

Claypath and University 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? | Outstanding |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 7 |
| What people who use the service say | 12 |
| Outstanding practice | 12 |

Detailed findings from this inspection

| | |
|---|----|
| Our inspection team | 13 |
| Background to Claypath and University Medical Group | 13 |
| Why we carried out this inspection | 13 |
| How we carried out this inspection | 13 |
| Detailed findings | 15 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Claypath & University Medical Group on Tuesday 6 September 2106. 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 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).

There were areas of outstanding practice:

- The practice had pioneered the frail/elderly nurse practitioner. Evidence from the two year Clinical Commissioning Group (CCG) funded pilot had influenced the practice to continue to fund these posts

Summary of findings

as both patient care had improved and it had freed up GP time to deal with urgent cases. This was not only proactive care but also appropriate reactive care to the frail/elderly and housebound patient groups.

- The practice was particularly effective in managing patients with long term conditions such as: provision of Insulin initiation on site, for patients with Type 2 diabetes. Their patients did not have to attend secondary care (hospitals) for this treatment and this avoided outpatient appointments at the hospital; and their care was delivered closer to home.
- Patients who had a dual diagnosis of Asthma and Chronic Obstructive Pulmonary Disease (COPD) were treated using the GOLD (Global initiative for chronic

Obstructive Lung Disease) guidance. This up to date evidence based treatment assured that patients received the most appropriate care for these complex conditions.

- The practice had organised services to meet the needs of its student population of over 14,000 patients (this equated to over half of the practice's registered patients). This included liaising with the University to share information, having a dedicated student website and having an annual patient satisfaction survey for this group of patients.

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 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.

Good



Are services effective?

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation were actively pursued.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients who use their services. Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. All patients who were prescribed a certain anti-depressant now had a recall on their records to assure their blood pressure was taken, recorded and reviewed by a clinician every six months prior to their prescription being renewed.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. There was evidence of appraisals and personal development plans for all staff.

Outstanding



Summary of findings

- Staff, teams and services were committed to work collaboratively. Patients who had complex needs were supported to receive coordinated care. There was evidence of innovative and efficient ways to deliver more joined up care to people who use services.

Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. Every contact with patients was used to do so.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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 tried to maintain patient and information confidentiality. We found the reception area lacked privacy because of the openness of the reception and waiting areas.

Good



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 (CCG) to secure improvements to services where these were identified. Such as: Pioneering the Frail elderly and pharmacy support schemes which had now been adopted across the North Durham CCG.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available every day with the duty doctor or Nurse Practitioner. Patient satisfaction scores in these areas were consistently higher than local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had a large number of students registered with them and had tailored its services to meet the needs of these patients.

Good



Summary of findings

- 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.

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.
- 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. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had introduced a number of initiatives to improve the care of older patients. They had identified an increasing number of older people and organised care to better meet their needs. This included early memory loss reviews and avoiding unplanned admissions.

The practice had pioneered the frail/elderly nurse practitioner.

Evidence from the two year CCG funded pilot had influenced the practice to continue to fund these posts as both patient care had improved and it had freed up GP time to deal with urgent cases.

This was not only proactive care but also appropriate reactive care to the frail/elderly and housebound patient groups.

Good



People with long term conditions

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

- GPs and nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice provided Insulin initiation on site, for patients with Type 2 diabetes. Their patients did not have to attend secondary care (hospitals) for this treatment and this avoided outpatient appointments at the hospital; and their care was delivered closer to home.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 84% compared to the CCG average of 81% and the national average of 77%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 81% which was lower than the CCG average of 87% and the national average of 88%.

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- Patients who had a dual diagnosis of Asthma and Chronic Obstructive Pulmonary Disease (COPD) were treated using the GOLD (Global initiative for chronic Obstructive Lung Disease) guidance.
- All of these 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

