

Alnwick Medical Group

Inspection report

Infirmery Close
Alnwick
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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 safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Alnwick Medical Group, on 10 December 2018, as part of our inspection programme.

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 and other organisations.

We have rated this practice as good overall and good for all population groups, apart from children, families and young people, which we have rated as outstanding.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff treated patients with kindness and respect and involved them in decisions about their care and treatment.
- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care, particularly for children, families and young people.
- The practice organised and delivered services to meet patients' needs. The practice had identified areas where there were gaps in provision locally and was taking steps to address them.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. The practice had a clear vision which was supported by a credible strategy.

We identified the following as examples of outstanding practice:

- The sexual health lead GP for the practice had developed a website, to provide patients with information about where to access sexual health

services in Alnwick and the surrounding areas. The website covered such matters as pregnancy, contraception as well as the various services and information provided by local groups, organisations and pharmacists. The website included an email facility which allowed patients to directly contact the practice's sexual health lead, regarding any queries they had. Leaders had introduced an 'app' to help patients understand the contraceptive choices and sexual health services available to them. Preparation for the introduction of the new website and 'app' included visits by the lead GP to local schools.

- Leaders held a daily multi-disciplinary team (MDT) meeting, involving the clinical staff on duty, including locum staff. A SKYPE facility was available to enable the GP based at the surgery in Seahouses to attend. A social services representative attended the MDT meeting twice a week, and a local elderly care clinician once a week. Clinicians used these meetings to discuss the needs of vulnerable patients such as those nearing the end of their life, recent deaths and those with complex needs. Emerging significant events were also reviewed as were any safeguarding concerns. Home visits were also allocated.

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

- Improve how patients who are also carers are identified, to enable this group of patients to access appropriate care and support.
- Review their arrangements for ensuring that staff have received the relevant vaccinations.
- Reduce exception reporting rates for the clinical indicators identified, in the accompanying evidence table, as being higher than the local clinical commissioning group and national averages.
- Complete a risk assessment to underpin the decision not to carry out DBS checks for existing non-clinical staff.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Population group ratings

Older people	Good 
People with long-term conditions	Good 
Families, children and young people	Outstanding 
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 adviser, a CQC member of staff who was shadowing the team, a CQC medicines inspector and a second CQC inspector.

Background to Alnwick Medical Group

In 2017, The Bondgate Practice merged with the Infirmary Drive Medical Group, to form a new organisation, Alnwick Medical Group. The practice covers a largely rural area and provides care and treatment for 18,464 patients. The main surgery is based in the centre of Alnwick, with branch surgeries in Seahouses, Embleton and Longhoughton. The main practice and branch surgeries provide dispensing services. This means under certain criteria they can supply eligible patients with medicines directly. All patients registered can access services at the main site in Alnwick or at any of the three branches. The practice is commissioned to provide services under the terms of a General Medical Services (GMS) Agreement with NHS England and is a member of the Northumberland clinical commissioning group (CCG). Currently, GP services are not provided from the Embleton and Longhoughton branch surgeries.

We visited the following locations as part of our inspection:

- The Alnwick Practice, Infirmary Close, Alnwick, Northumberland, NE66 2NL.
- Seahouses Surgery, The Health Centre, James Street, Seahouses, Northumberland, NE68 7XZ.

- Longhoughton Surgery, 4-6 Portal Place, Longhoughton, Northumberland, NE66 3JN.

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

The main site in Alnwick is located next to the local community hospital. All patient services are delivered from two buildings. The lower building is purpose built and provides eighteen consulting rooms on the ground floor that are fully accessible. The upper building is also purpose built and provides fourteen fully accessible consulting rooms.

The Seahouses branch surgery is a purpose-built facility that is shared with another practice. Some consultation and treatment rooms are shared with the other GP practice. There are good access facilities for patients with disabilities and services are delivered on the ground floor. Services provided included: a dispensary; access to GPs, advanced nurse practitioner and healthcare assistant appointments; provision of home visits; reception services.

The Embleton branch is purpose built and based in a residential area, all facilities are on the ground floor. There are two consulting rooms, two treatment rooms and a large waiting area. There are good access facilities for patients with disabilities. Services provided included: a dispensary; access to healthcare assistant appointments; provision of home visits; reception services.

The Longhoughton Surgery is based in a residential area of Longhoughton, where the families of those serving at the local Royal Air Force (RAF) base live. Medical services are provided to local people and the families of those serving at the RAF base. Services provided included: a dispensary; access to healthcare assistant appointments; provision of home visits and reception services. The premises are rented from the RAF. The rental agreement does not allow the practice to make any changes to the property, to make it more suitable as a location for delivering primary healthcare. Access for patients with disabilities is limited. Leaders are working with their partners to identify a more suitable site. In addition, leaders have been successful in making a bid to acquire extra funds to help them make, where possible, improvements at this and the other branch surgeries.

The practice has: six GP partners (three male and three female), five GP associates (two male and three female),

three prescribing advanced nurse practitioners, seven practice nurses (female), five healthcare assistants and one trainee (female), a paramedic (male), a data quality manager, an IT manager, two medicines managers, eleven dispensers, a practice manager and a team of 35 covering reception and back office administration. The practice is a teaching practice and provides placements for trainee doctors, and medical and nursing students. Two of the GPs are qualified as GPs with a Special Interest.

The National General Practice Profile for the practice states that 98.9% of the practice population is from a white background. Other ethnic groupings are as follows: 0.5% are from an Asian background; and a further 0.6% of the population are from black, mixed or other non-white ethnic groups. Information published by Public Health England rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 79 years compared to the national average of 79.2 years. Female life expectancy is 83.6 years compared to the national average of 83.3 years. The practice has fewer patients under 18 years of age, and more patients over 65 years of age, than the England averages.