

Glenpark Medical Centre

Quality Report

Ravensworth Road
Dunston
Gateshead
NE11 9AD
Tel: 0191 4604300
Website: www.glenpark.info

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Glenpark Medical Centre on 25 May 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- Feedback from patients about their care was consistently positive. Patients reported that they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested. Pre-bookable appointments were available within acceptable timescales.

- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice had proactively sought feedback from patients and had an active patient participation group. The practice implemented suggestions for improvement and made changes to the way they delivered services in response to feedback.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness.
- Information about services and how to complain was available and easy to understand.
- The practice had a clear vision in which quality and safety was prioritised. The strategy to deliver this vision was regularly discussed and reviewed with staff and stakeholders.

We saw several areas of outstanding practice. This included:

- The development of an integrated baby clinic with the local NHS Foundation Trust. This was staffed by a GP

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and a nurse from the practice together with a health visitor and nursery nurse employed by the trust. Parents therefore had access to a multi-disciplinary team of practitioners and services to help them care for their child, which included a weekly drop in service. The clinic was well attended and patient feedback about the service on the day of our inspection was overwhelmingly positive.

- The practice was proactive in their identification of, and support offered to carers, including young carers. They had identified 3.5% of their patient population as being a carer which included 36 young carers.

- The practice was performing well and the highest performing practice in Gateshead as at 31 March 2016 in terms of ensuring that eligible patients had received a flu vaccination. 94% of their eligible patient population had been vaccinated.

However, there were some areas where the provider should make improvements.

The provider should:

- Introduce a significant event policy as an aid for staff unfamiliar with the process
- Review their induction checklist to include training on infection control and handwashing techniques

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.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were generally assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

The practice was clean and hygienic and good infection control arrangements were in place.

There was evidence of effective medicines management and the medicines we checked were in date and stored appropriately. The practice had an effective system in place to monitor the use and movement of blank prescriptions.

Comprehensive staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training. The availability of the chaperone service was advertised in the waiting room and on the practice website.

Good



Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework showed patient outcomes were better than local clinical commissioning group (CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and

Good



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had achieved 100% of the points available (local CCG average 95.5% and national average 94.7%) for the period 2014/15 (the most recently published data). For 2015/16 the practice was able to demonstrate that they had achieved 99.7%.

Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were above or comparable with local and national averages. For example, at 81%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 81% and national average of 82%. Childhood immunisation rates for the vaccinations given to two year olds ranged from 76% to 98.1% (compared with the CCG range of 81.3% to 97%). For five year olds this ranged from 91.8% to 100% (compared to CCG range of 89.8% to 97.9%). As at 31 March 2016 the practice was the highest performing practice in the Gateshead area in relation to ensuring eligible patients were vaccinated against flu (94% of eligible patients). The practice was also the fourth highest achieving practice in the local CCG area in terms of bowel cancer screening.

There was evidence of clinical audit activity and improvements made as a result of this. Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in January 2016 were comparable with local CCG and national averages in respect of providing caring services. For example, 91% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 91% and national average 89%) and 90% said the last nurse they saw or spoke to was good at listening to them (CCG average 92% and national average was 91%).

Good



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Results also indicated that 83% of respondents felt the GP treated them with care and concern (CCG average 88% and national average of 85%). 90% of patients felt the nurse treated them with care and concern (CCG average 92% and national average 91%).

The practice was proactive in the identification and support of carers, including young carers. The practice had employed an apprentice as a social prescriber whose role including signposting patients at risk of social isolation to relevant support services such as the local befriending service.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Trends and themes arising from complaints and significant events were identified and implementation of lessons learned monitored appropriately. The practice was proactive in ensuring that all significant events were reported to the local CCG using the Safeguard Incident and Risk Management (SIRMS) system. This enabled not only the practice but the CCG to identify recurrent issues and those requiring immediate remedial action.