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 86% which was higher than the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a breastfeeding room with facilities for nursing mothers and their children.
- Same day access and re-assessments of care and treatment were available for babies and children, the on-call doctor provided the opportunity for poorly babies and children to be re-assessed when necessary later in the day.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided GP services to in excess of 14,000 university students each year. Specific clinics were set up with funding from the CCG. They included a Sports Injury clinic (two year trial) which produced positive results: they included fewer inappropriate referrals to Orthopaedic clinics, fewer Accident & Emergency (A&E) attendances in 18-24 age group and faster access to acute sports injury treatment. The funding for Primary Care Outcomes Scheme (Helping people to recover from episodes of ill health or following injury , Domain 3) ceased in April 2016 and the clinic had to be withdrawn.
- Students had a specific website address and the practice undertook an annual patient satisfaction survey to receive and act on feedback from students
- The practice worked closely with the University to offer same day access to patients deemed to be of concern. They involved other organisations in the planning of how services were provided to students, for example the University Counselling Service.
- The practice was working closely with the CCG and Tees Esk Wear Valley NHS Foundation Trust to improve the service provision for patients with eating disorders.
- The practice had strong links with the University and had developed a 'White Form' to enable important information to be collected prior to registration, for example with regard to previous vaccinations.
- Saturday surgery was provided for those patients unable to attend during the week.

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 those with a learning disability.
- There was a GP and Nurse identified to support patients with a learning disability. The practice offered longer appointments for these patients.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. This included patients of no fixed abode and temporary residents who were housed in local refuges for short periods of time.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had been involved in registering and supporting the local authority with a recent humanitarian project. Ensuring interpreters were provided and that all newly registered patients had the appropriate screening and where necessary treatments.
- 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 pioneered the role of the Frail/Elderly Nurse Practitioner with a two year pilot which had now been adopted throughout the CCG and in house the service had continued.

People experiencing poor mental health (including people with dementia)

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

- 97% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 91% which was slightly higher than the CCG and national averages of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. When appropriate direct referrals were made to the mental health team.

Outstanding



Summary of findings

- There was an in house counselling service.
- The student QOF template prompted GPs to check for suicidal ideation. There was same day access provided for urgent mental health needs.
- The practice had the lowest suicide rate within the CCG. We were shown figures from January 2010-December 2015 which showed the practice's suicide rate was much lower than the expected norm.
- The practice had systems in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

There were GPs with special interests in eating disorders and they were liaising with the CCG and Tees Esk Wear Valley NHS Foundation Trust provider to improve access to local services for their patients.

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 better than local and national averages. 372 survey forms were distributed and 91 were returned. This represented 0.3% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 96% 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%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 99% 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 18 comment cards which were all positive about the standard of care received. Patients said they could easily access appointments and normally with the GP of their choice within a reasonable time scale. In addition thirteen patients on the day of the inspection completed patient questionnaires. They wrote positively about the care and treatment they received and thought all staff were approachable, committed and caring.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought the whole team had a patient centred approach at all times. The most recent Friends and Family Test (July 2016) stated that 92% of their patients would recommend them. We visited both surgeries on the day of the inspection.

Outstanding practice

- The practice had pioneered the frail/elderly nurse practitioner. Evidence from the two year Clinical Commissioning Group (CCG) funded pilot had influenced the practice to continue to fund these posts as both patient care had improved and it had freed up GP time to deal with urgent cases. This was not only proactive care but also appropriate reactive care to the frail/elderly and housebound patient groups.
- The practice was particularly effective in managing patients with long term conditions such as: provision of Insulin initiation on site, for patients with Type 2 diabetes. Their patients did not have to attend secondary care (hospitals) for this treatment and this avoided outpatient appointments at the hospital; and their care was delivered closer to home.
- Patients who had a dual diagnosis of Asthma and Chronic Obstructive Pulmonary Disease (COPD) were treated using the GOLD (Global initiative for chronic Obstructive Lung Disease) guidance. This up to date evidence based treatment assured that patients received the most appropriate care for these complex conditions.
- The practice had organised services to meet the needs of its student population of over 14,000 patients (this equated to over half of the practice's registered patients). This included liaising with the University to share information, having a dedicated student website and having an annual patient satisfaction survey for this group of patients.

Claypath and University 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 adviser, a CQC inspector and an expert by experience.

Background to Claypath and University Medical Group

Claypath & University Medical Group provides General Medical Services to its practice population of 28,350 patients. They are also contracted to provide other enhanced services for example: minor surgery, extended hours access and providing care and support to patients with a Learning Disability. The practice population lives in one of the least deprived areas according to the National Census Data in 2011.

The practice is located in a residential area of Durham City. There are car parks at both surgeries and car parking is available for patients who may have mobility restrictions. There is level access and accessible toilets.

