

Care Quality Commission

Inspection Evidence Table

Teams Medical Practice (1-545758069)

Inspection date: 17 December 2018

Date of data download: 04 December 2018

Overall rating: Outstanding

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Y

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y Aug 18
There was a record of equipment calibration. Date of last calibration:	Y Aug 18
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks.	Y
There was a log of fire drills. Date of last drill:	Y 3.8.18
There was a record of fire alarm checks. Date of last check:	Y 17.12.18
There was a record of fire training for staff. Date of last training:	Y Various
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y 7.12.18
Actions from fire risk assessment were identified and completed.	N/a
Explanation of any answers and additional evidence: No areas for action were identified during the most recent fire risk assessment	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y Dec 18
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y Dec18

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	November 2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were installed and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.02	1.01	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	6.6%	7.8%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient	Y

Medicines management	Y/N/Partial
Group Directions or Patient Specific Directions).	
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y*
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Despite offering minor surgery the practice did not hold a supply of Atropine in line with recommended guidance. The practice manager told us that they had risk assessed this decision and felt that as the pharmacy attached to the practice carried supplies of atropine and was always open when minor surgery was performed this was not necessary.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded since 1 January 2018.	55
Number of events that required action:	55
Explanation of any answers and additional evidence:	
<p>While the provider reported a large number of significant events it was evident that this included both incidents that occurred within the practice and those due to external factors.</p> <p>The provider reported all significant events using the local clinical commissioning groups Safeguarding Incident and Risk Management system (SIRMS). The internal significant events we reviewed did not identify any recurrent trends or themes. We saw evidence that the learning from these events was shared and used to drive improvement.</p>	

Example of significant events recorded and action by the practice.

Event	Specific action taken
A used but unsealed sharps box had been handed in by a patient which could present the risk of a needlestick injury to staff	The event was discussed at a minuted team meeting and staff were reminded to ensure patients have sealed and signed sharps boxes when handing them in.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
<p>Safety alerts were reviewed by the practice manager and disseminated to relevant staff for action. If action was required, this would be reviewed at partner and clinical meetings. A deputising arrangement was in place when the practice manager was absent from work.</p>	

Effective

Rating: Outstanding

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	1.27	0.62	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used recognised clinical tools to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. This included a multi-disciplinary approach, the involvement of frailty nurses, care navigators and community nurse practitioners and the production of comprehensive emergency health care plans.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: Outstanding

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice managed and led on the care of over 90% of their diabetic patients inhouse with little secondary care involvement. Despite being classed as being statistically comparable Quality and Outcomes Framework (QOF) attainment rates for the care and treatment of diabetic patients was higher than local and national averages. Although their clinical exception rate was also higher than local and national averages the practice were doing everything possible to encourage patients to attend long-term condition reviews. The practice had a high number of patients registered with them who led chaotic lifestyles and were difficult to engage which attributed to their high exception reporting rate.
- The practice offered annual reviews for muscular skeletal conditions, coeliac disease and non-diabetic hyperglycaemia.
- The practice was performing well in ensuring patients with long-term conditions received a flu immunisation (50.4% compared to the national average of 27.5%).
- They were the fifth highest practice on the local CCG primary care dashboard (of 61 practices) in ensuring patients with atrial fibrillation were appropriately anticoagulated and the highest achieving practice for monitoring cholesterol in patients with diabetes.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	84.9%	79.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	24.7% (74)	14.7%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	87.6%	77.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.4% (25)	11.5%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	93.4%	82.9%	80.1%	Significant Variation (positive)
Exception rate (number of exceptions).	19.1% (57)	12.9%	13.5%	N/A
Explanation of any results: Although QOF attainment in relation to diabetes is showing as either comparable to, or better than local and national averages the clinical exception rate was generally higher than local and national averages.				

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	79.8%	75.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	7.3% (31)	9.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.4%	89.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	11.5% (23)	11.0%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	86.4%	84.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.6% (47)	4.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	100.0%	91.3%	90.0%	Significant Variation (positive)

Exception rate (number of exceptions).	7.3% (4)	7.9%	6.7%	N/A
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Any additional evidence or comments

The practice was a consistently high achiever on the local Clinical Commissioning Groups (CCG's) primary care dashboard. Of the 63 practices in the Newcastle Gateshead area and for the period April to June 2018 they were:

- The fifth highest for ensuring patients with atrial fibrillation were appropriately anticoagulated
- The highest achieving practice for monitoring cholesterol in patients with diabetes

As a result of an effective long-term condition review process and care planning they also had no emergency admissions to hospital for patients with diabetes or dementia during this period.

