

Parkway 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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkway Medical Group on 27 October 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patients said they found it easy to make an appointment with a named GP and that 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.

We saw some area of outstanding practice:

- On the National GP Patient Survey, the practice consistently scored higher than the national and local averages across a number of areas, such as ease of access to the service, patient care and overall experience. For example, 96.6% of patients described their overall experience as good (compared to 86.3% locally and 84.8% nationally)

Summary of findings

and 96% of respondents would recommend this surgery to someone new to the area. This compared to the clinical commissioning group (CCG) average of 79% and the national average of 78%.

- The practice supported staff to take a reflective approach to staff training, to ensure the value of training was realised and it had an impact on the way staff delivered the service. Throughout the year

the staff completed a reflective learning log where they documented the training they had completed, what their key learning points were and how this might change the way they do their job. Managers discussed this with staff at appraisal sessions.

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.

- There was an effective 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 there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Good medicines management systems and processes were in place.
- The premises were clean and hygienic and there were good infection control processes in place.
- There were appropriate arrangements for recruiting and vetting staff.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- 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.
- There was evidence of appraisals and personal development plans for all staff. The practice used a reflective learning approach for staff to ensure the value of training was realised and it had an impact on the way staff delivered the service.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for almost all aspects of care.

Good



Summary of findings

- Feedback from patients about their care and treatment was consistently and strongly positive. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Staff had reviewed the needs of their patient population and were providing services to meet them. The practice engaged with the local clinical commissioning group (CCG) and worked with them to improve and develop patient care;
- 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. Evidence provided during the inspection showed that the practice responded quickly to any issues raised.
- Patients said they found it easy to make an appointment with a named GP which helped provide continuity of care. Urgent, same day appointments and telephone consultations were available.

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 this.
- 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 knowing about notifiable safety incidents.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The practice supported the active patient participation group to inform how the practice could improve.
- 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

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

- Staff provided proactive, personalised care which met the needs of older patients. Patients aged 75 and over had been allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, the percentage of patients with atrial fibrillation, who were treated with anticoagulation drug therapy or antiplatelet therapy was 100%, which was better than the England average (of 98.3%).
- 79.4% of patients aged 65 years or over received a seasonal influenza vaccination which was better than the national average (of 73.2%).

Good



People with long term conditions

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

- Effective systems were in place which helped ensure patients with long-term conditions received an appropriate service which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- 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 the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, the percentage of patients with diabetes,

Good



Summary of findings

on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 84.9%. This was higher than the England average of 81.6%;

- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs.
- Staff had completed the training they needed to provide patients with safe care.

Families, children and young people

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

- Regular antenatal clinics and weekly baby clinics were held by midwives attached to the practice. The GP partners provided support to the baby clinics. We saw good examples of joint working with midwives, health visitors and school nurses.
- 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.
- A full, child immunisation programme was provided. Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.7% to 100% and five year olds from 97.6% to 100.0%. This was the same as or higher than the local CCG averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 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. The practice produced a newsletter aimed at young people and there was also a section on the practice website aimed at the needs of young people.
- Younger patients were able to access contraceptive and sexual health services, and appointments were available outside of school hours.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, the Quality and Outcomes Framework (QOF) data for 2014/15 showed the practice's uptake for the cervical screening programme was 95.7%, which was higher than the national average of 81.9%.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The practice had assessed the needs of this group of patients and developed their services to help ensure they received a service which was accessible, flexible and provided 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.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, the QOF data for 2014/15 showed the practice had obtained 100% of the overall points available to them for providing services for patients with hypertension. This was 6.5% above the local CCG and 11.6% above the England average.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability and offered longer appointments.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, the QOF data for 2014/15 showed the practice had obtained 100% of the overall points available to them for providing services for patients with learning disabilities. This was 9.5% above the local CCG average and 15.9% above the England average.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Nationally reported data showed the practice had performed well in providing recommended care and treatment to patients with mental health needs. For example, the QOF data for 2014/15 showed the practice had obtained 100% of the overall points available to them for providing care and treatment to patients with mental health needs. This was 7.6% above the local CCG average and 9.6% above the England average.
- 89.4% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the 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.
- They 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 people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The latest GP Patient Survey published in July 2015 showed the majority of patients were satisfied with their overall experience of the GP surgery (96.6%). This was higher than the local clinical commissioning group (CCG) average (86.3%) and England average (85.2%). The results overall showed the practice was performing well above local and national averages. There were 257 surveys distributed and 121 were returned. This was a response rate of 47% and equated to approximately 1.5% of the practice population.