The practice's scores in relation to access in the National GP Patient Survey were lower than local and national averages. Then most recent results (January 2016) showed that 81% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%). 60% found it easy to get through to the surgery by phone (CCG average 78%, national average 73%). 66% said they usually waited 15 minutes or less after their appointment time (CCG average 68%, national average of 65%). However, the practice was aware of patient dissatisfaction in these areas and were committed to taking appropriate action to improve.

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately. The practice had become involved in a number of initiatives to improve services. For example:

- They were participating in a home visit pilot to ensure that frail, housebound and hard to reach patients could be seen without delay. This ensured that home visits could be carried out up to 8pm on weekdays and from 8am to 2pm on a weekend.
- They had developed the Year of Care approach to treating patients with long term conditions. This ensured that patients with comorbidities were offered one fully comprehensive

Good



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annual review, involved in their care planning and given a copy of their care plan which including results of tests and an explanation of what this meant. The Year of Care Partnership were in the process of using Glenpark as an example of how to implement effective care and support planning for patients with long term conditions.

- They had developed an integrated baby clinic in conjunction with the local NHS Foundation Trust which was staffed by multi-agency practitioners including a practice GP and nurse
- Employed a frailty nurse in conjunction with 3 other local GP practices
- Employed an apprentice as a social prescriber
- Patients with a learning disability were able to receive flu vaccinations and a fully comprehensive annual review in their own homes carried out by a joint visit by a practice GP and a district nurse.

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, they had made changes to how they delivered their baby clinic as a result of patient feedback.

Are services well-led?

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

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

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had a formal business plan and there was evidence of business development discussions taking place and being shared with the whole staff team.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

The practice proactively sought feedback from staff and patients, which it acted on. An active patient participation group was in operation

There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 97.9% and the England average of 97.9%.

Patients aged over 75 had a named GP and the practice offered flu immunisations to older people which included home visits for any housebound patients considered to be at risk. The practice had a palliative care register and held regular multi-disciplinary meetings to discuss and plan end of life care. This involved the development of emergency health care plans in conjunction with patients and their families and carers. The practice had ensured that all 1219 of their patients over the age of 65 had been offered and either received or declined a flu vaccination as at 31 March 2016.

Comprehensive care plans were in place for the 2% of the practice patient population most at risk of unplanned admission to hospital. Together with three other GP practices based in the inner West locality of Gateshead the practice had employed a frailty nurse. The role of the frailty nurse was to deliver targeted, proactive and reactive care to elderly patients to enable them to stay in their own homes and avoid unplanned admission to hospital.

All local care homes in which the practice had patients had a named link GP to enable continuity of care. The practice operated a ward round approach to visiting patients in their main care home in conjunction with an elderly care specialist nurse.

The practice was participating in a home visit pilot to ensure that frail, housebound and hard to reach patients could be seen without delay. This ensured that home visits could be carried out up to 8pm on weekdays and from 8am to 2pm on a weekend. The practice had employed an apprentice as a social prescriber. Their role involved contacting any patient a practice clinician felt was suffering from social isolation to discuss their needs and signpost them to appropriate support organisations such as a local befriending service.

Good



People with long term conditions

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

Good



Summary of findings

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. Patients with multiple long term conditions were offered a comorbidity review in their birthday month.

The practice were proactive in their treatment of diabetes and cared for 91% of their patients in-house by offering an insulin initiation service. They participated in the National Diabetes Audit and had achieved higher than the local CCG average for caring for patients with Type 1 and Type 2 diabetes. The practice was also committed to improving the engagement of patients with asthma. They had commissioned marketing expertise to redesign review invitation letters and encourage more patients to respond.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved very good outcomes in relation to the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 3.46% above the local CCG average and 2.6% above the national average.
- The practice had obtained 100% of the point available to them in respect of chronic obstructive pulmonary disease. This was 3% above the local CCG average and 4% above the national average
- The practice had obtained 100% of the points available to them in respect of hypertension (2.2% above the local CCG average and 2.2% above the national average).
- The practice had obtained 100% of the points available to them in respect of diabetes (8% above the local CCG average and 10.8% above the national average).