They had also achieved the CCG's antibacterial prescribing reduction target for 2017/18 and succeeded in achieving the 30% reduction target for the prescribing of trimethoprim in the over 70s.

In addition, the provider was able to demonstrate that they were performing well in ensuring eligible patients received a flu vaccination. Royal College of General Practitioners Research and Surveillance Centre swabbing study data available for December 2018 shows the following:

Vaccinated:	Practice attainment	Average attainment
Adults aged 65+	72.4%	66.8%
Risk group patients	50.4%	27.5%
Pregnant women	53.3%	35.1%
Children aged 2-9	25.1%	24.7%
Total practice patient population	24.7%	22.7%

The provider had also introduced the Year of Care approach to caring for and reviewing patients with musculoskeletal (MSK) conditions such as osteoarthritis, osteoporosis, inflammatory arthropathies, fibromyalgia, connective tissue disorders and gout. Feedback from patients in relation to this was good. For example, 78% stated it was very useful to receive information and test results before their final review appointment and felt that they had a chance to talk about the issues which were important to them.

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	68	71	95.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	61	65	93.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	61	65	93.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	62	65	95.4%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students) rating here

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Telephone and E-consultations were available

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	71.6%	70.9%	72.1%	No statistical variation

Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	68.9%	72.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46.0%	57.5%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	86.7%	73.1%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	38.5%	47.3%	51.6%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify and effectively support people who misused substances. The lead GP had a clinical interest in this area; they were a research associate in substance misuse, at a local university. There were two clinics a week and close working with the substance misuse team. The practice was the only practice in the Gateshead area that offered an in-house Hepatitis C clinic which benefitted patients with chaotic lifestyles which was ran by specialist nurses from the local hospital. During the previous year, 26 patients had been considered for treatment; 12 had completed treatment (Hepatitis C eradicated) and 2 patients were still receiving treatment.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators

Practice

CCG

England

England

		average	average	comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	91.0%	89.5%	Variation (positive)
Exception rate (number of exceptions).	23.2% (16)	12.3%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	90.5%	90.0%	Variation (positive)
Exception rate (number of exceptions).	17.4% (12)	9.7%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	77.8%	83.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (1)	6.6%	6.6%	N/A
Explanation of any results:				
Although QOF attainment in relation to schizophrenia, bipolar affective disorder and other psychoses is showing as either comparable to, or better than local and national averages the clinical exception rate was higher than local and national averages.				

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.63	-	537.5
Overall QOF exception reporting (all domains)	6.8%	6.4%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:	

The practice provided us with numerous examples of clinical audit activity undertaken in the last two years. However, the majority of these were single cycle audits that did not necessarily demonstrate an improvement in patient care and outcomes as a result:

Acne audit – completed February 2017

The aim of the audit was to reduce the inappropriate prescribing for acne in accordance with National Institute for Health and Care excellence (NICE) guidance. The first cycle revealed that 93 patients had been prescribed oral or topical antibiotics for acne. Of these, 18 (19%) had not had a review in the last 12 weeks in accordance with best practice guidance. The second cycle (Feb 17) revealed that 76 patients had been prescribed oral or topical antibiotics. Of these, 7 (9%) had not had a review in the last 12 weeks.

Analgesia prescribing audit – November 2018

The aim of the audit was to reduce prescribing of opioid analgesics by 5% and gabapentin and pregabalin by 10% in line with local CCG directives as part of prescribing incentive scheme 2018/19.

The audit showed that between May 2018 and October 2018:

- Opioid prescribing had reduced by 11.8% - aim achieved
- Gabapentin prescribing had reduced by 18.7% - aim achieved
- Pregabalin prescribing had reduced by 4.7% - aim not achieved
- Dihydrocodeine prescribing had reduced by 6% - aim not achieved
- <120mg morphine prescribing reduced by 12.5% - aim achieved
- Patients over the age of 75 prescribed gabapentin or pregabalin had reduced by 54.5%
- Number of patients prescribed gabapentin or pregabalin on the incorrect dose for their renal function had reduced by 66.7%

Life threatening diabetic ketoacidosis audit

The aim of the audit was to ensure patients with diabetes had been informed of the signs any symptoms of diabetic ketoacidosis (DKA) in line with Medicines Health Regulatory Authority (MHRA) guidance.

