

Midway Medical and Walk-in Centre

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
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 Midway Medical and Walk In Centre on 1 February 2016. Overall the practice is rated as requires improvement.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the Care Quality Commission (CQC) at that time.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The name of the practice as a Walk in Centre did not reflect the nature of the services provided.

- Feedback from registered patients was positive and complimentary about being treated with care, dignity and respect.
- Survey data from registered patients about access to, and experience of making, appointments showed satisfaction levels mostly below the national average.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Evaluate the reasons for the higher than clinical commissioning group (CCG) average number of registered patient emergency admissions to hospital and self-presentation attendance rates at A&E.

In addition the provider should:

- Implement a consistent system for checking that monitoring for patients, who take long term medicines on a shared care basis, has been provided before the medicines are issued.

Summary of findings

- Investigate the reasons for, and where possible improve, lower than average rates of patients engaging in national cancer screening programmes
- Change the name of the practice to reflect a more accurate description of the services provided.
- Liaise with relevant parties to update NHS Choices with a more accurate description of services provided at the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.

Good



Are services effective?

The practice rated as requires improvement for effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and the national average.
- Practice staff worked with other professionals to help meet the needs of their registered patients.
- The emergency admission rate to hospital for registered patients with a range of 19 conditions where effective management and treatment may have prevented admission was 67.9% higher than the national average. There was no practice held data available to explain the reasons for this.
- There was evidence of appraisals and personal development plans for all staff.
- Clinical audits were taking place.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

- The numbers of registered patients recorded as carers were lower than expected.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Data showed that registered patients were generally less satisfied with access to appointments when compared with local and national averages
- The practice offered the number of appointments for unregistered patients that they were contracted to. The demand for appointments for unregistered patients wishing to be seen outstripped the contractual capacity.
- The name of the practice as a Walk in Centre did not reflect the nature of the services provided.
- The overall number of registered patients self-presenting at A&E at any time was 74.8% higher than the Clinical Commissioning Group average. The practice had recently employed an Admission Avoidance Facilitator, although the reasons for the high attendance levels were not clearly understood.

Requires improvement



Are services well-led?

The practice is rated as good for being well-led

- The GPs and practice management team were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.
- The practice had an active patient participation group (PPG). Staff and the PPG met on a regular basis to discuss services provided and demonstrated they had made changes based on feedback from the PPG.
- The practice team discussed registered patient feedback and made changes to services when required.
- When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice was rated as requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice also offered all patients aged 75 and over a health check.
- 70.3% of patients aged 65 or over had received seasonal flu vaccinations. This was comparable to the national average of 73.2%.

Requires improvement



People with long term conditions

The practice was rated as requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Patients at the highest risk to unplanned hospital admissions were identified and care plans had been implemented to meet their health and care needs
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) admitted to hospital in an emergency was 7.6% lower than the Clinical Commissioning Group (CCG) average.
- Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those people with the most complex needs, the staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice was rated as requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had systems in place for safeguarding children.
- The practice provided childhood immunisations and rates of uptake were in line with CCG and national averages.

Requires improvement



Summary of findings

- The practice's uptake for the cervical screening programme was 81.5% which was higher than the CCG average of 79.5% and comparable to the national average of 81.8%.

Working age people (including those recently retired and students)

The practice was rated as requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered evening appointments to benefit those of a working age.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered annual health reviews and longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 100% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86.4% and national average of 88.3%.
- 100% of patients with dementia had a face to face review of their condition in the last 12 months compared to the CCG average of 85.1% and national average of 84%.
- The practice carried out advance care planning for patients with dementia.

Requires improvement



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We spoke with nine patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 35 completed cards, of which all were positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 399 patients to submit their views on the practice, a total of 89 forms were returned. This gave a return rate of 22.3%.