Families, children and young people

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up

Good



Summary of findings

children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 76% to 98.1% (compared with the CCG range of 81.3% to 97%). For five year olds this ranged from 91.8% to 100% (compared to CCG range of 89.8% to 97.9%). Systems were in place to follow up children who repeatedly failed to attend immunisation appointments and highlight concerns to the local safeguarding authority.

At 81%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 81% and national average of 82%.

In conjunction with South Tyneside Foundation NHS Trust the practice had developed an integrated baby clinic. This was staffed by a GP and nurse from the practice together with a health visitor and nursery nurse employed by the trust. This ensured that parents had access to a multi-disciplinary team of practitioners to help them care for their child. Services offered at the clinic included a 'stay and play' area, development and behaviour advice, advice on feeding and weaning, immunisations and post-natal checks combined with 6 week checks for babies. Pregnant women were able to access antenatal services twice per week.

There was a dedicated area for young people on the practice website. This gave young people access to relevant health information and videos, including sexual health and contraception and information for young carers with links to a young carers website.

Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been met. The main surgery was open from 7am to 6pm on a Monday and Thursday, 8.30am to 6pm on a Tuesday and Friday and 8.30am to 8pm on a Wednesday. The branch surgery was

Good



Summary of findings

open from 8.30am to 12 midday on a Monday to Friday as well as 4.30pm to 6pm on a Wednesday. Patients registered with the practice are able to access appointments at either surgery. The practice also offered pre bookable telephone consultations to aid patients who worked or were unable to physically attend the surgery. Pre bookable appointments were also available at one of three local extended access 'hubs'.

The practice offered minor surgery, contraceptive services (including implants, injections and insertion of intrauterine devices), travel health clinics, smoking cessation and NHS health checks (for patients aged 40-74).

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group.

People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Longer appointments were available for patients with a learning disability, who were also offered an annual flu immunisation and health review. The annual review was either conducted in the patient's own home by a joint visit from a GP and a district nurse or at the practice where the patient was given a half hour appointment with a GP followed by 20 minutes with a practice nurse.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. 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 and out of hours.

The practice pro-actively identified carers, including young carers and ensured they were offered appropriate advice and support. At the time of our inspection they had identified 320 of their patients as being a carer (approximately 3.5% of the practice patient population). This included the identification of 36 young carers.

The practice was in the process of working towards the Accessible Information Standard to ensure that disabled people have access to information they are able to read and understand and are supported in communicating.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

Nationally reported QOF data for 2014/15 showed the practice had achieved the maximum point available to them for caring for patients with dementia, depression and mental health conditions. At 91.3% the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was 5.3% above the local CCG and 7.3% above the national average.

Patients on the practice mental health register were offered annual reviews. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations, such as local wellbeing and psychological support services.

Patients known to have self-harmed or attempted suicide were contacted to encourage them to make an appointment with a GP.

The practice had employed an apprentice as a social prescriber who would contact any patient a practice clinician felt was suffering from social isolation to discuss their needs and signpost them to appropriate organisations such as a local befriending service.

Good



Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in January 2016 showed patient satisfaction was mixed but generally lower than average. 268 survey forms were distributed and 95 were returned, a response rate of 35.4%. This represented approximately 1% of the practice's patient list.

- 65% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 79% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 69% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

- 83% said their GP was good at explaining tests and treatment (CCG average 88%, national average 86%)
- 90% said the nurse was good at treating them with care and concern (CCG average 92%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We only received 29 comment cards which were very complimentary about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident that they would receive good treatment. Words used to describe the practice and its staff included efficient, helpful, 1st class, professional and courteous.

We spoke with 11 patients during the inspection, three of whom were members of the practice patient participation group. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Introduce a significant event policy as an aid for staff unfamiliar with the process
- Review their induction checklist to include training on infection control and handwashing techniques

Outstanding practice

- The development of an integrated baby clinic with the local NHS Foundation Trust. This was staffed by a GP and a nurse from the practice together with a health visitor and nursery nurse employed by the trust. Parents therefore had access to a multi-disciplinary team of practitioners and services to help them care for their child, which included a weekly drop in service. The clinic was well attended and patient feedback about the service on the day of our inspection was overwhelmingly positive.
- The practice was proactive in their identification of, and support offered to carers, including young carers. They had identified 3.5% of their patient population as being a carer which included 36 young carers.
- The practice was performing well and the highest performing practice in Gateshead as at 31 March 2016 in terms of ensuring that eligible patients had received a flu vaccination. 94% of their eligible patient population had been vaccinated.

