

Care Quality Commission

Inspection Evidence Table

Wearside Medical Practice (1-7444989097)

Inspection date: 27 May 2022

Date of data download: 12 April 2022

Overall rating: add overall rating here

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
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	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
Explanation of any answers and additional evidence: The practice log all safeguarding referrals/ issues within their register. They are then discussed at monthly safeguarding meetings with and a health visitor and midwife. The practice also advocated domestic abuse awareness and the practice manager was the champion for Wearside Medical Practice.	
All staff had undergone a disclosure and barring service (DBS) check before commencing employment.	
All staff had received training for child and adult safeguarding and knew the referral procedure and contact details. This training was confirmed from staff records and the training matrix.	

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 if relevant to role.	Partial
Explanation of any answers and additional evidence: The practice had several new staff who were in the process of having Hepatitis B vaccinations. Locum staff had recruitment checks done by the agency and the information was forwarded to the practice before employment commenced.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment 25.04.22022	Y
There was a fire procedure.	Y
Date of fire risk assessment:28.07.2021 Actions from fire risk assessment were identified and completed property services	Y
Explanation of any answers and additional evidence: Health and safety assessments were carried out monthly and annually by the practices' external contractor. Risk assessments within the Pallion Centre were carried out by NHS property services.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: May 2022	Y
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
Explanation of any answers and additional evidence: The practice had their clinical waste managed by NHS property services. All staff had received training as part of their induction and additional training was given for example, hand washing.	

Risks to patients

There were adequate gaps in 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
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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 were enough staff to provide appointments and prevent staff from working excessive hours	Y
<p>Explanation of any answers and additional evidence: Staff had received induction training, which included sepsis awareness, training in Fire, health and safety and CPR training. There was also a procedure in place stating who to escalate concerns to if they felt that a patient showed signs of deterioration.</p> <p>Staff worked extra hours when necessary to maintain staffing levels. They were then given time back in lieu. A member of staff interviewed said that everyone worked as a team covering each other when needed.</p> <p>Locum staff were employed through agency recruitment and the practice carried out general induction such as Health and safety, fire safety, general housekeeping and policy systems.</p>	

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 summarizing 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
Referrals to specialist services were documented, contained the required information and 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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.91	0.95	0.76	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). (01/01/2021 to 31/12/2021) (NHSBSA)	9.2%	8.3%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)	4.66	4.88	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	193.7‰	253.6‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.67	0.48	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	7.5‰	6.6‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

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 to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y

Medicines management	Y/N/Partial
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.	N/A
There was a process 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.	N
If the practice had controlled drugs on the premises there were appropriate systems and written procedures 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 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
There was medical oxygen and a defibrillator on site and systems 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: There were no controlled drugs kept on the practice premises.</p> <p>The practice did not employ any non-medical prescribers.</p> <p>We carried out remote searches of clinical records to check how the practice monitored patients' health in relation to the use of high-risk medicines. We found that all patients had received appropriate monitoring at the required intervals.</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 in last 12 months:28	Y
Number of events that required action:28	

Example of significant event recorded and actions by the practice.

Event	Specific action taken
A patient had been seen in neurology and their medication was reviewed and changed. Information was sent to the practice, however the coder did not pass the medication changes onto on call GP. The parkinson specialist nurse rang the pharmacist to discuss this, and patients' medication changed to correct dosage. There was no apparent decline in patients' symptoms, but medication was altered to the correct quantity.	Intervention of the pharmacist, the patient contacted, their health reviewed, and the medication was altered to correct the dosage. The patient was reviewed 2 weeks later regarding the new dosage. The incident was highlighted within the practice and investigated with the coder – re error in patients' medication.

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: Safety alerts came through emails and were cascaded down to staff.	
Health and safety policy and risk assessments were actively used and recorded. If there was a safety alert this would be entered on the file and a risk assessment carried out following this.	
Staff were aware about handling alerts to ensure the safety of patients and all staff within the practice. Any abnormal results received from the lab would be immediately sent to the attention of the on call GP.	

Effective

Rating: Good

QOF requirements were modified by NHS England for 2020/21 to recognize the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	P
There were appropriate referral pathways 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
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y

Effective care for the practice population

Findings
<ul style="list-style-type: none">• The practice used a clinical tool 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.• Health checks, including frailty assessments, were offered to patients over 75 years of age though the practice acknowledged this had been interrupted by the pandemic.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group and where clinically appropriate had been co-delivered alongside covid 19 vaccinations to allow patients the convenience of receiving multiple treatment at a single appointment.• The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- 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. However, the practice acknowledged these had been interrupted by the pandemic.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable including conversations with a specialist palliative care nurse.
- 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 people who misused substances, including working closely with the drug and alcohol services.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and other mental health disorders. There was a dedicated mental health practitioner in place to support patients
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered 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 as well as a clear line of clinical supervision and escalation to ensure that any conditions that were deteriorating were detected and appropriately managed.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. All patients with asthma had an asthma management plan.
- The practice shared clear and accurate information with relevant professionals when deciding treatment for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. They had invested in the Ardens Templates toolkits which provided a comprehensive support tool to assist practitioners in both correct diagnosis, safe and accurate treatment options and referrals to a specialist secondary care service where appropriate.
- Adults with newly diagnosed cardio-vascular disease were identified via an appropriate risk tool and invited to a review where appropriate treatment was offered.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