As a result of the audit 10 patients were sent a letter advising them of the signs and symptoms of DKA and staff were reminded of their responsibilities in checking this information had been shared with newly diagnosed patients by secondary care providers.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y

There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence:	
All staff undertook an annual 360-degree appraisal where staff received confidential, anonymous feedback from the people who work around them.	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence:	
All referrals to secondary care, including those under the two-week weight rule for suspected cancer were reviewed in weekly clinical meetings to determine whether the referral had been appropriate or whether another course of action should have been considered.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
Together with other local practices the practice employed care navigators to ensure the health and social needs of housebound and socially isolated patients were being met.	
The practice had recruited a number of patient health champions who not only helped patients access help and advice services but ran a weekly walking group that had been running for over three years.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.3%	95.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.8% (26)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

Caring

Rating: Outstanding

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	
<p>The practice had established excellent links with the local community. This included links with local youth club and involvement in the 'Big Local' initiative. The practice manager was a member of the Big Local partnership board and Health sub group. Big Local is a scheme developed with Big Lottery funding designed to empower communities by facilitating local services, businesses and the community to work together to make the local area a better place to live.</p> <p>The practice was also in the process of developing a foodbank in the local community centre. In addition, practice staff had started to collect and distribute sanitary products to women unable to afford menstruation products as part of a period poverty project.</p>	

CQC comments cards	
Total comments cards received.	44
Number of CQC comments received which were positive about the service.	44
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	All of the 44 comment cards we received indicated that patients felt they were treated with kindness, respect and compassion. There were no negative comments at all.
NHS Choices website	There are three reviews of the surgery on the NHS choices website dating from May 2017 to July 2018 resulting in an overall rating of 3.5/5 stars. The oldest review was positive but the two most recent reviews cite problems experienced in being able to obtain a repeat prescription and a dismissive GP attitude.

i Want Great Care website	<p>There are 346 reviews of the practice on the i Want Great care website dating from November 2014 to November 2018 resulting in a rating of 5/5 stars. We have reviewed the 72 most recent reviews dating from October 2018. The majority of these are very complimentary about the practice and staff. There were two negative comments – one patient expressed dissatisfaction at a three-week wait for a routine appointment with a nurse and another was not happy about being asked health related questions by a receptionist.</p> <p>The practice had received an I Want Great Care certificate of excellence for 2018.</p>
Healthwatch Gateshead website	<p>There are 15 reviews of the practice on the Healthwatch Gateshead website dating from March 2017 to November 2018. 14 of the 15 reviews rate the practice as 5/5 stars and are very positive. One reviewer (March 2017) gave the practice 3/5 stars and stated they felt staff were unhelpful and lacked compassion.</p>
Healthwatch survey	<p>The most recent Healthwatch survey revealed that of the 12 patients their representative spoke with at the practice:</p> <ul style="list-style-type: none"> ➤ 75% were happy with the surgery opening times ➤ 75% felt it was easy to book an appointment ➤ 92% felt the appointment times offered were suitable ➤ 75% were happy with the prescription line
General Practice Awards 20118	<p>The practice was nominated for the General Practice of the Year People's Choice award. As part of this process he provider had obtained 13 comments, all of which very positive. Several of the comments stated that the practice was innovative and an asset to the local community.</p>

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5577	392	126	32.1%	2.26%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	97.1%	91.2%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a	92.4%	89.8%	87.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.9%	96.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	98.8%	86.9%	83.8%	Variation (positive)

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y
Any additional evidence	
<p>During November to December 2018 the practice took part in a care and support planning pilot survey commissioned by the local CCG to gather the views of patients who had received a care and support planning review. Eight patient responses were received which revealed that:</p> <ul style="list-style-type: none"> • 100% felt it was useful to receive information and test results before their final review appointment • 100% felt they had been able to talk about what was important to them • 100% stated they felt their final appointment had helped them in some way • 74.4% knew who to speak to if they had concerns about their health and wellbeing • 62.5% felt the care and support planning process was an improvement on their previous reviews. <p>The practice also regularly invited patients to complete questionnaires on issues such as whether they wanted a Saturday flu clinic or would use early morning appointment.</p> <p>The practice had scored higher than local and national averages in every question on the national GP patient survey and had continued to perform well in this area since our previous inspection in January 2015.</p>	

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Explanation of any answers and additional evidence:

Care navigators worked from the practice to ensure the health and social needs of housebound and socially isolated patients were being met. This included carrying out blood and spirometry tests, assisting in the completion of benefit application forms, signposting to local support organisations such as the local befriending service and assessment for some mobility aids.

