

Inspection Evidence Table

Albert Road Surgery

(1-12553127226)

Inspection Date: 13th, 14th and 18th July 2023

Date of data download: 28 June 2023

Overall rating: Good

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: <ul style="list-style-type: none"> • During the inspection we saw evidence that the practice had a good safeguarding process in place. • Feedback received showed that staff were able to identify the safeguarding lead for the practice. • The safeguarding lead was aware of local safeguarding processes and was given protected time to attend relevant meetings. 	

- DBS checks were completed as required.
- The practice had monthly multi-disciplinary meetings to discuss vulnerable patients. Staff had the opportunity to discuss any patients they felt were at risk.

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 UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw evidence to show that appropriate employment checks were carried out. • There was an appropriate process in place for ensuring staff vaccines were up to date. The practice manager had taken responsibility to oversee and arrange for any vaccinations that were required. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: November 2022	Y
There was a fire procedure.	Y
Date of fire risk assessment: October 2022	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Actions required because of the Fire and Health and Safety risk assessments had been completed appropriately. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit: November 2022 (External)	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: <ul style="list-style-type: none"> • The Practice had received an external audit with an action plan being drawn up as a result. We examined the required actions and saw evidence that these actions had been implemented. • We also interviewed the Infection Control lead who carried out regular audits within the practice. 	

- The Infection Control lead was given protected time to attend relevant training and was given the opportunity to feed learning back to practice staff.

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
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The Practice had recently recruited two permanent members of staff to admin roles. Management had an effective process in place to deal with busy periods; this included optional overtime for current staff. Management also had access to staff from other practices where appropriate. South Tyneside Health Collaboration had implemented a streamlined induction alongside the practice induction process. The Practice had also begun using an electronic system to log training and inductions for staff. 	

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
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.

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

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) <small>(NHSBSA)</small>	1.22	1.03	0.91	Tending towards variation (negative)
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). (01/04/2022 to 31/03/2023) <small>(NHSBSA)</small>	3.7%	6.0%	7.8%	Variation (positive)
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 (01/10/2022 to 31/03/2023) <small>(NHSBSA)</small>	3.07	4.50	5.23	Significant variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2022 to 31/03/2023) <small>(NHSBSA)</small>	353.2‰	195.4‰	129.8‰	Variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2022 to 31/03/2023) <small>(NHSBSA)</small>	0.81	0.23	0.55	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2022 to 31/03/2023) <small>(NHSBSA)</small>	8.4‰	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
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 for the safe handling of requests for repeat medicines and evidence of effective 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 and Improvement Area Team Controlled Drugs Accountable Officer.	Y
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 UKHSA guidance to ensure they remained safe and effective.	Y
<ul style="list-style-type: none"> • The provider recorded medicine reviews and made changes where necessary. The pharmacist was aware of a small number of patients who had been contacted but not accessed the surgery for a review. • The provider was able to demonstrate that high risk medicines including disease-modifying antirheumatic drugs (DMARD) were safely prescribed to patients where specific, frequent, monitoring was required. • The practice demonstrated that patients who had not had a review had been contacted in accordance with the policy. • We reviewed patients who were prescribed a DMARD called methotrexate which is used to treat patients who have conditions which affect the immune system. We saw they had all received the correct monitoring. • No controlled drugs kept on site. • There was a plan in place, overseen by Pharmacist to reduce prescribing of Gabapentin. 	

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: 5	5
Number of events that required action:	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We found that 5 events were recorded on Safeguarding Incident and Report Management System (SIRMS). All of these events had been appropriately investigated, documented and reported back to staff for learning. The practice had a comprehensive significant events policy in place. Evidence of learning from significant events was reviewed in multi- disciplinary team meetings. 	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
<ul style="list-style-type: none"> Delay in referral to a non-clinical service due to staff sickness Resolved via unplanned triage due to urgency 	<ul style="list-style-type: none"> Practice had attempted to locate cover from external practices. Used an urgent referral pathway No harm caused to patient
<ul style="list-style-type: none"> Incorrect triage by receptionist Resulted in unnecessary visit from recovery at home team. 	<ul style="list-style-type: none"> Apology sent Staff re-trained on referrals to recovery at home team. Patient was seen by a GP

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Safety alerts were recorded on the clinical system and monitored by a pharmacist. Clear processes were in place for dealing with safety alerts and ensuring staff were aware. Clinical search results showed that 13 patients were currently prescribed high risk drugs, and 12 of these patients had received reviews. The Patient awaiting review had been contacted by the practice, a clear plan had been documented. 	