Glenpark Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector, a CQC Inspection Manager, a GP specialist advisor and a specialist advisor with experience of practice management.

Background to Glenpark Medical Centre

Glenpark Medical Practice provides care and treatment to approximately 9200 patients from the Gateshead locality of Dunston and the surrounding areas of Whickham, Swalwell, Lobley Hill and Teams (up to Nesham Bank and the Redheugh Bridge). It is part of the NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and operates on a Personal Medical Services (PMS) contract.

The practice provides services from the following addresses, which we visited during this inspection:

Main Surgery:

Glenpark Medical Centre

Ravensworth Road

Dunston

Gateshead, NE11 9AD

Branch Surgery:

Dunston Health Centre

Dunston Bank

Dunston

Gateshead, NE11 9PY

The main surgery in Ravensworth Road is located in a converted and extended ex residential property which has operated as a GP practice since 1905. All reception and consultation rooms are fully accessible for patients with mobility issues. There is a free car park within easy walking distance of the surgery and on-street parking is also available nearby.

The branch surgery at Dunston Health Centre is located in a purpose built health centre which was built in the 1970's. All reception and consultation rooms are fully accessible for patients with mobility issues. On-site parking, including dedicated disabled parking, is available.

The main surgery is open from 7am to 6pm on a Monday and Thursday, 8.30am to 6pm on a Tuesday and Friday and 8.30am to 8pm on a Wednesday. The branch surgery is open from 8.30am to 12 midday on a Monday to Friday as well as 4.30pm to 6pm on a Wednesday. Patients registered with the practice are able to access appointments at either surgery. If patients are unable to get an appointment at the practice they are able to access pre bookable appointments at one of three local 'hub' sites between 8am and 8pm on a weekday and 8am to 2pm on a weekend.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and GatDoc.

Glenpark Medical Centre offers a range of services and clinic appointments across their two sites including an antenatal clinic, well baby clinic, childhood immunisations, respiratory clinic, dietetic clinic, smoking cessation clinic, comorbidity long term condition clinics, cervical smears, and minor surgery. The practice is a teaching practice and provides teaching to 4th and 5th year medical students and GP registrars (fully qualified doctors with experience of hospital medicine who are training to become a GP).

The practice consists of:

Detailed findings

- Six GP partners (two male and four female)
- Three salaried GPs (all female)
- Two GP registrars (both female)
- One nurse practitioner (female)
- Three practice nurses (one male and two female)
- Two health care assistants (both female)
- 18 non-clinical members of staff including a practice manager, assistant practice managers, secretaries, administrators and receptionists

The GPs mostly worked part-time and delivered 45 clinical sessions between them per week.

The area in which the practice is located is in the fifth (out of ten) most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

The average life expectancy for the male practice population is 77 (CCG average 77 and national average 79) and for the female population 83 (CCG average 81 and national average 83).

63.6% of the practice population were reported as having a long standing health condition (CCG average 59.6% and national average 54%). Generally a higher percentage can lead to an increased demand for GP services. 57.1% of the practice population were recorded as being in paid work or full time education (CCG average 60.5% and national average 61.5%). Deprivation levels affecting children and older people were both lower than the local CCG averages but higher than national averages.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 May 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, nursing staff, the practice manager, receptionists, a health care assistant and an apprentice. We spoke with 11 patients, three of whom were members of the practice's patient participation group (PPG) and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 29 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff who worked closely with, but were not employed by, the practice. This included a frailty nurse, a health visitor and a pharmacist.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. However, although staff were well aware of their roles and responsibilities in reporting and recording significant events the practice did not have a significant event policy.

Significant events were analysed and reviewed at quarterly whole staff team meetings as a standard agenda item.