The practice produced a regular patient newsletter which provided patients with useful health related information and also promoted practice initiatives such as the walking group and weight management sessions.

Source	Feedback
Comment cards	We received 44 completed comments cards. All were very positive. Comments indicated that patients felt they were involved in decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.4%	94.6%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Explanation of any answers and additional evidence:

In a recent survey carried out by the local clinical commissioning group 100% of Teams Medical Practice patients who participated in the survey felt that it was easy to use the practice website and access online services.

Carers	Narrative
Percentage and number of carers identified.	53 (including 15 young carers under the age of 19) – approximately 1% of the practice patient population

How the practice supported carers.	Carers offered annual health check and flu immunisation. The practice manager was the carers lead for Gateshead and involved in setting up a single point of contact for carers.
How the practice supported recently bereaved patients.	GPs contacted patients to offer support. Deceased and recently bereaved patients were discussed at clinical meetings.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Outstanding

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence:	
The provider was aware that they had a high proportion of patients who were misusing substances and offered additional services to treat and care for this group of patients. This included the introduction of an inhouse Hepatitis Clinic ran by specialist nurses from the local hospital. During the previous year, 26 patients had been considered for treatment; 12 had completed treatment (Hepatitis C eradicated) and 2 patients were still receiving treatment.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7.30am to 1pm and 2pm to 6pm
Tuesday	7.30am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
The practice closed every Monday between 1pm and 2pm every day for staff training and development	
Appointments:	
Monday	7.30am to 12.30pm and 2pm to 5.30pm
Tuesday	7.30am to 5.30pm
Wednesday	8am to 5.30pm
Thursday	8am to 5.30pm
Friday	8am to 5.30pm
Other:	
Patients registered with the practice are also able to access extended hours appointments with a GP from 8am to 8pm on a Monday to Friday and from 9am to 2pm on a weekend and bank holidays at one of two	

local extended access facilities (Extra Care Blaydon and Extra Care Central Gateshead).

Extended hours appointments were available both in the practice and at local extended access facilities which were of benefit of all patients. In addition, the practice continuously reviewed their access policy and sought the views of patients in relation to this. Practice receptionists used a sign posting system to ensure that patients were directed to the right service at the right time. The practice was able to demonstrate that in November 2018 they had reduced the demand for appointments by 108 due to an effective sign posting system. These appointments were then available for patients with a greater clinical need.

In addition to visiting the surgery patients were also able to access telephone consultations. Since August 2018 they were also able to access eConsultations by completing a form on the practice website which was then reviewed by a practice GP.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5577	392	126	32.1%	2.26%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	98.9%	95.9%	94.8%	No statistical variation

Older people

Population group rating: Outstanding

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of their older patient's and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- There was a co-ordinated approach to caring for the frail and elderly to ensure their health and social needs were being met. This included the involvement of frailty nurses, care navigators and community nursed practitioners and production of comprehensive emergency health care plans.
- Extended hours appointments were available to older people and in addition the practice's receptionists used a sign posting system to ensure older people were directed to the appropriate service.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.

- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice had a fibro scanner and were able to screen patients for fatty liver or those at high risk of cirrhosis
- The practice managed and led on the care of over 90% of their diabetic patients inhouse with little secondary care involvement. However, the Quality Outcomes Framework clinical exception reporting rate for diabetic patients was higher than local and national averages.
- In addition to the most common long-term condition the practice also offered annual reviews for muscular skeletal conditions, coeliac disease and non-diabetic hyperglycaemia.
- The practice had produced an action plan for practice staff to help ensure that they adopt the ARRISA (at-risk register in severe asthma) approach for prioritising appointments for high risk asthma patients and to ensure all asthma patients were appropriately coded on the practice computer system. They also ensured that information was logged with the Out of Hours service for each at risk patient asking them to prioritise treatment if a patient called the service with asthma related symptoms.
- Extended hours appointments were available to people with long term conditions and in addition the practice's receptionists used a sign posting system to ensure patients with long term conditions were directed to the appropriate service.

