

# Shinwell Medical Centre

## Quality Report

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

### Ratings

#### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shinwell Medical Centre on 18 January 2017. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example they had set up a charitable trust to save a local community centre in response to local authority plans to close it.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. Examples included; Tendering and supporting ten local Practices to develop services closer to home for patients in 2013, leading the proposed re-development of the new Peterlee Health Centre as part of the NHS Estates and Technology Transformation Fund and operating Peterlee Health Centre premises that housed six local practices since 2000, developing a Saturday opening pilot in Peterlee for 45,000 patients, and developing a new extended hours hub with seven day working in Peterlee from 1 April 2017 in collaboration with neighbouring practices.
- They had a culture of working to sustain primary care. For example they had successfully sustained a contract for a local practice that was closing in order to provide care to local patients. This had led to the practice taking on the care of an extra 800 patients.

# Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the new building had been developed in consultation with patients. GPs were to be individually audited by patients in order to improve their consultation skills following recommendation by the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints, including verbal complaints, and how they were managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice including:

- Public health prevention and promotion as part of the NHS agenda was a priority for the practice,

measures included the setting up of a local charity in order to save a local community centre (Roseby Road Wellbeing Centre) which was due for closure. This was then utilised to combat social isolation and provide health promotion for the local community. The practice also participated in the Peterlee Annual Carnival in practice staff's own time and collaborated with the Pony Club to provide free health checks to patients. The practice also visited local primary schools to familiarise the children with medical equipment and talk about health promotion.

- The leadership in the practice drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

In addition the provider should:

- Increase the identification and support to carers on the practice list.

**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, minor events were recorded alongside more serious 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 good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Clinical audits demonstrated quality improvement.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. The practice had a strong culture of supporting and sustaining primary care and worked with local providers and charities to optimise primary care in the local area. Shinwell Medical Group had a pastoral approach to supporting practice sustainability.

Good



### 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 almost all aspects of care. Feedback from patients about their care and treatment was consistently positive.

We observed a strong patient-centred culture:

Good



# Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example we saw numerous examples of events that staff had attended in their own time in order to provide health promotion to the local community. The practice participated in the Peterlee Annual Carnival and collaborated with the Pony Club to provide free health checks to registered and unregistered patients in their own time.
- The practice visited local primary schools to familiarise the children with medical equipment and talk about health promotion.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. The practice had made changes to the appointment system a few times in response to patient feedback.
- Views of external stakeholders such as local care home staff were very positive and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice had funded a local community centre due for closure by the local authority for two years and then set up a charitable trust with support from stakeholders including the British Lung Foundation. This was done in order to continue to provide a service to the local community.
- There were innovative approaches to providing integrated patient-centred care. They had introduced health checks and a support group for those patients with respiratory disease at the community centre. Shinwell Medical Group established and ran the first Out of Hours Co-operative in the area; this had a total population of 80,000 patients and operated for 6 years as the predecessor to the Urgent Care Centre.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. They had introduced a notice board in the waiting room to inform patients of the differing roles of each member of staff.

Outstanding



# Summary of findings

- Patients could access appointments and services in a way and at a time that suits them. The appointment system had been changed and then changed back in response to patient feedback.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. They had introduced a performance board in the administration office and this gave an immediate visual picture of which tasks were in need of attention. Staff would then deploy themselves to these areas to provide efficient practice.
- The practice gathered feedback from patients, and it had a very engaged patient participation group which influenced practice development. For example; the PPG had recommended patient questionnaires for individual GPs following consultations and this had been implemented by the practice.

**Outstanding**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people 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 participated in the 'Vawas' scheme. This vulnerable adults wrap around service supported patients admitted or discharged from hospital to prevent re-admission.
- The practice supported those at risk of an unplanned admission using a risk stratification tool. Care plans were in place for all patients on the vulnerable adults register.
- Roseby Road Wellbeing Centre had been set up by the practice and offered activities to help combat social isolation such as bingo, lunch and friendship clubs.

Outstanding



### People with long term conditions

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

- The number of patients with a with a long-standing health condition was 68% which was significantly higher than the national average of 54%
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- 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.
- Patients with Coronary Heart Disease and Heart Failure were seen by the Coronary Heart Disease community Nurse in a monthly clinic, in addition to the clinic she offered domiciliary visits.
- Patients with Respiratory Disease were able to access a support group at Roseby Road Wellbeing Centre. This was facilitated by a Respiratory Disease Specialist Nurse.