We reviewed safety records, incident reports national patient safety alerts and minutes of partners meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Trends and themes were identified and all significant events were recorded on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. Patient safety alerts were received by one of the assistant practice managers and cascaded to relevant staff for action. A system was in place to ensure appropriate action was taken in relation to these.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were GP leads for children's and adult safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held regular multi-disciplinary meetings to

discuss vulnerable patients. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding. The practice had carried out a safeguarding self-assessment audit in May 2016 which identified that practice staff were aware of their roles and responsibilities in respect of safeguarding vulnerable adults and children.

- Chaperones were available if required and the availability of this service was advertised in the waiting room and on the practice website. Staff who acted as chaperones had all received appropriate training 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 and we observed the premises to be clean and tidy. A comprehensive cleaning schedule was in place and the practice manager regularly liaised with the cleaning contractors to discuss cleaning audits and requirements. The last infection control audit had been carried out in November 2015 and we saw evidence of action points being identified and monitored.
- An effective system was in place for the collection and disposal of clinical and other waste.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Blank prescription pads were stored securely
- Patient group and patient specific directions (PGDs and PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. PGDs and PSDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor.
- We reviewed the personnel files of recently employed staff members and found that appropriate recruitment checks had been undertaken for all staff prior to employment. Good induction processes were in place for all staff including locums and registrars. However, the induction checklist used for non-clinical staff did not cover hand washing techniques or infection control training.

Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners and practice management staff encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and were transparent in their approach to this to enable the identification of trends, themes and recurrent problems. They had recorded 17 significant events during the period 1 April 2015 to 31 March 2016, all of which had been recorded on the SIRMS system. Significant events were regularly discussed and analysed at various practice meetings and appropriate action taken. For example, a significant event had been recorded relating to a pharmacy misplacing a prescription that had been issued for a controlled drug. The practice had reissued the prescription but the original prescription had then been found by pharmacy staff. As a result the practice had decided to implement a prescription collection procedure for all pharmacies who collect paper prescriptions from the practice reception desk.

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 at both the main and branch surgeries. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. Staff had received on-line fire safety training and arrangements were being made for staff to receive face to face training at a future 'time in' session. Staff members had been identified as fire marshalls and fire alarms were tested on a weekly basis. Fire evacuation drills were carried out twice

yearly. 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. Annual leave was planned well in advance and a buddy system was in place to ensure staff covered for each other when required.
- The practice did not regularly use locum GPs but when they did tried to use ex practice registrars who were familiar with practice policies and procedures and known by the patients. When it was necessary to use a locum other than an ex registrar relevant checks were undertaken and a comprehensive locum induction pack was in place.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training. Emergency medicines were easily accessible to staff in secure areas of both the main and branch surgeries and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator and oxygen with adult and children's masks at both the main and branch surgery.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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 implementation of such guidelines were discussed at clinical 'nugget' meetings which were held four days per week. These meetings were an opportunity for clinical staff, including multi-disciplinary attached staff such as health visitors and the frailty nurse to get together frequently to discuss clinical issues and cases causing concern.

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 for 2014/15 showed the practice had achieved 100% of the total number of points available to them compared with the clinical commissioning group of 95.5% and national average of 94.7%.

At 8.1% their clinical exception rate was lower than the local CCG average of 8.9% and national average of 9.2%. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

- The practice had obtained the maximum points available to them for all of the 19 QOF indicators, including mental health, hypertension, dementia and depression and for caring for patients who had a learning disability or required palliative care.
- Although not currently published the practice was able to demonstrate that they had obtained the maximum number of points available to them for 18 out of the 19 QOF indicators for 2015/16 and had achieved an overall score of 99.7%.

The practice carried out clinical audit activity to help improve patient outcomes. The practice had carried out 24 clinical audits since September 2013 and we saw evidence

of several two-cycle audits. This included an audit of the management of patients with Type 1 Diabetes Mellitus at cardiovascular risk in line with National Institute for Health and Clinical Excellence (NICE) guidelines. As a result of this audit, the second cycle of which was completed in March 2016, the practice had reviewed 42 patients and ensured they had been prescribed statins (cholesterol lowering medicines) where required. Another audit we looked at had ensured household contacts of hepatitis B patients were offered immunisation. This had led to an increase of 20% in the number of relevant patients being immunised.