The three indicators the practice performed best at when compared to local and national averages were:

- 80% of respondents with a preferred GP usually get to see or speak to that GP. This compared to the CCG average of 61% and the national average of 60%.
- 96% of respondents would recommend this surgery to someone new to the area. This compared to the CCG average of 79% and the national average of 78%.
- 83% of respondents usually wait 15 minutes or less after their appointment time to be seen. This compared to the CCG average of 68% and the national average of 65%.

The practice also performed well in other areas. For example:

- 88.3% found it easy to get through to this surgery by phone (CCG average 78.5%, national average 73.3%).

- 96.3% found the receptionists at this surgery helpful (CCG average 87.2%, national average 86.8%).
- 86.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.9%, national average 85.2%).
- 96% said the last appointment they got was convenient (CCG average 93%, national average 91.8%).
- 86.9% described their experience of making an appointment as good (CCG average 74.2%, national average 73.3%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards, of which only two included some negative views.

For example, positive comments related to ease of getting an appointment, pleasant, professional and knowledgeable staff; the safe and hygienic environment; and, good overall care and treatment. The two cards which contained some negative views related to waiting times.

We also spoke with six patients, of which three were members of the practice's patient participation group. All six patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Outstanding practice

- On the National GP Patient Survey, the practice consistently scored higher than the national and local averages across a number of areas, such as ease of access to the service, patient care and overall experience. For example, 96.6% of patients described their overall experience as good (compared to 86.3% locally and 84.8% nationally) and 96% of respondents would recommend this surgery to someone new to the area. This compared to the clinical commissioning group (CCG) average of 79% and the national average of 78%.
- The practice supported staff to take a reflective approach to staff training, to ensure the value of training was realised and it had an impact on the way staff delivered the service. Throughout the year the staff completed a reflective learning log where they documented the training they had completed, what their key learning points were and how this might change the way they do their job. Managers discussed this with staff at appraisal sessions.

Parkway Medical Group

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 advisor and a practice manager specialist advisor.

Background to Parkway Medical Group

Parkway Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to approximately 7,900 patients from one location:

- Chapel House Primary Care Centre, Hillhead Parkway, Newcastle upon Tyne, NE5 1LJ.

Parkway Medical Group is a medium sized practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract. The practice is situated in the Chapel House area of Newcastle Upon Tyne and is part of the NHS Newcastle and Gateshead Clinical Commissioning Group (CCG).

There were a higher proportion of patients over the ages of 65 and 75 when compared to national and local CCG averages. The average male life expectancy is 79.1 years, which is higher than the England average of 78.9 years. The average female life expectancy is 82.8 years, which is the same as the England average.

The percentage of patients with a long-standing health condition is slightly lower than the national average (practice population is 51.1% compared to a national average of 54.0%). The percentage of patients with

health-related problems in daily life is lower than the national average (47% compared to 48.7% nationally). There are a higher percentage of patients with caring responsibilities at 22.6% compared to 18.4% nationally.

The practice has seven GP partners, of which one is male and six are female. There are also two practice nurses, two healthcare assistants and a team of administrative support staff.

The opening times for the practice are as follows:

- Monday 08:30 - 20:30
- Tuesday 08:30 - 18:00
- Wednesday 08:30 - 20:30
- Thursday 08:30 - 18:00
- Friday 08:30 - 18:00

Appointment times were between 9am to 1pm and 2:40pm to 5:40pm daily. Extended hours surgeries were offered every Monday and Wednesday between 6:30pm and 8:30pm.

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

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. The inspection was planned to check whether the registered provider is

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 October 2015. During our visit we:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke with a range of staff including GP partners, the practice manager, practice nurses healthcare assistants and administration staff. We also spoke with patients who used the service.
- 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.

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)

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 effective system in place for reporting and recording significant events.

- 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts 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, following a significant event where a GP was given the wrong details for a home visit, the practice improved their approach by ensuring staff checked the patients name, date of birth and address against records for any patient requesting a home visit to reduce the risk of this happening again. The practice could increase their ability to identify good practice by also considering positive significant events, where events demonstrated processes in place successfully reduced risks to patients. This could help them confirm what had gone well so they could ensure this continued.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults 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. All of the GPs had completed child safeguarding training to level three

- A notice in the waiting room advised patients that healthcare assistants and 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 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and 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. We saw there was some damage to the treatment room flooring. The practice had reported this to the landlord but remedial action to address this had not yet been taken.
- The practice used disposable curtains in clinical and treatment rooms. They visually inspected these regularly to check if they looked clean, and replaced them if there was any visible soiling. The practice policy was to change the curtains annually if there was no visible soiling. They told us they had decided on the frequency following consultation with the local clinical commissioning group infection control nurse.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients

Are services safe?

who may not be individually identified before presentation for treatment.) The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. (Patient specific directives are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed five personnel files and found 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 DBS checks.