There are eight GP partners and four salaried GPs (in total six male and six female). There are four nurse practitioners, five practice nurses and four healthcare assistants, all female. There are two practice pharmacists who work three days a week. There is a general manager, who is supported by a deputy manager, a nurse manager/nurse practitioner,

five senior administrative staff and 20 reception and administration staff. This is a teaching and training practice where Foundation doctors are taught and qualified doctors are trained to become GPs.

The practice at Claypath Medical Centre is open on Monday, Tuesday, Wednesday and Thursday from 8am-6pm. On Friday the practice is open from 8am until 5.30pm. Doctors and nurses appointments are available from 8.30am until 5.30 pm Monday-Thursday and on Friday from 8.30am until 5pm. The University Health Centre is open for appointments with doctors Monday to Friday 8.30am until 11am and from 2.30pm until 4.30pm. Appointments with nurses are available from 8.40am until 12.30pm and from 1.30 pm until 4.30 pm, Monday- Friday. On Saturdays the extended hours service is for pre-booked appointments only and is held at the University Health Centre. These appointments are released on Fridays. Each day there is a named duty doctor and a prescribing doctor, this enables resilience within their teams and assures patients in need of medical care are seen.

Patients can make appointments on-line, via the telephone and in person. Pre-bookable appointments are bookable two weeks in advance. There are allocated on the day bookings and there is same day urgent access to the on call GP. When the practice is closed patients are directed to NHS 111 who provide the Out of Hours service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

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 6 September 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager and various administrative staff.
- We spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 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 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 a thorough analysis of the significant events.
- The practice had pioneered the pharmacy support role in the local area. Initially this was a CCG funded project but had been continued by the practice due to its success in patient safety. Medication alerts and discharge medications and letters were checked by pharmacists and this improved patient safety for example; to identify possible drug errors or adverse interactions.

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: as a result of a safety alert the computer would now warn the prescriber if there was an inhaler over use.

Overview of safety systems and processes

The practice had clearly defined and embedded 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 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 3. The practice nurses were trained to Level 3.

- A notice in the waiting room and above the couches in each 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). The practice also gave all staff and Partners an annual opportunity to complete an Annual Criminal Record Self Declaration Form, which was an opportunity to disclose any convictions.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, at Claypath Medical Practice we found one of the patient toilets needed some attention to the flooring which had been damaged by the door. Some of the surfaces were not as clean as we would expect and the sealant around some of the sinks required attention. This was brought to the management team's attention and we received information the next day which showed these areas were being addressed with immediate effect. The standard of cleaning at the University Health Centre was very high.
- 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

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of their practice employed pharmacists and 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. There were eight nurse prescribers within the nursing team. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four 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 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.
- The practice had adopted a proactive approach to manage and minimise patient risk by assessment of each consultation undertaken by GP trainees by a GP Partner.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 defibrillators 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.
- 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, planned and delivered care and treatment to patients holistically. These were in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example: the latest NICE guidance for patient's treatment of type 2 diabetes was being followed in terms of consideration for treatment with medicines. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

All staff were engaged in the performance ethos of the practice and understood their roles and how they impacted on performance. Staff worked collaboratively to achieve goals and to provide coordinated care for patients with complex needs.

- Staff demonstrated that they had a thorough understanding of the physical and psychological needs assessment in patients with long-term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). They had robust programmes of care, to help enable patients to participate in self care and meet their goals.
- The percentage of patients with asthma, on the register, who had, had an asthma review in the preceding 12 months that included an assessment of asthma control was 88% compared to the CCG average of 78% and the national average of 75%.
- Feedback from patients confirmed they felt that their long term condition care provided was of a high standard and this was supported by the high QOF performance. For example the percentage of patients with COPD who had, had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 91% compared to the CCG average of 90% and the national average of 89%.
- The practice had identified GP leads in specialist clinical areas such as: diabetes, heart disease, asthma, dermatology, eating disorders and gynaecology. There was a large team of nurses working autonomously with

special interests in chronic disease management e.g. Diabetes, COPD and asthma. The practice provided in house insulin initiation for their patients who required this treatment. This reduced outpatients appointments at the hospital.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 97% compared to the CCG average of 84% and the national average of 84%.
- The practice had pioneered the frail/elderly nurse practitioner role. Evidence from the two year CCG funded pilot had influenced the practice to continue to fund these posts as both patient care had improved and they had freed up GP time to deal with urgent cases.. This was not only proactive care but also appropriate reactive care to the frail/elderly and housebound patient groups. There was evidence to support the reduction in unplanned admissions to hospital.
- The pharmacy support role initially pioneered by the practice ensured cost effective prescribing by assessing unnecessary or duplicate medication requests.

