HbA1c is a blood test which indicates blood glucose stability in patients with Diabetes) was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 22% compared to the local CCG average of 77% and the England average of 78%. The practice undertook an audit of these results and findings showed that, of the ten patients to whom this figure related, seven had been successfully screened and referred onto the correct hospital pathway. Three of the ten patients had repeatedly failed to attend for their appointment. The audit concluded that the level of non-concordance with respect to lifestyle and medication could be attributed to those patients recording a blood level (HbA1c) greater than 64mmol/l. Re-auditing also showed that the HbA1c results had not reduced, following hospital diabetes care for the same group of patients, several months later.

Through the use of clinical audit the practice monitored and improved their care.

- There had been two clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in 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 of an audit included the continued roll-out of the overdose reversal project for patients. The practice trained its patients to administer a life-saving reversal injection in the event of an overdose, and gave them take-home kits when they had met the training requirements. Analysis of data from patient records had indicated how effective this project was in reversing heroin overdose. 325 patients were trained and given take-home kits (a medication to reverse the effects of a heroin overdose) and 71 of these patients had used the life-saving kit in the first few months of the project.

Practice derived data indicated that patients with drug and alcohol dependency who registered with a specialist GP practice such as Fulcrum, were 82% more likely to avoid premature death than those patients registered with other GMS providers (regular GP practices) in the area. This



Are services effective?

(for example, treatment is effective)

uncorroborated practice data was based on figures from known substance misuse deaths in Middlesbrough. The practice had identified the relationship between registration rates and death rates within the town.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. Infection prevention and control had not been covered as part of the induction, but the practice introduced this as a result of our inspection.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- A weekly half-day session was allocated every week for staff training. These sessions were often facilitated by a psychotherapist and included a rolling programme of peer and specialist training. All staff attended the practice staff training sessions every week. This was delivered while the practice was closed on Thursday mornings and allowed all staff within the practice to easily achieve continuous professional development.
- Not all staff had received an appraisal within the last 12 months. There were six appraisals out of 20 which were still to be completed, this was due in part to the practice manager being new to the post and needing some

support and supervision to complete them. A system for completing these was well underway and the schedule indicated they would be completed a few days after our inspection.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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 but had not attended any formal training about the Act.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who needed additional health improvement advice and support. There were health improvement staff employed by the practice who undertook daily teaching sessions within the relaxed waiting area space, with the aim of improving health outcomes for patients.

The practice's uptake for the cervical screening programme was historically much lower than local CCG and national averages. (Nationally reported data for 2015/2016 was unavailable). The practice responded to this by introducing a contingency management system for patients eligible for



Are services effective?

(for example, treatment is effective)

their cervical screening test. All patients who attended for their cervical screening received a small pack of toiletries to take away, along with health promotion advice. The practice provided evidence of a 24% increase in uptake of the cervical screening programme (data from QoF database comparing 2009 rates with 2016 rates), once their contingency management system had been introduced. The practice has a very small cohort of female patients who were a hard to reach group in terms of accessing cervical screening. As a direct result of the toiletry bag initiative, the female cohort of patients were successfully screened and indicated that they would be prepared to undertake further screening when recalled. The practice uptake figure of 81% was above the national average uptake figure of 71%. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Detoxification and relapse prevention were vital components of successful medically assisted recovery at Fulcrum. Providing effective services at that point in treatment increased the potential for patients to successfully complete treatment and continue on the recovery journey of abstinence from drugs or alcohol. As the process of detoxification is stressful, potentially harmful and increases the risks of relapse and overdose, all drug using patients were issued an overdose reversal kit (Naloxone) at the point of assessment. In addition to this a range of complex social, health and lifestyle issues were addressed to reach an appropriate point to safely and successfully complete detoxification. Fulcrum developed a dedicated detoxification and relapse prevention team to ensure patients receiving detoxification were offered a bespoke package of care dependant on need. The team was made up of a specialist nurse prescriber and two clinical support workers. The detoxification team had added flexibility in the working week to offer appointments away from the main Fulcrum base, at meeting rooms across the town, neutral venues and the family home. Team flexibility allowed for more intense working in the build up to, and during, detoxification. Fulcrum offered assessment for detoxification to any patient at any point in their treatment journey. Anybody not deemed suitable or ready for detoxification at the time of the assessment was

provided with a plan of action to work towards in order to be suitable for detoxification in the future. Fulcrum's detoxification protocols were based on NICE guidance and the clinical guidelines for drug misuse and dependency. Patients were offered a range of clinical interventions, based on need and clinical suitability with range from supported planned reductions in medications to inpatient detoxification and residential rehab.

Detoxification rates

During 2016:

- 136 people requested a detoxification assessment
- 73 people attended the assessment
- 40 people were allocated a readiness to detox plan
- 33 completed detoxification successfully

Relapse prevention

Patients undertaking detoxification were offered relapse prevention medications as part of the detoxification planning process. Other patients were transferred from the local hospital (primarily alcohol) who had had an unplanned alcohol detoxification as part of a medical emergency. In 2016, on average 30 patients per month were receiving regular relapse prevention medications.

In order to improve drug and alcohol detoxification rates and to continue to promote recovery from drug treatment, the practice was working closely with other stakeholders. Through identification of clients on low doses of Opiate Substitute Therapy the practice could offer Psychosocial Interventions focusing on increasing motivation and readiness to change. The practice continued to address barriers to detoxification and recovery including addressing patient fears and apathy.

