

Newcastle Medical Centre

Inspection report

Boots The Chemist
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Newcastle Upon Tyne
Tyne And Wear
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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 location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Newcastle Medical Centre on 10 December 2019. This was as part of our ongoing inspection programme and to check on the areas we said the practice should improve on when we inspected in February 2019 (when the practice was rated as inadequate overall).

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

At the previous inspection in February 2019 we rated the practice as inadequate overall and placed them in special measures. They were rated as inadequate for providing effective and well-led services, requires improvement for providing a safe service and good for providing a caring and responsive service because;

- There was a lack of clinical leadership within the practice.
- Although there were effective arrangements in place to manage the policies, procedures and general management of the practice, there was not effective leadership, governance or strategy to support continued clinical improvement within the practice.
- Clinical attainment across several areas remained low. There was a lack of strategy, analysis, planning and implementation of detailed and achievable plans to support improvement in clinical attainment within the practice. We were not assured, given the governance arrangements in place, that this was likely to change in the future.
- Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- Attainment levels for some areas of clinical practice continued to be lower than local and national averages and we were not assured there were effective plans in place to achieve sustainable levels of improvement. There was a lack of clinical leadership to support consistent application of care planning, and adherence to current evidence-based practice guidance.
- There was limited monitoring of the outcomes of care and treatment.

- There was an increase to the potential risk of harm for patients as there was limited assurance about safety. The provider could not assure us of effective systems for monitoring of clinical test results, management of changes to a patients' medicine received from other services and communication of patient safety and medicine alerts.

At this inspection, we found that many of the concerns from the previous inspection had been addressed, however clinical attainment and leadership were still not satisfactory.

We rated this practice as requires improvement overall. (Previous ratings: February 2019 -Inadequate; March 2018 – Requires Improvement; December 2016 and July 2017 – Inadequate)

We rated the practice as **requires improvement** for providing effective services because:

- Although attainment levels for some areas of clinical practice had shown improvement some continued to be lower than local and national averages. Improvements had been made which needed further consolidation, for example to care plans.
- Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by pathways and tools.

We rated the practice as **requires improvement** for providing well-led services because:

- Although the performance of the practice had improved, there was still further development to be made in effective leadership and performance. Clinical attainment had improved but needed to improve further in order to be more comparable with similar practices.
- There were effective arrangements in place to manage the policies, procedures and general management of the practice.

We rated the practice as **good** for providing safe, caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

Overall summary

- The practice had recently developed a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- We found staff had the knowledge and skills needed to provide effective care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice learned, improved and innovated as a result of safety information and incidents.

We have rated the population groups as follows;

- Older people and people whose circumstances may make them vulnerable we have rated as **good**
- People with long-term conditions we have rated as **requires improvement** as exception reporting in relation to long term conditions and care planning could be further improved.
- Families, children and young people we have rated as **requires improvement** as data in relation to child immunisations could be further improved.
- Working age people (including those recently retired and students) we have rated as **inadequate** as data in relation to cancer indicators could be further improved.

- People experiencing poor mental health (including people with dementia) we have rated as **requires improvement** as some of the data in relation to mental health indicators could be further improved.

The areas where the provider **should** make improvements are:

- Continue with the programme of clinical audit and quality improvement to improve patient outcomes (for example, care planning, exception rates, child immunisations and cervical screening) .
- Continue to improve the leadership arrangements at the practice.

I am taking this service out of special measures. This recognises the improvements that have been made to the quality of care provided by this service.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good	
People with long-term conditions	Requires improvement	
Families, children and young people	Requires improvement	
Working age people (including those recently retired and students)	Inadequate	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Requires improvement	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to Newcastle Medical Centre

The Care Quality Commission (CQC) registered Dr Neil Daniel Lloyd-Jones to provide primary care services to around 17,000 patients from one location, which we visited as part of this inspection:

- Newcastle Medical Centre, Boots the Chemist, Hotspur Way, Intu Eldon Square, Newcastle Upon Tyne, Tyne And Wear NE1 7XR.

Dr Neil Daniel Lloyd-Jones is registered as an individual provider and as such is also the lead GP within the practice.

Newcastle Medical centre provides care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG).

The practice offers some private healthcare services for patients. This included those seeking travel vaccinations and advice, through the franchised MASTA travel clinic. A salaried GP was leading this work.

The surgery is located in Boots the Chemist in Eldon Square shopping centre, Newcastle City Centre. All consultation rooms are on the lower ground floor which

can be accessed by stairs, lift or escalator. On-site car parking is not available due to the practice's city centre location but numerous car parks and good transport links are available nearby.

Newcastle Medical Centre provides care and treatment to patients from the Fawdon, Kingston Park, Gosforth, Kenton, Kenton Bar, Cowgate, Fenham, Spital Tongues, Jesmond, West Jesmond and Heaton areas of Newcastle Upon Tyne. The vast majority of patients are students who are studying at local universities and residing in nearby student accommodation. The practice population consists of a higher than average proportion of patients who are students or of working age. 77.3% of patients were reported as being in paid work or full-time education (CCG average 62.5% and England average 61.9%).

The surgery is open from 8am to 6.30pm on a Monday to Friday and from 8.30am to 5pm on a Saturday. The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Vocare which is known locally as Northern Doctors Urgent Care Limited.

At the time of our inspection the practice consisted of:

- One lead GP (male);
- Four salaried GPs (two male and two female);

- An advanced nurse practitioner and three practice nurses(all female);
- One healthcare assistant (female);
- A pharmacist (male) commissioned by the local clinical commissioning group, works with but is not directly employed by the practice;
- 10 non-clinical members of staff including a business manager, assistant business manager, office manager and a team of receptionists and administrators.

Information from Public Health England placed the area in which the practice is located in fifth most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Average male life expectancy at the practice is 74.4 years, compared to the national average of 79.2 years. Average

female life expectancy at the practice is 80.6 years, compared to the national average of 83.2 years. However, only 1.1% of the practices' patient population are in the over 65 age group, with the majority of patients in the range of 15-44 years of age (at 96%).

70.1% of the practice population were white, 2.4% were mixed race, 21% were Asian, 3.0% were black and 3.4% were other races.

At 10%, the percentage of the practice population reported as having a long-standing health condition was much lower than the CCG average of 52.5% and national average of 51.2%. Generally, a higher percentage of patients with a long-standing health condition can lead to an increased demand for GP services.