Outstanding



# Summary of findings

## Families, children and young people

The practice is rated as outstanding 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 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 practice had participated in and been accredited with the “You’re Welcome” young person’s scheme to raise staff awareness of young people friendly health services.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice operated a sexual health and family planning clinic provided by female GP with extended qualifications. This was a regular clinic for implants and coils and an audit of patient satisfaction was regularly conducted.
- The practice told families about Roseby Road Health Wellbeing Centre, which also provided focus on children and young people. Some of the activities include Cinema clubs and playgroups. There were regular events at the centre involving the whole community. Health trainers attended and healthy eating educational sessions were undertaken and there was a fruit and vegetable Co-Op providing affordable healthy food.
- A creative club was available at the Roseby Road Wellbeing Centre for young people with autism to provide a support service to this group of patients.

Outstanding



## Working age people (including those recently retired and students)

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

- 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 percentage of patients who were unemployed was significantly higher at 22% than the national average of 5%.

Outstanding





# Summary of findings

- 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 offered a dermatology service with provision for in house dermatoscopy from a GP who had undertaken extra training.
- The practice offered an orthotics clinic, this was a monthly in house clinic provided by a visiting service and offered care closer to home.
- The practice offered a cryotherapy clinic which provided this care closer to home. This was provided by a Practice Nurse fortnightly.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice participated in an urgent care response service, whereby advanced nurse practitioners were employed by the Federation. Working with the practice they supported Multi-Disciplinary Team meetings and the 2% most vulnerable population. They saw patients on discharge to prevent re-admission.

Outstanding



## 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).

Outstanding



# Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 100% compared to the national average of 89%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 93% compared to the national average of 89%
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- There was a practice based Counsellor every Monday with clinic sessions available all day. The counsellor also saw cases that would be referred to a primary care psychologist.
- Face to face sessions were available in the practice on a Thursday from Talking Changes (a counselling service). Referrals were offered by clinicians and the practice also promoted self-referral without needing to see clinician.
- There was a Mental Health Worker (CPN) attached to the practice every Wednesday. This service provided an expert mental health service for patients and meant that they did not have to attend hospital for their care.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 6 July 2016. The results showed the practice was performing in line with local and national averages. 366 survey forms were distributed and 104 were returned. This represented 1.7% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 84% 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 20 comment cards which were all positive about the standard of care received. Patients said that they felt listened to and that staff were friendly and that there was an excellent service offered.

We also received ten CQC patient questionnaires which we gave out on the day. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent results from the practices' friends and families test were that 94% of patients were extremely likely or likely to recommend.

## Areas for improvement

### Action the service SHOULD take to improve

- Increase the identification and support to carers on the practice list.

## Outstanding practice

- Public health prevention and promotion as part of the NHS agenda was a priority for the practice, measures included the setting up of a local charity in order to save a local community centre (Roseby Road Wellbeing Centre) which was due for closure. This was then utilised to combat social isolation and provide health promotion for the local community. The practice also participated in the Peterlee Annual Carnival in practice staff's own time and collaborated

with the Pony Club to provide free health checks to patients. The practice also visited local primary schools to familiarise the children with medical equipment and talk about health promotion.

- The leadership in the practice drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

# Shinwell Medical Centre

## 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.

## Background to Shinwell Medical Centre

Shinwell Medical Centre, Fourth Street, Peterlee, County Durham, SR8 4LD is a GP practice in Co Durham. There is a branch practice at Peterlee; this was not visited during the inspection. The practice covers the area of Horden. The area of Horden is measured as having one of the highest levels of deprivation in the country, with high levels of unemployment and high levels of patients with long term conditions. The practice has a Personal Medical Services (PMS) contract and also offers a range of enhanced services.

There are three partners, two clinical (both male GPs, one whole time equivalent (WTE) and one 0.75 WTE) and the other a business partner who is the Practice Manager (0.5 WTE). There is one salaried GP (female 0.75 WTE), an assistant practice manager, a business manager, one Nurse Practitioner, (female 0.4 WTE), three practice nurses, one 0.67 WTE, one 0.8 WTE and one 0.48 WTE (all female), two health care assistants both WTE, (both female), two Pharmacists (one employed directly by the practice) and a range of receptionists, administrative staff and secretaries. The practice has a patient list size of approximately 6279 patients. The practice is not a teaching or training practice

for GPs, but student nurses are supported with mentorship from the nursing team. The Practice Manager is also Director of Primary Care for Durham for two local Clinical Commissioning Groups.