Families, children and young people

**Population group rating:
Outstanding**

Findings

- Appointments were available from 7.30am two days per week.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 12 were offered a same day appointment when necessary.
- Extended hours appointments were available to families, children and young people and in addition the practice's receptionists used a sign posting system to ensure patients were directed to the appropriate service.

Working age people

(including those recently retired and students)

**Population group rating:
Outstanding**

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open from 7.30am two days per week.
- Patients registered with the practice were also able to access extended hours appointments with a GP from 8am to 8pm on a Monday to Friday and from 9am to 2pm on a weekend at one of two local extended access facilities (Extra Care Blaydon and Extra Care Central Gateshead).
- Extended hours appointments were available both in the practice and at local extended access facilities which were of benefit of all patients.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings
<ul style="list-style-type: none"> • The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. • People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. • The practice adjusted the delivery of their services to meet the needs of patients with a learning disability. For example, clinicians attended the local supported accommodation premises for people with a learning disability to administer flu vaccinations. • The practice was participating in a research project looking at more effective ways of supporting and caring for patients who were frequent attenders and those with persistent physical symptoms. • The practice offered an in-house Hepatitis C clinic to enable easier access to this service for patients with a chaotic lifestyle. • Extended hours appointments were available both in the practice and at local extended access facilities which were of benefit of all patients.

People experiencing poor mental health (including people with dementia)

Population group rating: Outstanding

Findings
<ul style="list-style-type: none"> • Priority appointments were allocated when necessary to those experiencing poor mental health. • Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. • The practice was aware of support groups within the area and signposted their patients to these accordingly • Extended hours appointments were available to people experiencing poor mental health and in addition the practice’s receptionists used a sign posting system to ensure patients were directed to the appropriate service.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y

Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
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Indicator	Practice	CCG average	England average	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 (01/01/2018 to 31/03/2018)	94.0%	76.8%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	88.0%	71.3%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	83.5%	70.4%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	84.0%	76.4%	74.4%	No statistical variation

Source	Feedback
Comment cards	None of the 44 completed comment cards we received highlighted any concerns in relation to timely access to the service.

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 since 1 January 2018 to date of inspection.	8
Number of complaints we examined.	8
Number of complaints we examined that were satisfactorily handled in a timely way.	8

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: There was evidence of the duty of candour being demonstrated in complaint response letters. There was also evidence of lessons learned from complaints being identified and discussed with staff.	

The provider also logged compliments received by the practice and shared this information with staff. 31 compliments had been logged since 1 April 2018, the majority of which had been taken from the i Want Great Care website.

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient had complained about misleading/inaccurate information on the practice website in relation to specific appointments that needed to be made with a nurse rather than a GP. As a result, their appointment with the GP was cancelled the same day.	The practice had updated their website. In addition, they had reminded receptionists that appointments should not be cancelled on the same day and GPs were asked to remind patients when future appointments needed to be made with a nurse rather than a GP.
A patient with mobility issues had complained that the automated check in console was too high.	A meeting was arranged between the practice manager, facilities management and the complainant to achieve a solution and an adjustable arm bracket was installed.

Well-led

Rating: Outstanding

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Explanation of any answers and additional evidence:

The providers statement of purpose listed their aims and objectives as being:

- To provide high quality, evidence-based care to the practice population by implementing evidence-based guidelines for the treatment of chronic diseases
- To improve access to practice-based services by increased utilisation of the skills of the practice nursing team
- To work in collaboration with other health and social care services to deliver improved health outcomes for the local population
- To provide improved access
- To develop and implement practice-based protocols for the management of long term conditions
- To continue to offer other service provision from the practice such as INR, counselling and physiotherapy services.
- To improve communication with patients via newsletters, websites and other forms of communication and continue to promote the patient Forum and Health Champions .