Information provided by the practice indicated they were performing well in respect of the prescribing of antibiotics and a number of other medicines. They had achieved all of the Local Prescribing Incentive Scheme targets for 2015/16 and their weighted prescribing costs were below the local CCG average. The practice had signed up to the antibiotic guardian campaign and had placed a recorded message on their automated telephone system and a notice in their waiting room to explain when antibiotic prescribing was not appropriate.

The practice had a palliative care register and held regular multi-disciplinary palliative care meetings to discuss the care and support needs of palliative care patients. Care plans which included decisions about end of life care were developed with the involvement of palliative care patients and their families/carers.

Effective staffing

The staff team included GPs, nursing, managerial, health care and administration staff. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurses reported they were supported in seeking and attending continual professional development and training courses.

Are services effective?

(for example, treatment is effective)

The practice had an effective staff appraisal system in operation which included the identification of training needs and development of personal development plans. Staff were given protected time to undertake both mandatory and non-mandatory training.

The practice continually looked at demand for appointments and staffing requirements and responded appropriately. We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible. When the practice did have to use a locum GP an effective locum induction pack was in place.

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 services 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. We saw evidence that multi-disciplinary meetings took place on a regular basis and that care plans were reviewed and updated. The practice adopted a joint care planning approach and used emergency health care plans (EHCPs) and health and social care plans.

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 Mental Capacity Act 2005. All clinical staff had undertaken mental Capacity Act training.
- 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 were supported to express their views and were involved in making decisions about their care and treatment. Of the 95 patients who participated in the National GP Patient Survey published in January 2016, 86% reported the last GP they visited had been good at involving them in decisions about their care. This compared to a national average of 82% and local CCG average of 84%. The same survey revealed that 91% of patients felt the last nurse they had seen had been good at involving them in decision about their care compared with a national average of 85% and local CCG average of 87%.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 76% to 98.1% (compared with the CCG range of 81.3% to 97%). For five year olds this ranged from 91.8% to 100% (compared to CCG range of 89.8% to 97.9%)

At 81%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 81% and national average of 82%.

The practice was the fourth highest achieving practice in the local CCG area in terms of screening for bowel cancer as at 31 March 2016.

It was also the highest performing practice in the Gateshead area in terms of ensuring eligible patients had received a flu vaccination as at 31 March 2016. They had vaccinated 94% (1,951) of their eligible patient population.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, patients aged between 40 and 74 and for over 75s. During the period 1 April 2015 to 31 March 2016 the practice had invited 90.6% of their eligible patient population for a NHS

Are services effective?

(for example, treatment is effective)

Health Check. 477 patients had accepted the invitation. The practice had carried out appropriate follow-ups where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- Non-clinical staff had undertaken customer service training

We received 29 completed CQC comment card which were very complimentary about the practice. We also spoke with 11 patients during our inspection, three of whom were members of the practice patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey (published in January 2016) showed patient satisfaction was mixed but generally comparable with local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

- 82% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patient satisfaction was above or comparable with local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 83% 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%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 90% said the last nurse they spoke to was good listening to them compared to the CCG average of 92% and the national average of 91%.
- 92% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language. Patients requiring a translator were automatically given a longer appointment. A hearing loop was available at the branch surgery and a member of staff was able to communicate in sign language. The practice was in the process of working towards the Accessible Information Standard to ensure that disabled patients had access to information they were able to read and understand and were supported in communicating with health care staff.

Are services caring?