The significant changes the practice has faced included the senior partner retiring in July 2015, supporting a nearby practice and consequently taking on 800 patients in September 2015 and completing a new building in September 2016. The new building was developed in consultation with patients and staff and also incorporates another unrelated GP practice.

The practice is open between 8am and 6pm Monday to Friday with extended appointments offered on Saturday mornings each week from 8.15am to 12pm. They offer a mixture of pre-bookable and drop-in clinics.

Pre-bookable appointments are available daily (up to three weeks in advance), with urgent appointments available on the day.

Patients requiring a GP outside of normal working hours are advised to contact NHS 111 who will refer them to the GP out of hours service commissioned by North Durham CCG. The practice has an agreement with the CCG that the out of hours service will cover between the hours of 6pm to 6.30pm.

## Why we carried out this inspection

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

# Detailed findings

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

## How we carried out this inspection

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 18 January 2017. During our visit we:

- Spoke with a range of staff, including GPs, nurses, administrative staff and management and 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 and Care Quality Commission questionnaires 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.
- In 2016 the practice introduced the reporting of all minor incidents which were discussed in weekly professional groups. They told us that this had created an open culture. This was identified as something the practice could improve upon in 2015. The practice carried out a thorough analysis of the significant events.

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, following an incident whereby childhood immunisations were given at the wrong time a new safety check was put into place to check the child's age prior to giving the immunisation.

Following a safety alert about medicines that interacted with statins (medicines to reduce cholesterol), an audit was undertaken. Two further follow up audits were performed and in April 2016 they found that 11 patients were affected resulting in a change of statin. A further re-audit in January 2017 found this had reduced to two patients affected.

### 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 safeguarding level three, nurses to level two or three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and

## Are services safe?

support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) 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 93% of the total number of points available. The exception reporting rate was 6.7% which was comparable to local (5.3%) and national (5.7%) 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 2015/2016 showed:

- Performance for diabetes related indicators was similar and in some cases slightly worse than the national average. Exception reporting rates for diabetes related indicators were 14.7% which was similar to local (10.7%) and national (11.6%) averages. For example; 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 (01/04/2015 to 31/03/2016) was 71% compared to the national figure of 78%
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 74% compared to the national figure of 78%.

- Performance for mental health related indicators was similar and in some cases above 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 the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 93% compared to the national figure of 89%

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 100% compared to the national figure of 89%

There was evidence of quality improvement including clinical audit.

- There had been seventeen clinical audits completed in the last two years, and three practice pharmacist audits. Ten of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the practice calling in 46 patients without a record of a kidney function blood test following identification of this requirement whilst the patients were taking a diuretic medication (a diuretic is a medicine that helps the body get rid of excess water). The blood test was then performed in the practice.

Information about patients' outcomes was used to make improvements for example: following the practice being identified as an outlier for prescribing of oral hydrocortisone (hydrocortisone is a medicine that prevents the release of substances in the body that cause inflammation), all patients prescribed this medicine were audited. All staff who prescribed were then informed that oral hydrocortisone should never be initiated in primary care.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all 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. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months or had one booked with the exception of the non-clinical partner. We were told that this would be arranged following the inspection.
- The practice had two pharmacists, one employed by the Federation and one directly employed by the practice. A GP Federation is a collaboration of local practices working together to share responsibility for delivering effective, patient-focussed services for its communities, this can include developing services specifically to suit local needs. This service freed up time for GPs and improved the quality of service to patients as they reviewed discharge letters, amended medicines, performed medication reviews and medicines optimisation.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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.
- 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 those requiring advice on their diet, smoking and alcohol cessation and those requiring social care advice. Patients were signposted to the relevant service.
- A dietician was available if required and smoking cessation advice was available on the premises. The

# Are services effective?

(for example, treatment is effective)

Health Care Assistant achieved one of the highest quit rates in the County and was awarded Smoking Cessation Advisor of the Year receiving the award two consecutive years running (in 2015 and 2016).

- Opportunistic Pulse checks were undertaken for patients who were over 65 in all long term condition clinics.
- The practice undertook health promotion in community settings. For example;

Once a year the practice carried out a health promotion day for the South Durham Pony Club to look at the health risks of any participants of the event, including parents and grandparents. This was for both registered and un-registered patients. This was last done in August 2016 and was undertaken by practice staff in their own time with practice resources. The practice could demonstrate that they saw 17 people and had plans to re-audit and follow up on these people the following year.

