

Cramlington Medical Group

Inspection report

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

Ratings

Overall rating for this location

Good



Are services effective?

Good



Are services well-led?

Outstanding



Overall summary

We decided to undertake an inspection of this service following our annual review of the information available to us.

The provider was registered to deliver care and treatment at this practice in 2015. At the last inspection, in November 2016, we rated the practice as requires improvement for providing effective services, but good overall. This was because:

- Effective processes were not in place for recording and monitoring the training staff required to carry out their role.
- The practice's Quality and Outcomes Framework (QOF) performance was variable, when compared to the local clinical commissioning group (CCG) national averages.

This report reflects the impact of the improvements made by the provider, and their clinical team at Cramlington Group, and provides evidence of improving patient outcomes, and strong systems for learning, continuous improvement and innovation.

This inspection looked at the following key questions:

- Effective
- Well led.

At this inspection, we found the provider had put effective processes in place to record and monitor staff training. We also found they had continued to improve their arrangements for providing patients with effective care and treatment that met their needs. The practice's QOF achievement, for 2017/18, demonstrated how they had improved patient outcomes overall. However, the overall exception reporting rate, for the 2017/18 QOF year, was higher than both the local CCG and national averages. Unverified, unpublished QOF data, for 2018/19, indicated exception reporting levels for the majority of clinical indicators which were previously twice the national average, had reduced, in some cases significantly, whilst patient register numbers had remained broadly similar over both QOF years.

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

- what we found when we inspected.
- information from our ongoing monitoring of data about services; and

- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall, good for the effective key question, and good for all of the population groups.

We have also rated the practice as outstanding for the Well Led key question. This is because there was an embedded and systematic approach to improvement, which was improving patient safety. Leaders used improvement methods to deliver change, and to support development and innovation. Staff felt empowered to lead and deliver change.

We found that:

- Patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence-based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patient feedback from our CQC comment cards was overall very positive.
- There was a very strong focus on continuous learning and improvement at all levels of the organisation, and the practice made effective use of external reviews to help them make improvements.
- There was a strong commitment to developing the practice's leadership team.
- Leaders had a very good understanding of the issues and challenges they faced in developing the practice further, and they had a strong strategy and improvement plan in place to help them do this. The practice and their provider had a systematic approach to monitoring and reviewing progress.

We saw examples of outstanding practice:

- In response to feedback from the local emergency department, the practice had strengthened their arrangements for managing the extra demands and challenges they faced during the winter period. Improvements included: the nursing team carrying out earlier home visits to vulnerable patients; collaborating

Overall summary

with the provider's specialist frailty nurse to carry out weekly reviews of all hospital discharges, to help reduce hospital admissions; targeted use of 15-minute appointments for vulnerable patients.

- The practice operated a system of external clinical peer review, to help improve the quality of the services they delivered. Examples of reviews carried out to date included: palliative and diabetic care; quality care planning; referral management and safeguarding children. The practice was able to demonstrate improvements had been made as a result of these reviews.
- Following a learning event at the practice, leaders had set up a Quality Summarising Project, to help ensure the accuracy of their medical records. To date, out of approximately 5000+ medical records, 28% (1544) had been re-summarised, to help provide clinicians with assurances that the information they used to support their clinical decision-making was accurate.
- The practice had initiated an in-house, safe prescribing project, to help reduce the prescribing of a certain group of medicines that can result in dependence, misuse and opioid-related deaths. These demonstrated progress

had been made in reducing opiate, gabapentinoid and benzodiazepine prescribing, which had previously been very high. Statistical data included in this evidence table indicates the practice's prescribing of hypnotics (drugs that can be used to treat insomnia) was well below the national average.

Whilst we found no breaches of regulations, the provider **should:**

- Continue to reduce their QOF exception reporting rates, particularly in relation to the care and treatment provided to patients with long-term conditions.
- Continue to develop approaches to support the uptake of cervical smear tests.
- Review the practice's whistleblowing policy to make sure it is consistent with the guidance in the NHS Improvement Raising Concerns (Whistleblowing) Policy

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to Cramlington Medical Group

Cramlington Medical Group is located at the Health Centre in Cramlington. The surgery has good public transport links and there is a pharmacy located nearby. The provider of this service is Northumberland Primary Care Limited (NPC Ltd), a corporate provider of NHS primary care services that is in partnership with Northumbria Healthcare NHS Foundation Trust. The practice provides care and treatment to patients living in Cramlington and the surrounding areas. The practice is collaborating with other local practices to set up a local primary care network.

The provider is registered with CQC to deliver the following regulated activities: diagnostic and screening procedures; maternity and midwifery services; family planning; treatment of disease, disorder or injury.

Cramlington Medical Group is part of the Northumberland Clinical Commissioning Group (CCG) and provides services to 4,869 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice employs the following staff:

- An executive lead GP (female) and three salaried GPs (one male and two female).

- A clinical pharmacist and a team of medicine technicians (provide support to all the provider's practices).
- A nurse practitioner (female) and two practice nurses (female). The practice currently has a vacant nurse practitioner post.
- A healthcare assistant (male).
- A practice team lead and an administrative lead.
- An administrative support team.
- A full time and a part time records summariser.
- A team of clinical coders (provide support to all of the provider's practices).

The practice is supported by the NPC Ltd senior management team and their medical director, and by Northumbria Healthcare NHS Foundation Trust.

The National General Practice Profile for the practice states that 98.8% of the practice population is from a white background. 1.2% of patients are from non-white ethnic groups. Information published by Public Health England rates the level of deprivation within the practice population group as five, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice has fewer patients under 18 years of age, and more patients over 65 years of age, than the England averages.