

## Inspection Evidence Table

Northumberland Park Medical Group, (1-569736875)  
Shiremoor Resource Centre

## Overall rating: Good

We undertook an announced targeted assessment of the responsive key question. This assessment was conducted without a site visit. As the other domains were not assessed, the rating of good will be carried forward from the previous inspection and the overall rating of good will remain.

## Responsive

## Rating: Good

### Responding to and meeting people’s needs

#### The practice organised and delivered services to meet patients’ needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered. <i>(We did not visit the practice as part of this assessment)</i>	-
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The provider informed us they had recruited a new full-time Advanced Nurse Practitioner in November 2023 as they wanted to overemploy to ensure they had sufficient cover to manage Winter pressures, sickness, annual leave and to have a buffer to ensure they did not run out of appointments.</li><li>• The reception team had all completed e-learning for health (eLFH) administrative triage using digital tools in general practice. As part of the triage they looked to see if the patient had an ongoing problem</li></ul>	

and to see what clinician they last saw. They said they would try and encourage the patient to see the same clinician for continuity if the patient agreed to this and the time to the appointment was appropriate based on the assessment.

- The practice had recently obtained a bronze carers award from North Tyneside Carers Centre and North East and North Cumbria Integrated Care Board. The award demonstrated how the practice located and supported carers. They told us they were now working toward to the silver award.

## Practice Opening Times

Day	Time
Opening times:	
Monday	8.30am - 6pm
Tuesday	7am - 6pm
Wednesday	8.30am - 6pm
Thursday	8.30am – 6pm
Friday	7am - 6pm
Appointments available:	
Monday	8.30am - 12pm and 1pm – 5.30pm
Tuesday	7am - 12pm and 1pm – 5.30pm
Wednesday	8:30am - 12pm and 1pm – 5.30pm
Thursday	8.30am - 12pm and 1pm – 5.30pm
Friday	7am - 12pm and 1pm – 5.30pm

There were no restrictions on times when patients could call for requests such as home visits or prescriptions. A prescription voicemail service was in place as well as on-line services. If patients could not use either of these services, they could also ring the practice and speak with a member of staff.

Extended hours appointments were provided at the practice between 7am and 8am each week on a Tuesday and a Friday.

The practice could also book patients into appointments that were provided by North-West North Tyneside Primary Care Network Operational Hub at the Oxford Centre in Long Benton, North Tyneside. These were available Monday to Saturday and included appointments with a range of staff including health care assistant, GP, advanced nurse practitioner, paramedic, physiotherapy, and practice nurse.

Enhanced Access appointments were also available to North Tyneside registered patients at Battle Hill Health Centre in Wallsend on a Sunday 9am – 1pm with a GP and ANP. This service was provided by Tyne Health Federation.

### Further information about how the practice is responding to the needs of their population

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promoted equality.

Patients had a named GP who supported them in whatever setting they lived.

The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.

Patients could access health checks and vaccinations relevant to the population group. They monitored their progress in respect of delivering these. Examples of this included:

- The practice had achieved 100% of eligible patients having their shingles vaccine.
- In-house COVID-19 vaccine clinics were delivered from the practice.
- The practice had an allocation of 252 NHS Health Checks to be completed by 31<sup>st</sup> March 2024. At the time of the assessment, they had carried out 98% of these.
- Carers flu vaccinations were offered. Carers health checks had recently started.

The practice was responsive to the needs of older patients. Examples of this included:

- Patients were allocated a named GP.
- Patients requiring appointments were triaged by a clinician to assess the urgency of their symptoms.
- Home visits are offered to patients who were housebound or unable to attend the surgery on a temporary basis. The practice also utilised the local Care Point service based at North Tyneside General Hospital who had care practitioners who were able to review patients who meet a certain criterion.
- A monthly recall system was in place to review any end-of-life paperwork such as DNACPR that needed to be reviewed by a clinician.

The practice was responsive to patients whose circumstances made them vulnerable. Examples of this included:

- Patient's records were set up in a way to alert all staff of vulnerable patients.
- Patients who had no fixed abode continued to be registered under the direction of Primary Care Support England (PCSE) with their address registered as C/O the practice address.
- The provider worked closely with 'Learning Disability North-East' to increase uptake in screening such as smears and bowel screening for patients with learning disabilities. A member of Learning Disability North-East came into the practice once a week to work with a member of staff allocated to this role within the practice.

The practice was responsive to the needs of people with long-term conditions. Examples of this included:

- The practice was working on a new project to ensure a more robust recall system was in place to manage people with long term conditions.
- Patients with multiple conditions were reviewed in one annual appointment and followed up where necessary with a practice nurse.
- Housebound patients were referred to the district nursing service for annual and ad-hoc reviews as required.
- The practice pharmacy team was working directly with patients to optimise their long-term conditions and medicine management.

The practice was responsive to the needs of families, children, and young people. Examples of this included:

- Children were offered same day appointments where necessary after review by the triage clinician. Two appointments were embargoed for use later in the day for children needing to be seen.
- Any children or young person not taken to appointments were flagged to the practice safeguarding lead and contact made with the parent or guardian to discuss the reasons for non-attendance and supported to make a new appointment with the relevant service.
- The practice worked closely with the Family Health & Wellbeing team at North Tyneside Council to identify young carers.
- The practice had introduced a one stop shop baby clinic for new mums and babies, combining the 6-8 week check with the babies 8-week immunisations. Recent unverified data provided by the practice in December 2023 showed the practice achieving between 90% and 95% for immunisations delivered. The provider informed us that after each immunisation the next scheduled immunisation was booked in. Apart from a dip for one immunisation in 2020 the data showed the practice to consistently be above set targets.