The practice showed us feedback from three patients expressing gratitude and how they were followed up by their own GP.

- Patients with suspicious dermatological lesions were examined at the practice and if necessary they had the facility to take a picture and send to the GP with a Special Interest. We were told that this service reduced referrals into secondary care (hospital).
- Gynaecology and women's health were provided by a GP who had done extended training. This meant that only referrals requiring surgical intervention were made to secondary care.

The practice's uptake for the cervical screening programme (within the target period of 3.5 – 5.5 years) was 74%, which was comparable to the CCG average of 78% and the national average of 74%. 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. The practice had recognised that bowel cancer screening figures were low at 46% and had implemented an action plan which included visiting another practice to understand their recent improvement. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 93% to 100% and in five year olds the rate was 100%.

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We were told of numerous examples of staff providing care that was above and beyond expectations. For example; nursing staff attended health promotion events in the local community in their own time.
- The Nurse Practitioner visited the local Primary School to interact with children and discuss GP Practice and familiarise them with equipment.
- The practice sponsored a local children's football club to promote exercise in children.
- We spoke with one member of the patient participation group (PPG). They also told us they were very 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. The PPG told us that the practice had a genuine care for the patients and that when the senior partner had retired he had consulted with the local community with regard to the future plan to meet their needs.
- The practice had consulted with patients about the new building.
- The practice had funded the local community centre for two years prior to finding funding so that the resource would not be lost for the local people.

All of the 20 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring, listened and treated them with dignity and respect.

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

- 85% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 91% 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%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The practice responded to patient survey results which were lower compared to the CCG average in 2015 and were able to demonstrate how they improved; For example:

- 78% of respondents said the last GP they saw or spoke to was good at listening to them compared to the local average of 91% and national average of 89%. The practice made subsequent changes in their workforce and the patient survey figure increased to 90% in 2016 (national average of 89%)
- 81% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared to the local average of 89% and national average of 85%. The practice made changes to the GP workforce and the patient survey figure increased to 85% in 2016 (national average of 85%).

### 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.

## Are services caring?

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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, including the citizen's advice bureau. 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 40 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice 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 services were flexible, provide choice and ensured continuity of care. People could access appointments and services in a way and at a time that suited them. The practice offered extended hours on a Monday from 7am to 7pm for working patients who could not attend during normal opening hours.
- People's individual needs and preferences were central to the planning and delivery of tailored services. 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, a hearing loop and translation services available.
- A GP provided a joint injection Service to provide care closer to home for their patients.
- The practice provided additional cardiovascular disease and diabetes screening; this was supplementary to health checks and contributed to the identification and management of prediabetes.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services meet people's needs. GPs could refer to the Citizens Advice Bureau via a dedicated professional line. Patients could self-refer via the number given by the practice.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs and promoted equality. The practice could refer to the Community Macmillan service; this was a primary care service for newly diagnosed patients and not just end of life care. The

service assisted the practice with helping patients come to terms with their condition, signposted or helped navigate through the system and helped to remove barriers to their care and treatment.

- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. The practice engaged patients at risk of social isolation and those suffering from Chronic Obstructive Pulmonary Disease at the Roseby Road Community Centre – Breathewell Group.
- The practice had set up and operated a charitable trust that facilitated a 'Breathewell and long term conditions support group' in the local area. This was set up in March 2012 in response to the impending closure of the local community centre. The Trustee board was made up of local people including councillors, health and housing professionals, and users of the centre. The practice agreed to fund the centre for the first two years until it become sustainable in its own right. The main objective of the charity was to prevent the local community centre, Roseby Road, from closure by the Local Authority. The practice had also recognised that patients had not been attending for reviews of chronic obstructive pulmonary disease (65% had attended for a review in 2015 to 2016 compared to the national average of 90%). Facilities at the community centre included the breathewell group and other support groups. The breathewell support group was evaluated by Durham University and patients concluded that the group reduced social isolation, improved access to care and helped them to cope with their chronic obstructive pulmonary disease. The support group had access to a specialist respiratory nurse and usage of the group had increased from 50 people per month to over 500. The support group worked in partnership with the British Lung Foundation and Breathe Easy East Durham. Referrals could be made by patients themselves or by health professionals.
- The Nurse Practitioner visited local primary schools and held a 'virtual GP surgery'. This included taking equipment to familiarise children with the environment with the aim of normalising GP services. First aid was also discussed with children.