Longer appointments were available for patients with a learning disability, who were also offered an annual flu immunisation and an annual health review. The annual review was either conducted in the patient's own home by a joint visit from a GP and a district nurse or at the practice where the patients was given a half hour appointment with a GP followed by 20 minutes with a practice nurse. The practice held a register of 51 patients recorded as living with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations

The practice pro-actively identified carers and ensured they were offered an annual flu vaccination and signposted to appropriate advice and support. The practice was committed to identifying and supporting young carers in particular. To achieve this they had met with

representatives of a local young carer's project and worked on the definition of a young carer. They had also ensured young cares were coded on the practice computer system to ensure they had a register of young carers who could then be discussed at multidisciplinary safeguarding meetings. The practice patient participation group had also contacted local schools to seek their assistance in identifying young carers. The practice computer system alerted clinicians if a patient was a carer. At the time of our inspection they had identified 320 of their patients as being a carer (approximately 3.5% of the practice patient population). This included the identification of 36 young carers.

Patients experiencing bereavement were sent a condolence card and were offered a visit or a phone call from a GP. The practice also signposted bereaved patients to a befriending service which had been created as a locality initiative with several other local practices.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population and planned services accordingly. Services took account the needs of different patient groups and helped to provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The appointment system operated by the practice ensured that patients could generally get an urgent appointment or telephone consultation with a GP the same day.
- There were disabled facilities and translation services available. A hearing loop was available at the branch surgery and a member of staff was able to communicate in sign language.
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions.
- The practice had adopted the Year of Care approach to caring for patients with long term conditions. This ensured that patients with comorbidities were offered one fully comprehensive annual review, involved in the care planning process and given a copy of their care plan which included their test results and an explanation of what this meant. The Year of Care Partnership were in the process of using Glenpark as an example of how to implement effective care and support planning for patients with long term conditions.
- Together with three other GP practices based in the inner west locality of Gateshead the practice had employed a frailty nurse. The role of the frailty nurse was to deliver targeted, proactive and reactive care to elderly patients to enable them to stay in their own homes and avoid unplanned admission to hospital.
- The practice was participating in a home visit pilot to ensure that frail, housebound and hard to reach

patients could be seen at home without delay. This meant that home visits could be carried out up to 8pm on a weekday and between 8am and 2pm on a weekend.

- The practice had employed an apprentice as a social prescriber. Their role involved contacting any patient a practice clinician felt was suffering from social isolation to discuss their needs and signpost them to appropriate support services, such as the local befriending service.
- The practice had developed an integrated baby clinic with the local NHS Foundation Trust. This was staff by a GP and a nurse from the practice together with a health visitor and nursery nurse employed by the trust. Parent therefore had access to a multi-disciplinary team of practitioners and services to help them care for their child
- The practice was performing well and the highest performing practice in Gateshead as at 31 March 2016 in terms of ensuring that eligible patients had received a flu vaccination. 94% of their eligible patient population had been vaccinated.
- Patients with a learning disability were able to access annual health reviews and receive flu immunisations in their own homes as well as at the practice. The home visits consisted of a joint visit by a practice GP and a district nurse.

Access to the service

The main surgery was open from 7am to 6pm on a Monday and Thursday, 8.30am to 6pm on a Tuesday and Friday and 8.30am to 8pm on a Wednesday. The branch surgery was open from 8.30am to 12 midday on a Monday to Friday as well as 4.30pm to 6pm on a Wednesday. The appointment system offered by the practice enabled patients to pre book appointments (including GP telephone consultations) up to four weeks in advance as well as request same day appointments. The practice also operated an 'on call doctor' system where a minimum of one of the GPs was on call each day to deal with requests for urgent or emergency appointments. This had been increased to the equivalent of 1.5 GPs following low patients satisfaction results from the most recent national GP Patient Survey in relation to the ease of being able to get an appointment.

Results from the National GP Patient Survey (January 2016) showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.
- 60% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and the national average of 73%.
- 60% of patients described their experience of making an appointment as good compared to the CCG average of 75% and the national average of 73%.
- 66% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 68% and the national average of 65%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.

Practice staff were well aware of dissatisfaction in this area and were committed to improvement. They felt some of the problem had been due to difficulties experienced in being able to appoint locum GPs when required. As a result they had decided to appoint a pharmacist and a locum nurse practitioner. They envisaged that this would free up GP appointment availability. If patients were unable to get an appointment at the practice they were able to access pre bookable appointments at one of three local 'hub' sites between 8am and 8pm on a weekday and 9am to 2pm on a weekend.