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence:	
Staff had access to occupational health services and performance related pay awards of between 2 and 5%. Every member of staff had received their annual flu immunisation.	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Non-clinical staff questionnaires	As part of the inspection process we asked non-clinical staff to complete a confidential questionnaire about working at the practice and issued including, support, governance arrangements, training and communication. All eight responses were very positive. Staff indicated that they felt valued and respected and that they had the knowledge, skills, training and equipment to enable them to effectively carry out their roles.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>There was evidence of numerous clinical audits some of which could demonstrate an improvement to patient care and outcomes as a result. However, the majority were single cycle audits involving a small number of patients. The practice is a teaching and training practice to registrars, 3rd-5th year medical students and physician assistants all of whom contribute to clinical audit activity.</p> <p>The practice had a business development plan 2018-2020 which governed issues such as staffing, recruitment, communication and premises. The provider had carried a SWOT (strengths, weaknesses opportunities and threats) analysis to help them identify possible risks.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<p>The practice carried out their own patient surveys to help improve service delivery. For example, they carried out a patient flu day survey to determine whether patients would prefer to receive their flu immunisation on a weekday or Saturday. 62 of the 86 responses (72%) indicated patients preferred Monday to Friday.</p> <p>Feedback from medical students and GP registrars who had worked at the practice was consistently positive.</p> <p>The senior partner was awarded sixth place in the NHS 70 Stars Awards 2018. The 47 comments posted by patients and colleagues as part of this process were consistently positive. The senior partner had also been a finalist in the National Association of Primary Care 'Clinician of the Year' awards.</p> <p>The practice manager/business partner was a finalist in practice manager of the year category of the General Practice Awards.</p>	

Feedback from Patient Participation Group.

Feedback
<p>We spoke with three practice health champions who were also members of the patient forum. They told us that they held minuted meetings on a monthly basis and that attendance varied but there was a core membership of approximately 25. Topics for the meetings were often determined by national initiatives such as breast or prostate screening campaigns. The champions saw their role as being a conduit between the general practice patient population and practice staff. Initiatives they were involved in included:</p> <ul style="list-style-type: none"> • Running a weekly walking group from the practice • Helping to host the practice flu day held on a Saturday by serving refreshments and encouraging patients to sign up for online services • Attending the practice on the last Fridays of every month to deliver 'Fruity Friday' sessions. This enabled the champions to gain feedback from patients and promote social prescribing initiatives such as the walking group. In addition, patients were offered free fruit and bottled water. • Attending local school and other events to promote health and wellbeing. This included the use of a 'smoothie bike' where pupils could turn fruit into smoothies by pedalling on an adapted bicycle. The bike had also been used by the practice health champions to turn oranges into juice to promote the Little Orange Book. The Little Orange Book is a health information booklet for parents and carers giving advice and guidance on common childhood illnesses. <p>The group had their own budget and were able to apply for new care model funding. Various group</p>

members had undertaken training to help them carry out their role. This included mindfulness, walk group leader and cancer awareness training. Future plans included a cancer awareness night for female patients with representation from local cancer support organisations and the local hospital and a dementia drop in session in conjunction with Dementia UK.

The champions we spoke with stated they felt valued by the practice and that their views were sought in the running of the practice. They were asked to contribute ideas for patient newsletters and review patient survey information.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<p>The practice was heavily involved in research projects and was registered with the Royal College of General Practitioners as a 'research ready' practice. As a result, patients registered with the practice can participate in and benefit from involvement in research programmes should they be eligible and they wish to do so. The provider was the highest performing practice during 2017/18 in identifying patients for participation in research programmes across the North East and Cumbria. Involvement in research had not only enabled the practice to have a fibro scanner (an ultrasound scanner used to detect inflammation in the liver) but also to gain funding which would benefit all GP practices in the local area, such as a national pharmaceutical company's involvement in a research programme into Chronic Obstructive Pulmonary Disease (COPD).</p> <p>The practice had reviewed their protocol to deal with hospital discharge information and correspondence. This was to relieve the burden on GPs to ensure they were only reviewing information that they needed to and free up more time to see patients. A correspondence management protocol for administrative staff to follow. By comparing a data before and after the new process was implemented findings showed that this had resulted in a reduction of 94% in the number of electronic documents and 95% in the number of paper document which had to be reviewed by a GP saving 70 mins of consultation time.</p> <p>The practice had been rated as outstanding during their previous inspection in January 2015 and were able to demonstrate during this inspection that they continued with a consistent approach to ensuring the services they delivered were innovative and in response to patient need. There was a huge emphasis on community engagement and collaborative working to make the area a better place to live for local residents.</p>	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks

similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.