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. 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 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.

- 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.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to 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.
- 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 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 met peoples' 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) 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). QOF data for 2014/15 showed the practice had achieved 100% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This compared to a clinical commissioning group (CCG) average of 95.5% and a national average of 92.3%. The practice had 4.3% clinical exception reporting (CCG average 6.9%, national average 7.9%). (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

- Performance for diabetes related indicators was better than the CCG and national average, with the practice achieving 100% of the points available for this area. This was 6.5% above the CCG average and 9.9% above the national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90.9%, compared to a national average of 88.4%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 84.9. This was higher than the England average of 81.6%.

- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. 89.7% of patients had a reading measured within the last nine months, compared to 83.1% nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of the points for these indicators, which was 7.6% above the CCG and 9.6% above the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 86%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was above the national average at 89.4% (compared to a national average of 83.8%).

This practice was an outlier for one indicator relating to antibacterial prescribing. Antibacterial prescribing rates were higher than the national average at 0.39. This compared to a national average of 0.28. We spoke to the practice about this. They showed us the actions they were taking to address this area of prescribing and bring it in line with comparators.

Clinical audits demonstrated quality improvement.

- The practice sent us four clinical audits completed in the last two years; three of these were completed audits where improvements had been implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example, the practice participated in the Newcastle Primary Care Cooperative project for chronic obstructive pulmonary disease (COPD) to reduce unnecessary hospital admissions.

Information about patients' outcomes was used to make improvements such as:

- An audit to look at the number of patients referred to hospital for varicose veins and ensure this followed national guidance.
- An audit to look at referrals to hospital for carpal tunnel syndrome (a painful condition of the hand and fingers caused by compression of a major nerve where it passes

Are services effective?

(for example, treatment is effective)

over the carpal bones through a passage at the front of the wrist) to ensure the practice was following referral guidelines and reducing unnecessary referrals to secondary care.

- An audit to look at adherence to prescribing guidelines for a type of medicine to reduce the risk of non-fatal myocardial infarction (this is the medical term for a heart attack).

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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they arranged role-specific training and updates for relevant staff for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had an appraisal within the last 12 months.
- The practice used a reflective learning approach for staff to ensure the value of training was realised and it had an impact on the way staff delivered the service. Throughout the year the staff completed a reflective learning log where they documented the training they had completed, what their key learning points were and how this might change the way they do their job. Managers discussed this with staff at appraisal sessions.
- 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, in-house training and training provided by the local CCG.

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 and intranet systems.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis with GPs, practice nurses and district nurses and that care plans were routinely reviewed and updated. The practice also met monthly with health visitors and midwives to discuss children's safeguarding and monthly with the practice pharmacist to discuss prescribing trends.

The practice had developed a template (guidelines) for district nurses to use when reviewing the healthcare needs of patients with long term conditions who were also housebound. We spoke with a district nurse who told us how helpful they had found this and it enabled them to capture the same information as would be collected during a review for a patient who attended the practice.

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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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, where appropriate, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- 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 system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 95.7%, which was well above the national average of 81.9%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.7% to 100% and five year olds from 97.6% to 100.0%. This was the same as or higher than the local CCG averages. Flu vaccination rates for the over 65s were 79.4%, and at risk groups 60.2%. 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 caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 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.

All of the 45 patient CQC comment cards we received were strongly 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 three members of the practice's patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected when they visited as patients. 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 felt they were treated with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses when compared to the local clinical commissioning group (CCG) and national averages. For example:

- 95.1% said the GP was good at listening to them compared to the CCG average of 90.4% and the national average of 88.6%.
- 94.3% said the GP gave them enough time compared to the CCG average of 88.3% and the national average of 86.6%.
- 98.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and the national average of 95.2%

- 95.0% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.8% and the national average of 85.1%.
- 96.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.7% and the national average of 90.4%.
- 96.3% said they found the receptionists at the practice helpful compared to the CCG average 87.2% and the national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were well above local and national averages. For example:

- 96.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.1% and national average of 86.0%.
- 92.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.8% and national average of 81.4%

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available.

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. The practice had identified 1% of the practice list as carers (96 patients). Written information was available to direct carers to the various avenues of support

Are services caring?

available to them. The practice was arranging for the Newcastle Carers organisation to hold an awareness session for staff to give an overview of the needs and the support services available for carers.