The results from the GP national patient survey showed patients were broadly satisfied with how they were treated by GPs and that this was with compassion, dignity and respect. For example:

- 88% described their overall experience of the GP practice as good. This was similar to the clinical commissioning group (CCG) average of 87% and national average of 85%.
- 78% said the GP was good at treating them with care or concern compared to the CCG and national averages of 85%.
- 93% had confidence in the last GP they saw or spoke with compared to the CCG average of 96% and national average of 95%.

Results from the GP national patient survey showed higher than average satisfaction rates with practice nurses:

- 98% said that the nurse was good at giving them enough time compared to the CCG and national averages of 92%.
- 94% said the practice nurse was good at treating them with care or concern compared to the CCG average of 90% and national average of 91%.

Results from the national GP patient survey published in January 2016 showed mainly lower rates of registered patient satisfaction about access to appointments when compared to local and national averages:

- 61% of registered patients found it easy to contact the practice by telephone compared to the CCG average of 72% and national average of 73%.
- 88% of registered patients said the last appointment they made was convenient compared to the CCG average of 95% and national average of 92%.
- 70% of registered patients felt they did not have to wait too long to be seen compared to the CCG average of 61% and national averages of 58%.
- 92% of registered patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 67% of registered patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.

Areas for improvement

Action the service MUST take to improve

- Evaluate the reasons for the higher than clinical commissioning group (CCG) average number of registered patient emergency admissions to hospital and self-presentation attendance rates at A&E.

Action the service SHOULD take to improve

- Implement a consistent system for checking that monitoring for patients, who take long term medicines on a shared care basis, has been provided before the medicines are issued.

- Investigate the reasons for, and where possible improve, lower than average rates of patients engaging in national cancer screening programmes
- Change the name of the practice to reflect a more accurate description of the services provided.
- Liaise with relevant parties to update NHS Choices with a more accurate description of services provided at the practice.

Midway Medical and Walk-in Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor, a practice nurse specialist advisor (both with experience of GP practices and walk-in-centres) and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Midway Medical and Walk-in Centre

Midway Medical and Walk In Centre is registered with the Care Quality Commission (CQC) as an organisational provider. The provider holds an Alternative Medical Provider Services (APMS) contract with NHS England to provide services to registered patients. An additional part of the contract is to provide 12 appointments with a GP and 12 appointments with a practice nurse for unregistered patients every day of the year. The practice definition of an unregistered patient is a one that is unregistered with another, or no, GP. Registered patients can also be seen at a weekend, although they would be classed as an unregistered patient in that arrangement. The contract has been held since 2009 and are due for renewal in September 2016.

The practice area is one of more deprivation when compared with the local and national averages. At the time of our inspection there were 3,150 registered patients at the

practice. The average age of patients registered at the practice demonstrates a higher than average trend in patients aged between 20 and 39 and lower than average for patients aged over 45.

The practice first opened in 2009 as a new facility for patients in the area. This followed a government led review into the NHS. The report Next Stage Review (2008) recommended the introduction of 100 new GP practices, of which this practice was one.

The practice staffing consists of:

- One lead GP (male) giving one whole time equivalent (WTE).
- Six part time GPs (four male, two female) (0.71 WTE).
- GP vacancies (1.14 WTE).
- One female nurse practitioner (1 WTE).
- One male Paramedic Advanced Practitioner (0.5 WTE).
- Two female practice nurses (1.12 WTE).
- One female healthcare assistant (0.8 WTE).
- One practice manager.
- Administrative team of eight.
- One practice cleaner.

The practice is open from 8am to 8pm every day of the year. During these times the telephone lines and reception desk remained open.

Access for registered patients:

- Monday to Friday 8am to 8pm.

Detailed findings

- Appointments can be made in person, by telephone or online for those who have registered in obtain services in this way.

Access for unregistered patients:

- The commissioners of the service set out the range of expected conditions to be seen which includes a list of urgent and minor injuries and illnesses
- Monday to Friday, 12 appointments with a GP and 12 appointments with a practice nurse. Appointments are released at 8am each morning and are staggered through the day.
- Saturday and Sunday, appointments are offered to a capacity basis. Appointments are released at 8am each morning.