- We carried out remote searches of clinical records to check how the practice managed the care of patients with long term conditions.
- We found 20 patients with hypothyroidism who had not had thyroid function test monitoring for 18 months. There was 297 patients diagnosed with hypothyroidism. The records showed that whilst an alert was on the system the patients should have been contacted to arrange a blood test.
- We looked at five records for patients with diabetes, four records showed that an annual review had been done and three out the five had their medication reviewed.
- We looked at 25 records for patients who had chronic kidney disease. Records showed that blood tests and blood pressure checks had been carried out on all the patients.
- There were 418 patients diagnosed with asthma on the register. We checked to see how many patients had been prescribed 2 or more courses of rescue steroids. The records showed that there was 27 patients who had been prescribed the rescue steroids.

Child Immunisation	Numerator	The Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England)	69	70	98.6%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	76	79	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	76	79	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	77	79	97.5%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	75	76	98.7%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice had met their targets for child immunisation.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/09/2021) (Public Health England)	70.6%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	58.4%	63.1%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	64.4%	68.7%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	57.1%	51.7%	55.4%	No statistical variation

Any additional evidence or comments

The practice was sending out reminders to patients and also asking patients to undergo cervical screening whilst they were attending the practice for another reason. The practice said that the numbers of patients attending the practice for screening was increasing.

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.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Any additional evidence or comments

The practice had taken part in the national cancer care audit in 2019 and the results showed that national guidelines had been followed. The practice provided evidence of the audit.

Multi-Disciplinary meetings (MDT) highlighted patients with unplanned admissions and the reasons. Examples of admissions were, for social care, chronic disease, frailty. The practice had taken appropriate action to prevent further admissions.

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.	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.	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
<p>Explanation of any answers and additional evidence: The practice had a programme for learning and development which included additional training appropriate to their role such as spirometry, ear syringing, chronic disease review, immunisation.</p> <p>Staff had regular appraisals.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centered care when they moved between services.	Y
<p>Explanation of any answers and additional evidence: MDT meetings which include social service, district nurse, community matron, age UK, careers UK helped to coordinate proviso for patient care</p> <p>Patients referred to specialist services received timely, coordinated, consistent care since referrals were made within the trust most of the time.</p>	

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
Patients had access to appropriate health assessments and checks.	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 and tackling obesity.	Y

Any additional evidence or comments

Explanation of any answers and additional evidence:

Cancer patients were referred to the district nurses for cancer reviews. Any clinically frail or vulnerable patient was added to the MDT list and discussed for appropriate action to be taken.

Palliative patients were referred to the palliative liaison nurse and team for continuous care.

The practice referred patients to smoking cessation and weight management according to national guidelines to improve the population health.

Consent to care and treatment

The practice was able to demonstrate that it 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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y

Caring

Rating: Good

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
Staff displayed understanding and a non-judgmental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	84.5%	91.4%	89.4%	No statistical variation
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 treating them with care and concern (01/01/2021 to 31/03/2021)	79.7%	90.3%	88.4%	No statistical variation
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 (01/01/2021 to 31/03/2021)	87.1%	96.1%	95.6%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	78.9%	86.8%	83.0%	No statistical variation

Any additional evidence or comments

There had been changes in the GP locums at the practice which had an impact on the patient's answers regarding having confidence in the GP they saw.
The practice told us that the percentage of respondents to the overall experience of the practice was slightly lower than national average due to lockdown.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Any additional evidence
The practice has started to do its own patient survey. The patient participation group PPG were expected to do a patient survey which had not happened due to the chairperson's ill health.

