

Denton Park Medical Group

Quality Report

Denton Park Medical Group, West Denton Way,
Newcastle Upon Tyne, Tyne and Wear, NE5 2QW
Tel: 0191 229 5800
Website: www.dentonparkmedicalgroup.co.uk

Date of inspection visit: 22 January 2018
Date of publication: 22/03/2018

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?	Outstanding	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
Outstanding practice	4

Detailed findings from this inspection

Our inspection team	5
Background to Denton Park Medical Group	5
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection December 2014 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Outstanding

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Denton Park Medical Group on 22 January 2018. This was as part of our ongoing inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice understood the needs of its population and tailored services in response to those needs. They had improved their approach to palliative care to ensure patients were supported in the way they preferred towards the end of their life. They had arranged influenza vaccination sessions during school holidays to make it easier for parents to attend with their children. Although the practice already had higher cervical screening rates than local and national averages, they had taken action to improve this further by promoting uptake on their website and highlighting reminder invites for patients on pink paper.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw an area of outstanding practice:

- The practice had shown a sustained and continuous improvement in the support provided to patients reaching the end of their life. The practice had improved their identification of palliative care patients

and was more inclusive in their approach. They had improved the approach to person-centred care planning and provision of accessible information for patients and their carers. They supported patients to die in their location of choice, wherever possible.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

Outstanding practice

The practice had shown a sustained and continuous improvement in the support provided to patients reaching the end of their life. The practice had improved their identification of palliative care patients and was more inclusive in their approach. They had improved the

approach to person-centred care planning and provision of accessible information for patients and their carers. They supported patients to die in their location of choice, wherever possible.

Denton Park Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist adviser.

Background to Denton Park Medical Group

Care Quality Commission registered Denton Park Medical Group to provide primary care services.

The practice provides services to approximately 7,300 patients from one location, which we visited as part of this inspection:

- Denton Park Medical Group, West Denton Way, Newcastle Upon Tyne, Tyne and Wear, NE5 2QW.

Denton Park Medical Group is a medium sized practice providing 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 has three GP partners (two male and one female). The practice is in the process of making an application to update the partners registered. They employ a salaried GP (female), a practice manager, a nurse practitioner (female), two nurses (female), a health care assistant and staff who undertake reception and administrative duties.

NHS 111 service and Vocare Limited (known locally as Northern Doctors Urgent Care) provide the service for patients requiring urgent medical care out of hours.

Information from Public Health England placed the area in which the practice is located in the third 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 79 years, compared to the national average of 79.2 years. Average female life expectancy at the practice is 82.4 years, compared to the national average of 83.2 years.

96.6% of the practice population were white, 0.7% were mixed race, 1.8% were Asian, 0.5% were black and 0.4% were other races.

The practice had displayed their CQC ratings from the December 2014 inspection, in the practice reception area and on their website, in line with legal requirements.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

At our last CQC inspection, in December 2014, we found the practice should make some improvement in the following two areas:

- Ensure they had addressed the issues identified in their legionella risk assessment;
- Reviewed their procedures for carrying out fire evacuation drills.

We found the service had taken action and addressed both of these areas of concern.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies, which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. One patient spoke very highly about the practice and told us about the prioritisation and support they got from the practice when they experienced severe infection.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

Are services safe?

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety. For example, following a problem with a refrigerator used to store medicines, the practice took appropriate action to prevent a reoccurrence by replacing it.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups, apart from people whose circumstances make them vulnerable, which we have rated as outstanding because:

- The practice had shown a sustained and continuous improvement in the support they provided to patients reaching the end of their life.
- They were proactive in meeting the need of patients with learning disabilities, with high uptake of annual health checks and influenza vaccination.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was a low prescriber of hypnotic medicines. The average daily quantity of hypnotics prescribed per specific therapeutic group age-sex related prescribing unit (STAR PU) was 0.56. This compared to a clinical commissioning group (CCG) average of 0.68 and a national average of 0.90.
- The practice was a higher prescriber of antibiotics when compared to local and national averages. The number of antibacterial prescription items prescribed per STAR PU was 1.59, compared to a CCG average of 1.07 and a national average of 0.98. The practice had carried out improvement work to reduce their antibacterial prescribing in line with local and national guidance. As a result, they had seen a reduction. During our inspection in December 2014, we had identified the practice as an outlier in this area. At the time, the practice told us they thought this was because they had a higher prevalence of chronic diseases within the practice population. Since they were last inspected, the practice had carried out improvement work to reduce their rates of antibiotic prescribing. This had resulted in the practice moving from second bottom within the CCG to fifth bottom, with a reduction from 1.73 in June 2016 to 1.59 in June 2017.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was 5.2%, which was in

line with the CCG average of 5% and the national average of 4.7%. Good antimicrobial stewardship is for broad-spectrum antibiotics like quinolones and cephalosporins, to be reserved to treat resistant disease.

- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice achieved high performance across the majority of long-term conditions monitored through QOF, achieving 100% of the points available for 16 of the 19 clinical health domains. However, the practice achieved 95.9% of the points available for asthma, which was 3.4% below the CCG average of 99.3% and 1.4% below the England average of 97.3%. For example, 74.2% of patients with asthma on the register had an asthma review in the preceding 12 months that included an assessment of asthma control. This was lower than the CCG average of 77.6% and national average of 76.4%.
- For indicators relating to diabetes, the practice achieved 98.5% of the points available. This was above the CCG average of 93.8% and the national average of 91%.

Are services effective?

(for example, treatment is effective)

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 79.1%, which was below the 80% coverage target for the national screening programme. However, it was above the CCG average of 71.8% and the national average of 71.9%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable. This population group was rated outstanding because:

End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable. There was a commitment to working collaboratively for these patients, whose needs were complex, and ensure they were supported to receive coordinated care. The practice had shown a sustained and continuous improvement in the support they provided to patients reaching the end of their life. The practice had been a part of a pilot to improve end of life care, from January 2014 to September 2017. Despite the funding for this pilot ending, the practice had decided to continue with the approach, as they had seen the benefits it offered for these patients. Data provided by the practice showed from start to finish of the pilot:

- The palliative care register had increased from 19 (0.25%) to 54 (0.75%).

- The palliative care register was more inclusive, with 47% of patients with cancer at the start decreasing to 23%. Expectations were that cancer cases should be approximately 25% of the register.
- The recording of the preferred place of death increased from 9% to 22%, with more patients dying in their preferred location, with an increase from 0% to 100%.
- The initiative had led to a reduction in admissions to hospital of 29, which equated to a £77,016 saving on costs of admission. It had also resulted in a reduction of deaths in hospital, equated to 12 patients; with a saving in spend on admissions resulting in death of £48,156.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice achieved high performance on uptake of annual health checks and influenza vaccinations for people with learning disabilities. In 2015/16, of the 52 patients registered, 51 had received an annual health check and 57% had received influenza vaccination. In 2016/17, of the 53 patients registered, 100% had received an annual health check and 60% had received influenza vaccination.

People experiencing poor mental health (including people with dementia):

- For the practice, 90.7% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 88.9% and a national average of 90.3%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was higher than the national average at 93.0% (compared to a CCG average of 85.4% and a national average of 83.8%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received a recording of blood pressure within the preceding 12 months was 95.7%. This compared to a CCG average of 90.1% and a national average of 90.4%. The percentage of patients experiencing poor mental health who had a record of alcohol consumption within the preceding 12 months was 91.3%. This compared to a CCG average of 91.3% and a national average of 90.7%.

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2016/17 showed the practice had achieved 99.3% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 95.5% and the local CCG average of 97.6%. (QOF is a system intended to improve the quality of general practice and reward good practice.)

- The overall exception-reporting rate was 7.9% in comparison to a CCG average of 10.1% and a national average of 9.6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice used information about care and treatment to make improvements. The practice had undertaken eight clinical audits within the last two years. For example, they carried out an audit to check their prescribing of antidepressants for children and young people was in line with national guidelines. The practice had identified improvement action as a result of this audit and carried out repeat audit cycles to determine if the identified actions had successfully improved patient care.
- The practice was actively involved in quality improvement activity. They used benchmarking and performance information to identify areas and take action where they could improve. They monitored prescribing data and referral rates and took action to improve where they identified they were not in line with comparators.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, they had introduced Primary Care Navigators, to support referral of patients with social, emotional or practical needs to a range of local, non-clinical services.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision-making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- We spoke with members of the extended community healthcare team who were not employed by, but worked closely with the practice. They all spoke very highly of the way the practice worked together with them to coordinate and deliver effective care and treatment.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The percentage of new cancer cases (amongst patients registered at the practice) referred using the urgent two-week wait referral pathway was 59.6%. This compared to a CCG average of 52% and a national average of 50.3%.
- Data from Public Health England showed 71.6% of women, aged 50 to 70 years, had received screening for breast cancer within the last three years. This compared to a CCG average of 72.8% and a national average of 70.3%. Of all patients aged 60-69, 59.3% had received screening for bowel cancer in last two and a half years. This compared to a CCG average of 57.6% and a national average of 54.5%.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with other feedback received by the practice.