Although the name of the practice includes 'walk-in centre', this service would not be reasonably viewed as a walk-in centre. The website NHS choices define a 'walk-in centre' as being available to everyone and patients not needing an appointment. The limited amount of appointments available resulted in patients who had presented at the service, or been directed to there, to be further signposted to other care providers.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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 our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including NHS North Staffordshire Clinical Commissioning Group, Public Health England and the national GP Patient Survey.

During the inspection we visited the practice. We spoke with members of staff including GPs, advanced practitioners, the practice manager, senior administrator and wider administrative staff.

We gathered feedback from patients by speaking with them directly and considering their views on comment cards left in the practice for two weeks before the inspection.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. (Significant events can be described as a significant occurrence, which can be positive or negative, that leads to detailed analysis and learning to improve quality of care overall).

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- Significant events were recorded on a clinical commissioning group (CCG) computer system for sharing on a wider basis.
- The practice carried out a thorough analysis of the significant events.

The practice had recorded six significant events in the last year. We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Both children at increased risk of harm and vulnerable adults were identified on the practice computer system by alerts to make the treating clinician aware of the patient's individual circumstances. The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff on the practice computer system. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. All the staff had received role appropriate training to nationally recognised standards, for example GPs had attended level three training in Safeguarding Children. The lead GP was identified as the safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role.

- Chaperones were available when needed, and all staff who acted as chaperones had received training, been vetted and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken regularly, this included staff immunity to healthcare associated infections, premises suitability and staff training/knowledge.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were in date. The practice nursing team consisted of an independent nurse prescriber, practice nurses and a healthcare assistant. The practice nurses used Patient Group Directions to allow them to administer medicines in line with legislation. Blank prescriptions were stored securely and their issue was tracked through the practice.
- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. We checked three patient records and saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines. However, there was a possibility that patients may still receive the medicine if they had not received the required monitoring. For example if a patient missed a blood test at the hospital.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for all relevant staff.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- Regular infection control audits were held and staff were immunised against appropriate vaccine preventable illnesses.
- The practice performed regular water temperature testing and flushing of water lines and had a written risk assessment for Legionella. (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and staff knew their location.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

The staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed:

- The practice achieved 100% of the total number of points available; this was better than the national average of 93.5% and clinical commissioning group (CCG) average of 92.9%.
- Clinical exception reporting was 15.8%. This was worse than the national average of 9.2% and CCG average of 9%. Although when considered with the overall high achievement of QOF performance, this was not considered as an outlying area. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine.
- Performance for the diabetes related indicators was higher than CCG and national averages. For example, 97.4% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 85.5% and national average of 87%. The clinical excepting reporting rate was 24% compared

with the CCG average of 6% and 9%. Although the clinical excepting rate was higher, when considered with the higher overall performance this was not viewed as an outlying area.

- 85.2% of registered patients with asthma had a review of their condition within the previous year. This was higher than the CCG average of 71.5% and national average of 75.3%. Clinical exception reporting was 4% compared to the CCG average of 6% and national average of 8%.
- 100% of registered patients with dementia had a face to face review of their condition in the last 12 months. This was higher than the CCG average of 85.1% and national average of 84%. Clinical exception reporting was 11% compared with the CCG average of 9% and national average of 8%.
- 100% of registered patients with severe poor mental health had a comprehensive care plan completed within the previous 12 months. This was higher than the CCG average of 86.3% and national average of 88.3%. Clinical exception reporting was 15% compared with the CCG average of 12% and national average of 13%.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- The Quality Outcomes Framework XL (QOFXL) is a local programme within the CCG area to improve the detection and management of long-term conditions.
- In response to higher than average registered patient attendance rates at A&E the practice participated in a Local Improvement Scheme (LIS) to employ an Admissions Avoidance Facilitator (AAF). The AAF was a registered allied health professional who had commenced employment at the practice in September 2015. We spoke with the AAF about their role; they told us that they reviewed all registered patient attendances at A&E. The follow up resulted in exploration of why the registered patient had attended A&E and if other alternatives were more suitable or any health needs needed reviewing. There was no data available at the time of our inspection to demonstrate the impact of the role, although staff felt this was proving a useful way of addressing high rates of registered patient attendance at A&E.