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. After a patient had died, their death and the impact on their family was discussed at the next scheduled multi-disciplinary team palliative care meeting. In particular, where a death was unexpected or where there were unanticipated problems the practice sought to identify learning to improve the service offered to patients reaching the end of their life.

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 participated in the Newcastle Primary Care Cooperative project for chronic obstructive pulmonary disease (COPD) to reduce unnecessary hospital admissions.

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.30pm 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.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services. For example, the majority of patient services were delivered from the ground floor of the practice to allow ease of access for patients with mobility problems. The practice also had a lift for those patients who needed to access services from the first floor.
- The practice enabled repeat prescriptions to be processed within 24 hours, most prescriptions were available for collection on the same day if they were requested by 10am. A patient we spoke with confirmed these arrangements were in place.
- The practice had visited local schools to seek feedback from young people about the barriers they faced in accessing primary care. The practice had considered developing a specific clinic for young people, but decided not to continue with this idea after their feedback. For example, the young people raised concerns about confidentiality and that other people 'would know' they were accessing this service to seek sexual health advice. Instead the practice focused on highlighting to young people what the practice as a whole could offer them and how they could access the service. As such they produced regular newsletters for

young people to offer information and general advice relevant to them. There was also a section on the practice website aimed at the needs of young people, for example, including information about support for young carers.

- The practice website had the facility to display information in different languages for those patients whose first language was not English.

The patients we spoke with and those who completed CQC comment cards told us they felt they had enough time with clinical staff to meet their needs. This was supported by data from the N National GP Patient Survey.

- 94.3% of patients felt the doctor gave them enough time (CCG average 88.3%, England average 86.6%)
- 97.3% felt they had sufficient time with the nurse (CCG average 93.7%, England average of 91.9%).

Access to the service

The practice was open between 8:30am and 6pm Monday to Friday. Appointments were from 9am to 1pm and 2:40pm to 5:40pm daily. Extended hours surgeries were offered every Monday and Wednesday between 6:30pm to 8:30pm. In addition to pre-bookable appointments that could be booked up to ten weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was much higher than local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 83.5% of patients were satisfied with the practice's opening hours (CCG average of 77.6%, national average of 74.9%).
- 88.3% patients said they could get through easily to the surgery by phone (CCG average 78.5%, national average 73.3%).
- 86.4% said they were able to see or speak to someone last time they tried (CCG average 84.9%, England average 85.2%)
- 96% of patients found the appointment was very or fairly convenient (CCG average 93%, England average 91.8%)
- 86.9% patients described their experience of making an appointment as good (CCG average 74.2%, national average 73.3%).

Are services responsive to people's needs?

(for example, to feedback?)

- 83.1% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67.9%, national average 64.8%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Their 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. There was information about complaints displayed in the practice waiting room and the practice complaints leaflet was available for patients to pick up. Information about complaints was also included in the practice website.

In the last twelve months the practice had received eight complaints. We looked at two complaints and found these had been dealt with in a timely way with openness and transparency. The practice took complaints seriously, investigated them fully, apologised where appropriate, and reported back their findings to the complainant. 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 reviewed how they responded to a patient who had asked for medical advice following cosmetic surgery from another provider. They reflected on what they could have done differently to improve the response from the practice in the future, if a patient contacted them with similar queries.

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.

- The practice had a mission statement which was included in the practice brochure 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.
- In planning for the future the practice had considered the Primary Care Workforce Commission's 'The future of primary care - Creating teams for tomorrow' and the Newcastle and Gateshead clinical commissioning group (CCG) five year strategic plan.
- The practice regularly reviewed the skill mix across the practice to enable them to ensure staff had the right skills and for the practice to progress and keep up with developments and future demand.

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.

- 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.
- 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.
- The practice routinely used information from the CCG to benchmark their performance against other local practices and identify areas where they could improve.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 that the practice held regular team meetings.
- Staff 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 during practice learning time.
- 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, the public and staff. They proactively sought patients' feedback and engaged patients in the delivery of the service.

- They had gathered feedback from patients through the practice's 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

Are services well-led?

Good 

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

the practice management team. For example, the practice had more clearly publicised the other sources of support for mothers and families through the practice baby clinic.

- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. 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.

Continuous improvement

There was a strong 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. For example, the practice participated in the Newcastle Primary Care Cooperative project for chronic obstructive pulmonary disease (COPD) to reduce unnecessary hospital admissions. The practice regularly used benchmarking information to identify and take action on any areas where they performed less well when compared to other local practices.