Results from the National GP Patient Survey, published in July 2017, showed patients felt they were treated with compassion, dignity and respect. There were 232 survey forms distributed for Denton Park Medical Group and 101 forms returned. This was a response rate of 43.5% and equated to approximately 1.4% of the practice population.

The practice was above averages for its satisfaction scores on consultations with GPs and nurses. For example, of the patients who responded:

- 95% said the GP was good at listening to them; (clinical commissioning group (CCG) – 90.8%; national average – 88.8%).
- 99% of patients who responded said the nurse was good at listening to them; (CCG) – 94%; national average – 91%).
- 92% said the GP gave them enough time; (CCG - 90%; national average - 86%).
- 98% said they had confidence and trust in the last GP they saw. (CCG – 97%; national average – 96%).
- 94% said the last GP they spoke to was good at treating them with care and concern; (CCG – 90%; national average – 86%).
- 99% of patients who responded said the nurse gave them enough time; (CCG - 95%; national average - 92%).
- 100% said they had confidence and trust in the last nurse they saw; (CCG - 98%; national average - 97%).

- 98. % said the last nurse they spoke to was good at treating them with care and concern; (CCG – 93%; national average – 90%).
- 97% said they found the receptionists at the practice helpful; (CCG - 88%; national average - 87%).

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 patients as carers (1.7% of the practice list).

- The practice referred carers to the local carers' organisation, and to local social prescribing initiatives such as the Ways to Wellness service and primary care navigators. (Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector.)The practice had a young carers board to encourage young carers to identify themselves and also to signpost them to services which may be of help. The practice did not invite carers in for health assessments, but did this opportunistically when patients presented for an appointment. The practice told us where a patient with learning disabilities, mental health conditions and dementia had an appointment, where appropriate, they would also book in an appointment for their carer.
- Staff told us that if families had experienced 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

Are services caring?

meet the family's needs, and/or by giving them advice on how to find a support service. The practice had participated in a pilot to improve the care offered to patients reaching the end of their life. Once the pilot had ended, the practice continued with the approach, as they had seen the benefits this had to these patients.

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results when compared with local and national averages. For example, of those patients who responded:

- 93% said the last GP they saw was good at explaining tests and treatments; (CCG - 89%; national average – 86%).

- 99% of patients who responded said the last nurse they saw was good at explaining tests and treatments; (CCG - 92%; national average – 90%).
- 95% said the last GP they saw was good at involving them in decisions about their care; (CCG – 86%; national average - 82%).

98% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; (CCG – 89; national average – 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as outstanding for providing responsive services. We rated all population groups as good except for the population groups, working age and people whose circumstances make them vulnerable, which we rated as outstanding. We rated the practice as outstanding because:

- The practice was proactive in identifying and understanding the needs of patients reaching the end of their life and delivered care in a way that meet their needs and promoted equality. There was an innovative approach to providing integrated person-centred pathways of care for palliative care patients, which involved other service providers.
- People could access appointments and services in a way and at a time that suited them. Results were all above national and local CCG averages for how satisfied patients were with how they could access care and treatment. Even though the practice had high results, they were actively working with the patient participation group to further decrease patients who did not attend appointments, to increase appointment availability overall.
- Although the practice already had higher cervical screening rates than local and national averages, they had taken action to improve this further by promoting uptake on their practice website and highlighting reminder invites for patients on pink paper.
- The practice was proactive in their approach to understanding the needs of patients with learning disabilities and delivered care in a way that meet their needs and promoted health equality.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.)
- The practice improved services where possible in response to unmet needs.

- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. A hearing loop was available for those with impaired hearing. There was an internal and external lift available for patients with mobility difficulties.
- The practice had in place to initiatives to support patients with social, emotional or practical needs to a range of local, non-clinical services. This included the local Ways to Wellness scheme and they had introduced Primary Care Navigators. Both are social prescribing schemes. (Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector.)
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had seen the benefits of a personalised approach, which they had first implemented for patients with learning disabilities. They had started to implement lead members of staff for each long-term condition. The leads were responsible for inviting patients to regular reviews and also following up where patients did not attend.