We looked at a number of outcomes for registered patients, including A&E attendance rates and rates of emergency admission to hospital. The practice was an outlier within the CCG area in a number of outcomes:

Are services effective?

(for example, treatment is effective)

Data for 2014/15 produced by the CCG showed that the number of registered patients admitted to hospital in an emergency was higher than the CCG average.

- Data for 2014/15 produced by the CCG showed that the number of registered patients admitted to hospital in an emergency was 42.6% higher than the CCG average. This area had been marked as an outlier for the last three years. In 2012/13 the practice performance had been 49.7% higher than the CCG average, therefore had shown modest reduction when compared with the 2014/15 data.
- Emergency admission rates to hospital for registered patients with a range of 19 conditions where effective management and treatment may have prevented admission was 67.9% higher than the national average. In 2012/13 the practice performance had been 70.8% when compared with the CCG average, therefore had shown little change when compared with the 2014/15 data.

We spoke with the practice about their performances in these areas. Staff felt that this was due to having a number of registered patients who were very high users of A&E. They felt that the appointment of the AAF had impacted on these levels, although it was too early to audit the effect of the AAF. The practice did not have any measurable data available at the time of our inspection such as an audit into high admission rates.

We looked at data from 2014/15 from the NHS Business Services Authority on the practice performance on prescribing medicines:

- The average quantity of hypnotic and anti-inflammatory medicines was in line with national levels.
- The average quality of antibiotics prescribed was much higher than national averages. The number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) was 0.67 compared with the national average of 0.27. STAR-PU allows more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.

Of note, it was not possible to determine if the higher than average prescribing levels related to the registered or unregistered patients as the data could not be separated.

The practice showed us audits undertaken by the CCG medicines optimisation team in June 2015 regarding four common illnesses that may or may not need antibiotics, dependant on the symptoms and clinical findings. Audits were discussed with the clinical team and the practice had antibiotic usage guidance in all clinical rooms for clinicians to refer to.

There had been seven clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored. The remaining five audits were either in progress or awaiting their re-audit cycle with a date planned. The audits included that medicines had been prescribed appropriately and that the monitoring of medical conditions was appropriate. Audits had been discussed by the practice team and changes suggested to practice were made as needed.

Effective staffing

Staff at the practice were experienced and each brought specific knowledge to contribute to the delivery of care and treatment:

- The practice manager had over 30 years of NHS experience and had developed the practice from its conception to 3,150 registered patients.
- The practice told us that it had been difficult to recruit GPs, although they had a regular full time GP and a number of other regular GPs who worked on a part time basis.
- The practice was supporting two professionals, a nurse independent prescriber and paramedic to study at masters' level in advanced clinical practice.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

The practice held a number of regular meetings including palliative care meetings to discuss care and treatment for

Are services effective?

(for example, treatment is effective)

patients approaching the end of their life. The meetings included practice staff and allied professionals such as community nurses, palliative care nurses, community matron and others as relevant.

When patients were referred to hospital in either an emergency or urgent situation, relevant information was relayed to the receiving department by the provision of printed copies of referral letters. In most circumstances patients had the option to choose the hospital they wanted to receive planned treatment at and were guided through the process.

The practice provided details of assessment and treatment of unregistered patients who were given appointments at the practice. This was by providing a summary to the patients usual GP, normally on the same day.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

New patients were offered a health assessment with a clinical member of staff when joining the practice.

The practice's uptake for the cervical screening programme was 81.5% which was higher than the CCG average of 79.5% and comparable to the national average of 81.8%.

Data from 2015, published by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than local and national averages:

- 70% of eligible females aged 50-70 had attended screening to detect breast cancer. This was lower than the CCG average of 79.2% and national average of 72.2%.
- 51.1% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 63% and national average of 58.3%.

The practice had followed up registered patients who had not engaged with screening and had shown a year on year increase in screening figures.