# Are services responsive to people's needs?

(for example, to feedback?)

- The practice tendered and supported ten practices to develop services to provide care closer to home for patients taking warfarin (a blood thinning medicine) and operated a warfarin clinic with Point of Care testing to provide care closer to home.
- The practice had taken on the contract for a nearby practice that was unsustainable in order to provide care to the local people, this had resulted in the acquisition of an extra 800 patients registering with them.
- Shinwell Medical Group established and ran the first Out of Hours Co-operative in the area; this had a total population of 80,000 patients and operated for 6 years as the predecessor to the Urgent Care Centre.
- They developed a Saturday opening pilot in Peterlee for 45,000 patients which has now run for 2 years.
- Where the practice had found that patient survey results were lower than national or local results they formed an action plan to address this. For example; 82% of respondents described their overall experience of this surgery as good in 2015 compared to the local average of 90% and the national average of 85%. In response to this the practice had implemented further training including; reception communication skills, additional training on telephony skills and staff were supported to undertake The Association of Medical Secretaries, Practice Managers, Administrators and Receptionists (AMSPAR) professional qualifications. Another staff member had recently completed a NVQ3 in Business Administration.

In 2016 the patient survey result for the same question had gone up to 89% with a national average of 85%.

## Access to the service

Appointments were from 8am to 6pm daily. Extended hours appointments were offered on Mondays at 7am to 7pm and every Saturday morning 8am to 12pm at the branch surgery at Peterlee Health Centre (via the federation). In addition to pre-bookable appointments that could be booked up to six weeks in advance, telephone and urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

The GP who was on duty would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 such as a poster on display and a leaflet available.

The practice had a proactive approach to complaints and verbal complaints were recorded and discussed as well as written. There was an active review of complaints and how they were managed and responded to, and improvements were made as a result. People who use services were involved in the review. We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis



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

of trends and action was taken to as a result to improve the quality of care. For example, following a delay in a patient accessing a scan the practice changed the referral form for scans to add an 'urgent' notification if necessary.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The practice had a 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.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice operated a staff “Buddy” system and this ensured that all tasks were covered if staff members were off.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days and social gatherings were held every few months.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The Assistant Practice Manager was able to access funds immediately if necessary in order to improve staff or patient experience or care.

### 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 practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a lower than average score at the patient survey (2016) regarding listening skills (78% respondents said that the last GP they spoke to was good at listening to them compared to a local average 91% and a national average of 89%) the PPG had recommended individual feedback for each GP following patient consultations and this had been taken forward by the practice.



# Are services well-led?

Outstanding



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

- The PPG told us that they were very involved in the practice and that they worked together to help the local community. We were told that the practice had genuine care for the community. The PPG also suggested a display board identifying members of staff and what they do and this had been arranged by the practice.
- Two members of the PPG had been supplied with telephones from the practice to enable patients to be able to speak to them in confidence and outside of the practice about any issues affecting them.
- When the senior partner was due to retire he was very keen to continue his legacy of helping the local community and working in partnership with patients and local organisations. There was a consultation regarding the way forward for patients.
- Consultations were held with patients prior to the new building and they were involved in the plans. They told us they recommended the quiet room.
- Consultations were held regarding the appointment system which was changed following patient feedback.
- Consultations were held when a local practice was due to close to facilitate reassurance to the local community that they could access care at Shinwell Medical Centre.
- The practice held letter drops around the local area to keep patients informed.
- The practice had 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. The practice had a culture of encouraging staff to take ownership of tasks and we saw that staff were empowered. There were high staff satisfaction rates. Following staff suggestions the practice had a communication board in the administrative area that highlighted areas for action. This highlighted where the staff needed to concentrate their efforts in order to improve the running of the practice and patient care. 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 part of local pilot schemes to improve outcomes for patients in the area. The practice had an ethos of developing and supporting primary care, sharing best practice, supporting vulnerable practices and addressing the wider health determinants of this community. Examples include;

- The practice tendered and supported 10 practices to develop services to provide care closer to home for patients taking warfarin (a blood thinning medicine),
- They developed a Saturday opening pilot in Peterlee for 45,000 patients which has now run for 2 years. The practice in collaboration with the Federation have now successfully tendered for seven day opening and will establish the new Peterlee Hub to open 8am to 8pm weekdays and 8am to 1pm weekends from 1 April 2017.