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). The most recent published results were 98% of the total number of points available. The exception reporting rates were much lower than the CCG and National averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was better than national average. For example 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 83% compared to the national average of 81%.



Are services effective?

(for example, treatment is effective)

- Performance for mental health related indicators was higher than the national average. For example: the percentage of patients with schizophrenia, bipolar affective

disorder and other psychoses who had a comprehensive, agreed care plan documented in

their records in the previous 12 months was 93% compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years. We reviewed two of these which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. For example, recent action taken as a result included: patients who had a dual diagnosis of Chronic Obstructive Pulmonary Disease (COPD) and Asthma were identified and their use and prescription of inhalers was reviewed in line with the current GOLD (Global initiative for chronic Obstructive Lung Disease) guidance. The read code for these patients was currently being updated.
- There was research involvement and the practice had been accredited by the Royal College of General Practitioners (RCGP) as research ready. Patients who met the specific criteria were involved in two studies currently: DARE Diabetes Alliance for Research in England, supported by the North of England Commissioning Unit. This was to identify gene/environment interaction in the development of diabetes and subsequent complications. Benefits to patients were not identified. Also, HEAT (Helicobacter Eradication Aspirin Trial) verified lead, Nottingham University. Patients might benefit by reduction of potential ulcer bleed if the randomized trial results were found to be positive. The practice was also involved in identifying appropriate patients for two further studies. Patients were made aware of their rights to leave the studies at any time.

Information about patients' outcomes was used to make improvements such as: patients who had been prescribed

a certain anti-depressant were now required to have their blood pressure checked every six months. This group of patients had been identified and alerts were added to their patient notes.

Effective staffing

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- GPs and Nurse practitioners had undertaken specialist training in areas such as Diabetes, providing two multi-disciplinary diabetic clinics each week. One of which was for the student practice population. The practice were the lowest local referrer to Hospital/tier 2 diabetes services. Other areas GPs and Nurse practitioners had developed skills included dermatology, musculo-skeletal, mental health and eating disorders. Within these skilled areas the practice could demonstrate fewer referrals with a high conversion rate of admission to procedure; this helped to demonstrate the appropriateness of their referrals.
- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Patients' satisfaction for both nurses and GPs was high.
- Staff had access to and made use of e-learning training modules, in-house training and away day training with protected learning time for all staff each Tuesday. 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance.



Are services effective?

(for example, treatment is effective)

- 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.
- GP trainees were debriefed at the end of each morning and afternoon session by a GP Partner to help ensure effective training and patient care.

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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. 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.

Accident and Emergency attendance figures for the previous 12 months were lower than CCG and national averages - 8 per 1000 patients compared to the CCG of 17 per 1000 and the national average of 15 per 1000. The practice provided an 'unplanned admissions' enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). This was supported by the Nurse Practitioner (NP) who supported and treated the Frail/Elderly in conjunction with the Community Matrons and 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. 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, recorded the outcome of the assessment.
- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in and agreed with.
- Written consent was obtained for minor surgery procedures where the relevant risks, benefits and possible complications of the procedure were explained.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and patients who required advice on their diet, smoking and alcohol cessation and those newly diagnosed with dementia. Patients were signposted to the relevant service.
- There was an in-house counselling service and GPs with specific training and interests in Mental Health; we were provided with the evidence that the practice had the lowest suicide rate within the CCG.

The practice's QOF uptake for the cervical screening programme was 86% which was higher than the national average of 81% and the CCG average of 83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There



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

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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% and five year olds from 89% to 96%.

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

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. However, the reception area was very exposed and conversations between the receptionists and patients could be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had contacted the City Council following a suggestion by the Patient Participation Group to request that a seat be provided at the bus shelter opposite which had been actioned.

All of the 18 patient Care Quality Commission comment cards we received were 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 spoke with members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We spoke with three patients on the day of the inspection and received thirteen completed patient questionnaires. They too shared these views of the practice.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 mainly better than local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.

Are services caring?

- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

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

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.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 139 patients as carers (0.5% of the practice list). These patients were offered annual influenza injections and were invited for medical assessments when appropriate. In addition there was a carers' lead within the practice who helped signpost patients to appropriate services. Written information was available in the waiting rooms to direct carers to the various avenues of support available to them. This information was also displayed on the practice website.

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 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. The practice were currently negotiating for better treatment provision for their patients with eating disorders.

- The practice offered extended hours on Saturday mornings at the University Health Centre.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Older patients who required investigations following GP consultations were seen at the time of the visit, for example for blood tests, and this meant that they did not need to make a second visit for one episode of care.
- Same day appointments were available for children and those patients with medical problems that required same day consultation with the duty GP.
- Patients were able to receive travel vaccinations available on the NHS and those which were privately available, for example Yellow Fever. This extended service was very beneficial to students as they typically had more complex travel needs
- There were disabled facilities and translation services were available.
- The practice participated with other federated practices to provide weekend support to their frail/elderly patient population.
- The practice staff efficiently registered in excess of 4,000 students each year within one week.
- The practice was very responsive to the needs of students who made up over half of the practice population (approx. 14000 patients). Students were mainly seen at The University Health Centre and had their own specific website address. The practice undertook a separate annual patient satisfaction survey for students and we saw evidence that they had acted on improving service provision. This was done with input from the Patient Participation Group and improvements had included changes to the appointment system and the waiting room.

- The practice had developed a separate Quality Outcomes Framework for its student population to help ensure that services it provided were subject to quality improvement.
- Services for students were improved with collaboration from the University and Tees Esk and Wear Valley NHS Foundation Trust who provided mental health services. Examples included immediate access to a GP for patients who were deemed at risk of suicide and the development of a 'White Form' which optimized the registration process by providing important additional information such as vaccination history. The 'White Form' also enabled the practice to be able to respond to outbreaks of diseases such as meningitis.

Access to the service

The practice at Claypath Medical Centre was open on Monday, Tuesday, Wednesday and Thursday from 8am-6pm. On Friday the practice was open from 8am until 5.30pm. Doctors and nurses appointments were available from 8.30am until 5.30 pm Monday-Thursday and on Friday from 8.30am until 5pm. The University Health Centre was open for appointments with doctors Monday to Friday 8.30am until 11am and from 2.30pm until 4.30pm. Appointments with nurses were available from 8.40am until 12.30pm and from 1.30 pm until 4.30 pm, Monday- Friday. On Saturdays the extended hours service was for pre-booked appointments only and was held at the University Health Centre. These appointments were released on Fridays.

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 with the duty doctor or a nurse practitioner or a practice nurse.

Each day the practice allocated a GP to the role of Duty Doctor. They kept all of the Duty Doctor's appointments open until lunchtime to enable patients without appointments to be seen if needed. The Duty Doctor's afternoon appointments were also left available until after lunchtime to enable management of urgent cases, reviews and home visits. In the last year the practice had seen an additional 400 patients in lunchtime clinics. Furthermore, as a result of this extended access the practice were able to demonstrate that they had the lowest A&E attendance rate in the local area.

Are services responsive to people's needs?

(for example, to feedback?)

The was also reflected in the patient survey results; for example,

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages for opening hours and the same for ease of access via the telephone.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 93% of patients described their experience of making an appointment as good compared with the (CCG) average of 77% and the national average of 73%

Patients 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:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was provided by their duty doctor who triaged all calls. In cases where the urgency of need was so great that it

would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; for example complaints leaflets were on display at reception and information was clearly displayed on the noticeboard televisions and the practice's website.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

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 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.
- The practice's Annual Report was shared with staff and patients. This report highlighted achievement against objectives.
-

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via GP Team Net (GPTN) which had a practice's specific area of the CCG local intranet.
- 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. 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The working relationship between the practice and members of the patient participation group was mutually beneficial and respectful. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example: Claypath Medical Centre had been identified by patients who completed the survey that the building and some of the furnishings were in need of refurbishment. We saw plans for changes which were

Are services well-led?

Good 

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

still to be finalised. The PPG had also recommended collaboration with a local mental health resource which had resulted in the practice displaying their user's artwork in the surgery.

- The practice had gathered feedback from staff 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 the management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and piloted local schemes to improve outcomes for their patients. We saw evidence of succession planning and new recruitment and development of existing staff to improve access and outcomes for patients.