The practice provided childhood immunisations and rates were higher or comparable to CCG and national averages. For example, 100% of children aged two had received the measles, mumps and rubella (MMR) vaccine. This was higher than the CCG average of 98.6%.

Flu vaccination rates for the over 65s were 70.3% compared with the national average of 73.2%. Vaccination rates in 'at risk' groups was 60% compared with the national average of 53.8%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 399 patients to submit their views on the practice, a total of 89 forms were returned. This gave a return rate of 22.3%.

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- 78% said the GP was good at treating them with care or concern compared to the CCG and national averages of 85%.
- 93% had confidence in the last GP they saw or spoke with compared to the CCG average of 96% and national average of 95%.

Results from the GP national patient survey showed higher than average satisfaction rates with practice nurses:

- 98% said that the nurse was good at giving them enough time compared to the CCG and national averages of 92%.

- 94% said the practice nurse was good at treating them with care or concern compared to the CCG average of 90% and national average of 91%.

We spoke with nine patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 35 completed cards, of which all were positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding. We observed staff to be kind, warm and welcoming when interacting with patients and visitors.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed a slightly lower patient satisfaction response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in January 2016 showed;

- 76% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81% and national average of 82%.
- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.

The national GP patient survey data showed that patients were satisfied at their involvement with care provided by practice nurses:

- 96% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG of 84% and national average of 85%.
- 98% said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.

We spoke with staff about how they involve patients in decisions about their care and treatment. All of the staff we spoke with gave positive examples of how they involve and support patients in such decisions.

Patient/carer support to cope emotionally with care and treatment

Patients gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, a member of staff

Are services caring?

had provided emotional support to a patient who was not registered at the practice and had walked in stating they wished to harm themselves. The staff member kept the patient safe, reassured until measures were taken to manage the patients' health needs.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff. All patients were asked at registration if they were a carer and the practice

had carers information displayed in the waiting room. At the time of our inspection the practice had 14 patients recorded as carers, which was 0.44% of their registered patients.

If a patient experienced bereavement, practice staff told us that they were supported by a GP with access and signposting to other services as necessary.

Written information was provided within the waiting room to help carers and patients to access support services. This included organisations for poor mental health and advocacy services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided a number of services to meet the needs of their registered patients:

- The practice had employed an Admission Avoidance Facilitator (AAF) to review patients who had attended A&E and to join up care for patients with complex needs. Appointments for patients in the complex needs clinic were 30 minutes or longer.
- Home visits were available for older patients and patients who would benefit from these.
- The practice was open and offered appointments to registered patients from 8am to 8pm each weekday.
- There were disabled facilities and translation services available.
- Online services enabled the booking of appointments and ordering of repeat medicines.

The practice had also been commissioned to provide additional appointments for unregistered patients. The arrangement consisted of the practice offering 12 appointments with a GP and nurse giving 24 appointments each weekday. At weekends the practice offered appointments to their working capacity.

We reviewed the practice performance from 2014/15 in QOFXL which is a local framework run by NHS North Staffordshire Clinical Commissioning Group to improve the health outcomes of local people. The data demonstrated more of the practice's registered patients self-presented at hospital Accident and Emergency (A&E) departments when compared with the CCG average:

- The overall number of registered patients self-presenting at A&E at any time was 74.8% higher than the CCG average. In 2012/13 the practice performance was 39.9% higher than the CCG average, therefore had further increased when compared with the 2014/15 data.
- The number of patients attending A&E during GP opening hours was 78.4% higher than the CCG average. In 2012/13 the practice performance was 18.3% higher than the CCG average, therefore had further increased when compared with the 2014/15 data.

We spoke with the practice team about this; they felt this outlying performance was due to a number of registered patients with complex needs who frequently attended A&E. They also felt that the appointment of the AAF had started to reduce these levels, although it was too early to audit the initial effect.