Childhood immunisation rates for the vaccinations given were better than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged were 100% and five year olds were also 100%.

Patients had access to appropriate health assessments and checks. These included daily health promotion sessions within the practice on a variety of health related topics, for example healthy blood pressure and smoking.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a flexible, friendly, caring service and staff were helpful, and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care by:

- Working with the CCG and palliative care specialists to develop pathways to manage complex end of life care for those with dependence and the ongoing need for opioid substitute therapy.
- Developing care plans with the patient which were specifically tailored to their health needs.
- Actively seeking patient evaluations from programmes and interventions run by the practice, for example an enhanced psychosocial interventions course.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which 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. The practice had identified 44 patients as carers (6% of the practice list). Information was available to direct carers to the various avenues of support available to them. The practice directed carers to Hope North East and to Branches peer led support group. Both agencies offered a wealth of support to people with drug or alcohol issues, and their carers and families.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was closely involved in a High Volume User Group which met on a monthly basis to help reduce the emergency and non-emergency utilisation of secondary care resources by its registered patients.

- Same day appointments were available for those patients with medical or psychosocial problems that required same day consultation.
- There were disabled facilities available.
- Targeted hepatitis screening took place within the practice, as the client group were typically at higher risk of blood borne diseases.
- The waiting area had been designed and furnished as a therapeutic space, where small informal group work could take place. Most of this work focussed on health promotion and health improvement sessions. Furnished with comfortable sofas and cushions, the waiting area had been designed as a very relaxed space where small group work could be carried out while patients waited for appointments. Health promotion topics were chosen in conjunction with the patients, and relevant health information given regarding healthy diet, blood pressure and dental health - any topic relevant to the patients could be explored.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example when a registered patient needed a referral to hospital for complex dental treatment, the patient was concerned that they would not be offered adequate pain-relieving medications due to their substance misuse. The patient's named GP wrote directly to the anaesthetist explaining the patient's concerns and, as a result, a plan of care was made to ensure that the patient would be safe and comfortable during the difficult procedure.

Access to the service

The practice premises were open from 9am until 6pm on Mondays, Tuesdays, Wednesdays and Fridays. On a Thursday it opened from 12pm until 6pm, and on

Saturdays from 9am until 1pm. GP clinics ran throughout the hours the premises were open, (except for a lunch break between 12.30pm and 1.30pm – when the premises were open but there were no GP slots). In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. Out of hours care was provided by the South Tees Access and Response (STAR) service (via dedicated GP hubs in the local area) from 6pm until 9pm by dialling the NHS 111 service. From 9pm urgent care was provided by Northern Doctors via NHS 111.

Each day there was a GP who acted as a duty clinician. The duty clinician accepted 'walk-in' appointments from their registered patients who felt they needed to be seen urgently.

Opiate substitute therapy appointments were linked, wherever possible, to patients' other general health appointments. The practice felt this was a more effective way of engaging patients to meet their own health needs.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP appointment, alternative emergency care arrangements were made by dialling 999.

Listening and learning from concerns and complaints

The practice had an effective 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.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled. Lessons were learnt from individual concerns and complaints. For example, when a patient's opioid substitute medication was reduced by a clinician for

clinical safety reasons, the patient complained and requested a change of keyworker. An audit of the patient's records was undertaken, and a one-to-one appointment was arranged between the patient, practice manager, and the clinician who carried out the clinical audit. The patient was offered an apology along with a rationale for the clinical decision.

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.

- A key element of its vision was to be a GP practice for social inclusion within the locality.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The Practice was a finalist for Team of The Year in the national General Practice Awards, 2016.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice did not have a patient participation group (PPG) as it had proved difficult to engage patients with this in the longer term. In-house patient surveys had been carried out every few months to obtain feedback about the practice and staff, from patients.
- Staff told us they felt involved and engaged to improve how the practice was run.
- In order to elicit patient views, the practice developed a strategic plan to try and engage its patients. This involved erecting a new visible suggestion box, displaying posters in the waiting area and adding a comment to the practice leaflet and website encouraging patients to share their views. A text message was sent to all of its patients asking for their views about the practice.

Are services well-led?

Good 

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

- Fulcrum patients were involved in a comprehensive research study in 2014 which reviewed service satisfaction levels of Middlesbrough Drug and Alcohol Service Users. The research questionnaire was comprehensive and highlighted some significant health and social care needs which were used by the practice to inform its delivery of care. For example:
- 21% of patients have a learning disability
- 83% are smokers
- In the last 12 months 80% experienced mental health difficulties, 75% have experienced physical health difficulties.
- 49% have close family who have issues with drugs and alcohol.
- 39% living in temporary accommodation with 16% having slept rough in last 3 months.
- 49% of patients have a close family member who are negatively affected by drugs or alcohol use.

These survey results indicated some areas where the practice could improve, including how long patients waited

to be seen after their arrival and whether they could get appointments to see their preferred GP. As a result the practice initiated a retrospective audit of patient waiting times and also surveyed patients regarding whether they saw their preferred GP.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Its three year development plan included strategies to ensure that emergency and non-emergency utilisation of secondary care resources would be optimised. This included analysis of all discharge notices from accident and emergency departments, for its registered patients, to identify alternative, more appropriate routes to accessing health care.