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

National GP Patient 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 (01/01/2021 to 31/03/2021)	90.8%	94.0%	92.9%	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 organizations.	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice offered to provide interpretation to non-English speaking patients.</p> <p>Patient information leaflets were available in various languages in the reception area, and patients were told how to access support groups in their local community. i.e., Bangladeshi Centre in Sunderland and the local mosque for covid immunisation.</p>	

Carers	Narrative
Percentage and number of carers identified.	55 which is less than 2%, however the practice are now using Ardens templates which give a different figure. This is being reviewed.
How the practice supported carers (including young carers).	The practice offered NHS health checks, and referred to Carers UK Reception and clinical staff are empathetic to concerns that carers may express
How the practice supported recently bereaved patients.	Staff told us that they were empathetic and offered to give their time for patients to talk about difficulties they had. Clinicians assessed their mental health needs and referred them appropriately The practice sent a sympathy card to relatives.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Staff used an empty consultation room to see patients confidentially or a private room was available downstairs if they were distressed.</p> <p>Patient were asked to attend the reception desk one at a time to ensure confidentiality.</p>	

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.	Y
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
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y

The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
<p>Explanation of any answers and additional evidence:</p> <p>Patients were offered an appointment within 2 days of their request.</p> <p>Each day appointments were provided for face to face, telephone consultation, according to the patient's choice.</p> <p>The practice offered same day emergency appointments with the on-call GP.</p>	

National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	87.7%	N/A	67.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	74.9%	73.1%	70.6%	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 (01/01/2021 to 31/03/2021)	64.9%	69.1%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	76.4%	81.1%	81.7%	No statistical variation

Source	Feedback
For example, NHS Choices	A patient left a review and commented that GP they had seen was friendly and they had been given positive feedback regarding their health check.

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.	18
Number of complaints we examined.	18
Number of complaints we examined that were satisfactorily handled in a timely way.	18
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	2

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was information available on the practice website and in the reception informing patients how to make a complaint.</p> <p>The complaints made were acted upon in a timely manner either verbally or in writing and after initial acknowledgement. Each complaint was taken seriously, patients were given appropriate information and all complaints have been resolved to date.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained about the GP discussing the possibility that they had a high risk of cancer during a telephone consultation.	The GP explained that due to lock down the patient could not be brought into the practice. The GP was responding to a hospital scan report regarding the possibility of lung cancer but did mention that the patient was due to be seen by a consultant for confirmation. However, a follow up appointment was needed for the patient to be able to discuss their diagnosis.

Well-led

Rating: Good

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, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice employed regular locum staff who provided continuity of care. Staff reported that leaders were visible and approachable. Some staff with children were allowed to work from home during lock down periods The practice manager had commenced a leadership development programme.	

Vision and strategy

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

	Y/N/Partial
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 practice had a vision to provide holistic care to all patient population groups and this vision was shared amongst all staff and primary care network (PCN) stakeholders. The patient participation group (PPG) was also supportive of this vision, this had been discussed at a meeting. The PCN peer reviewed each other's work which helped to achieve a high standard of care. The practice had consistently rated highly in medicines optimisation and had achieved gold standard regarding learning disability (LD) health checks and care.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior 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 candor.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candor, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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 which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence: The practice worked collaboratively with colleagues from their PCN. These arrangements were subject to service level agreements and hosting arrangements and included appropriate governance.</p> <p>All policies were updated regularly and were available for staff to read. All staff had been recruited and selected depending on skill set, staff had undergone an induction at the beginning of their employment.</p>	

Managing risks, issues and performance

The practice had clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	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: The practice had health and safety risk assessments for staff and patients and those were regularly reviewed. There were further risk assessments implemented during the covid pandemic.	
The practice had a business continuity plan in place. Staff were aware to raise concerns and to act appropriately and swiftly in the event of a major incident.	
During the covid pandemic the practice worked collaboratively with two other practices within the same building to ensure patients received continuity of care.	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y

Staff were supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence: The practice offered telephone consultations and video consultations for patients. Vulnerable people had their appointments via telephone calls and home visits.</p> <p>Face to face appointments were given to patients who were triaged as eligible following a telephone consultation They were required to wear full personal protective equipment (PPE)</p> <p>The practice used a side room on the ground floor to provide for patients who were distressed or needed some quiet time.</p> <p>Patients were kept informed of any delay in services due to the pandemic. All acute emergencies were handled by referring to casualty.</p> <p>Plastic screens were erected within the practice and at the reception desk. Temperature checks were carried out on patients on entry to the practice. All national PPE requirements were strictly followed.</p> <p>Infection control measures were put in place.</p> <p>Staff were allowed to work remotely.</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 monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	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
The practice had an active Patient Participation Group.	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
<p>Explanation of any answers and additional evidence: There was only a few members in the PPG at the practice, but the practice manager intended to build on those numbers.</p> <p>During practice meetings any service provision was discussed openly, and staff opinions were taken into consideration.</p> <p>The practice worked alongside Sunderland CCG and the PCN to ensure it was capable of facing the challenges towards meeting the needs of the patient population.</p>	

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
<p>Explanation of any answers and additional evidence: The practice demonstrated extensive use of audits and continuous improvement in medicines management; strengthening of resilience through working with other practices and improvement in infection prevention control (IPC) through audits.</p> <p>The practice had continued to deliver good patient care by following national guidelines and implementing national programmes. This promoted continuous learning and improvements to the benefit the patient population.</p>	