The practice submitted information after the inspection to demonstrate the effect on outcome data for registered patients who self-presented at A&E frequently. The data benchmarked the expectation of patient attendance based on the registered patient demographic:

- During April – December 2015, registered patient attendance at A&E was 155% higher than expected (forecast).
- A calculated projection was used to remove data to quantify the practice feeling that registered patients who frequently used A&E were the overriding reason for the outlying data. When the data was adapted to exclude the 10 registered patients who were the highest users of A&E, the registered patient rate of attendance at A&E was still 107% higher than expected (forecast).

The information also showed that the practice had responded to registered patients with complex needs by offering home visits, appointments and all of the patients were included on the recently appointed AAFs caseload.

Access to the service

The practice was open from 8am to 8pm every day of the year. During these times the telephone lines and reception desk remained open.

Access for registered patients was:

- Monday to Friday 8am to 8pm.
- Appointments could be made in person, by telephone or online for those who had registered in obtain services in this way.

Access for unregistered patients was:

- Monday to Friday, 12 appointments with a GP and 12 appointments with a practice nurse. Appointments were released at 8am each morning and were staggered through the day.
- Saturday to Sunday, appointments were offered to a capacity basis. Appointments were released at 8am each morning.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice encouraged patients to telephone for an appointment as opposed to 'walk-in'. They felt this allowed them to manage the needs of patients throughout the day, although they told us if patients did 'walk in' they would be seen if there was capacity.

We spoke with staff about the services for unregistered patients. They told us that at the conception of the practice, patients were seen easily as there were no registered patients. During subsequent years the number of registered patients had grown to 3,150. At the time of our inspection the number of appointments for unregistered patients at the practice was outstripped by demand. During our inspection we saw two unregistered patients walk in to the practice, they were directed to other services as there was no further appointment capacity for the day. Staff told us that the 24 appointments on a weekday were released each day at 8am and often had all been taken by mid-morning. We received 35 Care Quality Commission (CQC) comment cards about the practice. Four patients expressed frustration at not being able to access an appointment when self-presenting at the practice.

Staff told us the name of the practice caused confusion for patients, as the name of 'Midway Medical and Walk in Centre' did not accurately reflect the nature of the services provided. Of note, if a patient searched online for NHS services, the practice was listed as a walk in centre and therefore it would not be unreasonable for patients to expect they could walk in and be seen. One example was on the website NHS Choices. We spoke with staff about this, and they said that the name had been chosen by the commissioning body. They attempted to change the name but had not been allowed to do this.

Data, about access for unregistered (patients registered with other GPs) collated by the practice showed that during June 2014 to March 2015:

- 947 unregistered patients had contacted the practice for an appointment and had not been seen as there were no appointments available for them.
- 89 unregistered patients had contacted the practice for an appointment and had not accepted the appointment offered as it did not meet their individual needs.

Results from the national GP patient survey published in January 2016 showed mainly lower rates of registered patient satisfaction when compared to local and national averages:

- 61% of registered patients found it easy to contact the practice by telephone compared to the CCG average of 72% and national average of 73%.
- 88% of registered patients said the last appointment they made was convenient compared to the CCG average of 95% and national average of 92%.
- 70% of registered patients felt they did not have to wait too long to be seen compared to the CCG average of 61% and national averages of 58%.
- 92% of registered patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 67% of registered patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.

The practice told us about the steps they had taken to improve patient satisfaction with telephone access. Since October 2015 the practice had expanded the number of incoming telephone lines to three.

The comments we received from patients during our inspection were mainly positive about making and accessing appointments.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and a practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had received five complaints in the last 12 months. We tracked two complaints and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. There were no trends to the overall complaints received. Complaints were discussed with the Patient Participation Group (PPG), staff and at clinical meetings. Learning from complaints was evident and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

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 provider of services at the practice had a clear vision and values. Their mission statement was 'To deliver high quality clinical services to the communities we serve'. The staff we spoke with knew the organisational vision and values and were positive about their involvement in providing services to patients.