Patients we spoke to on the day of the inspection and the patients who completed CQC comment cards did not report any concerns about being able to get an appointment within an acceptable timescale. We looked at appointment availability during our inspection and found

that a routine GP appointment was available five working days later. The next routine appointment with a nurse was available the following day. We saw evidence of appointment availability being checked and monitored on a daily basis and of GPs delivering additional sessions to deal with demand.

Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- One of the GPs had been identified as lead for dealing with clinical complaints. The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available in the reception area to help patients understand the complaints system.

The practice had recorded four complaints during the period 1 April 2015 to 31 March 2016. We found that these had been satisfactorily handled, dealt with in a timely way and apologies issued when necessary. Complaints were regularly reviewed to identify possible trends, themes and learning points.

The practice also logged any compliments they received as they felt this was good for staff morale. During the period January 2015 to May 16 the practice had logged 26 compliments from patients and multi-agency practitioners.

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 vision was to deliver high quality care and promote good outcomes for patients

The practice mission statement was 'At Glenpark we offer the highest quality modern healthcare, whilst being grounded in traditional patient, family and community centred values'. Staff we spoke to during the inspection were aware of the mission statement.

The practice had a five year business plan which was displayed on the wall in a communal staff area for all staff to see. Their aims and objective included making every appointment count, developing efficient processes, moving to a new purpose built building, moving financial matters in-house and making cost savings. The practice manager told us that the business plan was discussed at monthly partner meetings and outcomes shared with staff as and when appropriate.

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. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of an effective programme of clinical audit activity which improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example QOF, referral rates and prescribing

Leadership and culture

The GPs had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised

safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

- A variety of clinical and non-clinical staff meetings were held on a regular basis. This included clinical 'nugget' meetings which were held four days per week, monthly nurse meetings, monthly partner meetings, quarterly whole staff team meetings, quarterly strategy meetings and bi monthly multi-disciplinary team meetings to discuss issues such as patients who had died, those newly diagnosed with cancer, palliative care, vulnerable adults and children and admissions to hospital.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. The practice manager was able to give good examples of how the practice supported and ensured the well-being of their staff.

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 practice had established a patient participation group which consisted of approximately 12 core members who met on a quarterly basis. Past involvement had included handing out survey questionnaires, collating and analysing the results; discussing plans for the proposed new premises and organising Macmillan coffee mornings. Plans for the future included launching a Patient Health Champions group. The PPG were hosting a welcome event for this group the day after our inspection and it was hoped that with training and support these volunteers would work

Are services well-led?

Good 

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

with staff to find new ways of improving services offered by the practice and, through their ability to relate to people and own life experience transform health and well-being in the local community.

- The practice was able to demonstrate that it responded to patient feedback. For example, as a result of patient feedback the practice had made changes to the baby clinic held at their branch surgery. This included installing a new heating system, creating pre bookable as well as drop in appointments and holding open some GP appointments while the baby clinic was on in case there were any concerns about a baby's health or development. The practice had also ensured there was a dedicated space for wheelchair users in the main surgery waiting room as the result of patient feedback.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels.

The practice team was forward thinking and part of local pilot schemes and initiatives to improve outcomes for patients in the area. This included:

- Adopting the Year of Care approach to caring for patients with long term conditions. This ensures that patients with comorbidities are offered one fully comprehensive annual review, involved in the care planning process and given a copy of their care plan which includes their test results and an explanation of what this means.
- Operating a ward round approach to visiting patients resident in their main linked care home in conjunction with an elderly care specialist nurse.
- Commissioning an external consultant to carry out a smarter working review of office procedures. This had resulted in one of the assistant practice managers being developed as a bookkeeper to deal with finance related issues in-house.
- Recruiting their own pharmacist who was due commence employment with the practice in June 2016. The pharmacist role would initially be to review hospital discharge letters and action medication requests to free up additional consultation time of the GPs. The aim was that the pharmacist would subsequently hold their own clinic.