The practice was responsive to the needs of working age people. Examples of this included:

- Patients could access appointments outside of core hours as detailed above.
- Patients could book a session at 7am on a Tuesday morning at the practice which could be used if patients were struggling to book a routine slot at a specific time of day with a specific clinician.
- Nurse appointments were available from 7am on a Tuesday and a Friday.
- Up until recently, data showed the practice had struggled overtime to achieve cervical screening targets. Unverified data provided by the practice in December 2023 showed they had achieved over 80% for both age ranges. They told us they had increased appointment availability at the practice and that clinics were also available at the Oxford Centre. They had introduced contacting patients via text message which included a link which was valid for 7 days for them to book an appointment. They had also started sending patients reminder letters on pink paper to try and distinguish it from other mail received.

The practice was responsive to the needs of patients with poor mental health. Examples of this included:

- Patients who are experiencing mental health issues were offered on the day appointments where necessary following triage, and where possible, with a clinician they had seen before for continuity of care.
- Patients were signposted to local support services where required.
- A full-time mental health worker was commencing with the practice in December 2023. The provider informed us that the intention of the role was to triage patients presenting with acute mental health presentations to the mental health worker which would help ensure ongoing continuity and appropriate referral into secondary care. This also meant having the potential to manage patients in primary care whilst waiting appointments in secondary care.
- The practice had a register of patients with dementia. A recall system was in place to invite patients for an annual review. In January 2023, the practice had trialed a system where the physician associate conducted the reviews in the patient's own home. This proved successful, and the same approach was planned for January 2024 to coincide with the 12-month review.

**Access to the service**

**People were able to access care and treatment in a timely way.**

	Y/N/Partial
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Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment, or advice.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice provided a triage system which had been in place for approximately 6 years. Since April 2023, the provider had evolved the triage system to align with the recent GP contract change whereby practices were not able to ask patients to ring back later.</li> <li>A triaging clinician was in the administration office with the administration staff. As patients called, the administration team (using a specific care navigation and signposting template) asked patients a series of 'triage' questions to gather information about the patient's symptoms, placed the patient on hold, discussed with the triaging clinician who would then decide on the most appropriate action/appointment. The provider informed us that this meant most patients regardless of urgent or routine problem were seen on the day. The same approach applied to patients who attended the practice in person or completed an e-consult.</li> <li>Data provided to us showed that in the month of November 2023, 2,363 pre-booked appointments were booked in for less than 14 days and 643 booked in for more than four weeks after the request.</li> </ul>	

### National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	69.8%	N/A	49.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	67.1%	63.3%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with	59.1%	58.9%	52.8%	No statistical variation

their GP practice appointment times (01/01/2023 to 30/04/2023)				
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	79.3%	77.9%	72.0%	No statistical variation

### Any additional evidence or comments

The provider told us they had reviewed the latest GP patient survey results on several occasions and was currently exploring options for an additional member of staff in reception from 8.30am to 10am. They said this was a slow process as there were physical challenges in respect of space and being in a managed building with many of the constraints being out of their control.

The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone was 69.8%. Since 2018 this indicator had been consistently above the national average, peaking around 20% higher. In the period March 2022 to March 2023 there was a steady decline which was in line with the national average decline. The provider acknowledged that phone waiting times had increased slightly when the newer triaging arrangements had been put in place but the benefit of having an immediate clinical triage for patients at the initial point of contact outweighed this. They were informing patients of the reason why they may experience a delay on the phonelines.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were no reviews left on this site in the last 12 months.
NHS friends and family survey	<p>NHS Friends and Family feedback was promoted on the practice website and in the practice waiting area.</p> <p>In November 2023, the practice received 270 replies to the Friends and Family Test. All the replies were via text message in response to a text message which was sent to patients after they have had an appointment (face to face or telephone call) with the practice.</p> <p>257 patients rated Northumberland Park Medical Group as either Very Good or Good. This equated to 95% of the responses.</p> <p>5 patient responses Northumberland Park Medical Group as Neither Good nor Poor. This equated to 2% of the responses.</p> <p>2 patient responses rated Northumberland Park Medical Group as Poor or Very Poor. This equates to 1% of the responses.</p>
PPG	The practice had had 3 meetings in the last year. Minutes demonstrated a proactive group.
Share your experience of	When we announced the assessment, we sent out a link to the practice to share

care	with patients to give us feedback. We received feedback from 63 people. 53 submitted 'positive' feedback. The feedback commented on the ease of access to appointments, timely triage, appointments on the same day, prompt action and caring staff. We received feedback from 10 patients raising concern regarding their experience of using the practice. Three comments related to poor attitude of staff, 1 not being called back when told would, 1 not always seeing the person they were led to believe they would see, 1 reporting difficulty with the triage process, 1 reporting difficulty accessing appointment for working person and 3 concerns regarding care and treatment.
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### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	9
Number of complaints we examined.	9
Number of complaints we examined that were satisfactorily handled in a timely way.	9
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Concerns regarding the home visiting triaging process	The process explained to the complainant. The triaging team reminded to explain process to patients when they request a home visit. Discussed at clinical meeting for information sharing.