The practice manager had successfully secured funding for an Admissions Avoidance Facilitator (AAF) to improve the practice performance for registered patient A&E attendances. It was too early to establish the effectiveness of the AAF role, as time was needed to demonstrate their impact. Staff told us that feedback from patients and staff had been very positive.

Governance arrangements

The practice approach to governance related to delivery of services had mixed results:

- Practice staff were clear about their own roles and demonstrated a good knowledge of their individual performance.
- Risks from disruption to services from unplanned events such as emergencies and risks from equipment and premises were comprehensively and well managed.
- The practice had up to date policies and procedures for staff to refer to for guidance.
- The practice held regular meetings to discuss governance issues such as significant events, medicine safety alerts and changes to guidance.
- The practice participated in the Quality and Outcomes Framework (QOF) for their registered patients and had achieved high results.

The governance of outlying clinical outcome data was not as clear:

- More registered patients than the clinical commissioning group (CCG) average were admitted to hospital in an emergency.
- More registered patients self-presented at A&E than the CCG average.

Although the practice had taken steps to address this performance, this had been an outlying area for three years.

Leadership and culture

The practice manager was experienced, capable and respected by members of practice staff. They had developed the service from conception and displayed a thorough knowledge of the operation of the practice. They told us that it was frustrating to not be able to develop services further by offering more appointments and access for unregistered patients, although they had to work within their contractual obligations.

The practice employed a number of GPs, although one held overall clinical responsibility on a full time basis. The GP displayed a thorough knowledge of the services provided and was aware of the practice performance and shared areas of strength and work in progress with us.

Staff were positive about the management of services both from within the practice and the wider organisation.

When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology.

Staff told us that they felt supported and able to make suggestions to how the practice provided services. All staff had received recent appraisals.

Seeking and acting on feedback from patients, the public and staff

The practice had an active patient participation group (PPG). Staff and the PPG met on a regular basis to discuss services provided. We spoke with a member of the PPG who felt the practice offered a good service and were responsive to patients' needs and suggestions.

The practice used both the national GP patient survey and the NHS Friends and Family Test to gain and consider patients' opinions and comments. The results from the NHS Friends and Family results from October to December 2015 showed:

- 18 patients said they would be extremely likely to recommend the practice.
- Eight patients said they would be likely to recommend the practice.

Are services well-led?

Good 

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

- One patient said they would be neither likely or unlikely to recommend the practice.
- One patient said they would be unlikely to recommend the practice.

Staff told us they felt enabled to make suggestions to improving the practice and were involved in regular meetings and appraisals.

Continuous improvement

The staff we spoke with told us they felt supported to develop professionally. Staff from both clinical and administrative staff groups told us they had been encouraged and supported to gain new skills and qualifications.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have an adequate process for assessing, monitoring and improving the quality of services provided in the carrying on of the regulated activities (including the quality of experience of service users in receiving those services) in relation to evaluating the reasons for the performance data detailed below.</p> <p>Data from the clinical commissioning group QOF XL showed that the practice had more patients admitted to, and self-presenting at A&E departments at, hospital than the locality and CCG averages:</p> <ul style="list-style-type: none">• Data for 2014/15 produced by the CCG showed that the number of registered patients admitted to hospital in an emergency was 42.6% higher than the CCG average. This area had been marked as an outlier for the last three years. In 2012/13 the practice performance had been 49.7% higher than the CCG average, therefore had shown modest reduction when compared with the 2014/15 data.• Emergency admission rates to hospital for registered patients with a range of 19 conditions where effective management and treatment may have prevented admission was 67.9% higher than the national average. In 2012/13 the practice performance had been 70.8% when compared with the CCG average, therefore had shown little change when compared with the 2014/15 data.• The overall number of registered patients self-presenting at A&E at any time was 74.8% higher than the CCG average. In 2012/13 the practice performance was 39.9% higher than the CCG average, therefore had further increased when compared with the 2014/15 data.

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- The number of patients attending A&E during GP opening hours was 78.4% higher than the CCG average. In 2012/13 the practice performance was 18.3% higher than the CCG average, therefore had further increased when compared with the 2014/15 data.

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