Are services responsive to people's needs?

(for example, to feedback?)

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had arranged influenza vaccination sessions during school holidays to make it easier for parents to attend with their children.

Working age people (including those recently retired and students). This population group was rated outstanding because:

- People could access appointments and services in a way and at a time that suited them. Results were all above national and local CCG averages for how satisfied patients were with how they could access care and treatment.
- Even though the practice had high patient survey results relating to access care and treatment, they were actively working with the patient participation group to improve access to appointments. In particular, they had focused on decreasing the rate of patients who did not attend appointments, by highlighting the impact of this on the patients' noticeboard and on their website. The rate for patients failing to attend for appointments was 272 in May 2017. In December 2017, this had reduced to 166 patients who failed to attend.
- From November 2017, the practice had introduced a system to encourage eligible women to attend for cervical screening. Where patients had previously failed to attend screening they sent a reminder letter on pink paper to highlight the letter to women and encourage them to attend. They also included a reminder on their website to encourage uptake of cervical screening. The practice was already performing higher in this area than local and national averages. They hoped this would increase uptake in this area. They planned to check the success of this initiative over a period of time by undertaking a clinical audit.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on one morning and one evening a week.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable. This population group was rated outstanding because:

The practice was proactive in identifying and understanding the needs of patients reaching the end of their life and delivered care in a way that meet their needs and promoted equality. There was an innovative approach to providing integrated person-centred pathways of care for these patients, which involved other service providers. The practice had been a part of a pilot to better support patients reaching the end of their life. The pilot supported:

- Increased identification of patients who would benefit from end of life care;
- A more inclusive register to include more patients who did not have a diagnosis of cancer;
- Improved patient-centred care planning;
- Accessible information for patients and their carers provided in a timely way, sensitive to needs and preferences; and,
- Choice in place of death, wherever possible.

Although the funding for the pilot had ended, the practice were continuing with the approach, as they saw the benefits for patients as it allowed them to more effectively respond to their needs.

- The practice was proactive in their approach to understanding the needs of patients with learning disabilities and delivered care in a way that meet their needs and promoted health equality. The practice had continued to have a lead member of staff for patients with learning disabilities. This was an area of outstanding practice we identified in our last inspection (in December 2014). Their role was to coordinate answering any questions for these patients, inviting them in for annual health checks and chasing where patients did not attend appointments. They were now rolling out this approach to other health conditions. The practice held a register of patients living in vulnerable



Are services responsive to people's needs?

(for example, to feedback?)

circumstances including and those with a learning disability. They had supported a high number of patients to attend annual health checks and receive influenza vaccination.

- The practice told us about a case study of a vulnerable patient where they had come together with other healthcare professionals to find a suitable alternative contraception method. They were considering rolling out this contraception method for other suitable patients.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice had seen the benefits of a personalised approach, which they had first implemented for patients with learning disabilities. They had started to implement lead members of staff for each long term condition. This lead was responsible for inviting patients to regular reviews and also following up where patients did not attend.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Generally, the GP Patient Survey, published in July 2017, showed patients were satisfied with the service they received. For the practice, 98% of patients who responded were satisfied with their overall experience of the GP

surgery. This was higher than the local clinical commissioning group (CCG) average (of 87%) and the England average of 85%. Results were all above national and local CCG averages for how satisfied patients were with how they could access care and treatment. For example, of those who responded:

- 93% of patients were satisfied with opening hours. This compared with the CCG average of 85% and a national average of 80%.
- 90% found it easy to get through to this surgery by phone. This compared with the CCG average of 77% and a national average of 71%.
- 79% were able to get an appointment to see or speak to someone the last time they tried. This compared with the CCG average of 75% and a national average of 76%.
- 90% said the last appointment they got was convenient. This compared with the CCG average and a national average of 81%.
- 90% described their experience of making an appointment as good. This compared with the CCG average of 75% and a national average of 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, as a result of a complaint about follow-up after a patient was discharged from hospital, they updated the procedures for reviewing discharge letters.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- The practice had supported the nursing team to initiate and facilitate the area-wide nurses network, to ensure nurses received support, clinical supervision and sharing of best practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Good 

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

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of patient safety and medicine alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had further improved their arrangements to meet the needs of people whose circumstances make them vulnerable. This included those reaching the end of their life
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.