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise 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.	Y
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
The practice prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had access to external professionals who ran clinics from the surgery. On day of inspection we observed a physiotherapy and spirometry clinic was running. 	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> 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. 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. All patients with a learning disability were offered an annual health check. The practice utilised the community learning disability teams available to ensure good quality care for this patient group.

- End of life care was delivered in a coordinated way, the practice regularly reviewed end of life care and were in the process of completing an end-of-life audit.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients reviewed with chronic kidney disease (CKD) had received monitoring and been followed-up appropriately. Patient who had not been seen at practice were currently being monitored under renal specialists.
- Patients with diabetes had been offered reviews appropriately, those outstanding were being more closely monitored by specialists.
- Patients with long-term conditions were offered an effective 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 and were given protected time for this. Staff were also given the opportunity to feedback updates to all staff at regular meetings.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with COPD were offered rescue packs.
- The Practice had an appropriate process for contacting non-responding patients.

Child Immunisation	Numerator	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	22	22	100.0%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	20	20	100.0%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	20	20	100.0%	Met 95% WHO based target

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	20	20	100.0%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	30	33	90.9%	Met 90% minimum

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>

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	70.9%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	66%	N/A	70.3%	N/A
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). (12/31/2022 to 12/31/2022) (UKHSA)	80.1%	N/A	80.0%	Met 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	51.6%	49.8%	54.9%	No statistical variation

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

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years included:

- The practice had completed an audit on vitamin B12. This audit looked at switching from intramuscular injections (IM) to oral treatment. This promotes patient independence as well as reducing appointments. The audit also highlighted patients who still required an IM injection.
- **End of Life Audit-** Ongoing audit looking to improve approaches to preferred place of death.
- **Bisphosphonate Audit-** Searches carried out more frequently on patients who may need a break from medication.
- Audits were within the first cycle.

Any additional evidence or comments

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff were aware of their roles and responsibilities and given support when required. • Management had a clear and cohesive process for ensuring staff were kept up to date. • The practice highlighted minor changes to be made to appraisal systems with check ins at 6 monthly intervals. • Staff received protected time for revalidation, and access to development when appropriate. 	

Coordinating care and treatment

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

	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-centred care when they moved between services.	Y

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

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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
Explanation of any answers and additional evidence, including from clinical searches: <ul style="list-style-type: none"> Our clinical review of notes where a DNACPR decision had been recorded showed where possible, the patients views had been sought and respected, and we saw that information had been shared with relevant agencies. 	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated 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-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice demonstrated an effective approach to patient care. The practice ensured patients needs were met in a holistic and timely way. The practice recently accepted a number of refugees onto the patient list. We saw the practice had provided seamless episodes of care to this patient group. The practice had developed a support service for veterans, and provided information on events and resources via text message to those who consented. We saw evidence of this during interviews and on practice social media. Staff also commented on the caring approach of management following a bereavement within the practice team. 	

Source	Feedback
Compliments reviewed from practice.	<ul style="list-style-type: none"> The practice shared several compliments from patients expressing gratitude relating to staff going above and beyond. Patients reported that they felt listened to. Patients praised the provider for treatment of relatives on end of life care. Patients consistently referred to staff as kind and caring.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	92.5%	84.9%	84.7%	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 (01/01/2022 to 30/04/2022)	92.6%	84.4%	83.5%	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 (01/01/2022 to 30/04/2022)	96.7%	93.7%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	84.6%	76.0%	72.4%	No statistical variation

Any additional evidence or comments

The 2023 Patient survey results indicated 90.3% of patients stated the practice was good.

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

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: Easy read and pictorial materials were available.	

Source	Feedback
Interviews with patients.	Feedback from a member of the Patient Participation Group stated the practice always attempted to resolve issues and included patients within that. They also stated the practice were happy to offer different services to patients and taken on board suggestions from the group.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	95.6%	90.5%	89.9%	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 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw numerous examples of support groups being highlighted in the waiting room. Support groups included both health and social examples. The waiting room was organised and tidy with easy read formats available. The practice has an active social media informing patients of activities in the local area, health incentives and information relating to financial support and benefits. 				

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> The practice has 223 registered carers, equating to 7%. There were no carers under the age of 18 identified.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice demonstrated thorough knowledge of carers and the potential adaptations needed to ensure they received support needed. Carers were coded appropriately. Staff were aware of agencies to support carers and how to signpost to them effectively. Appointments were made accessible for carers and the practice demonstrated a flexible approach to this.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> Staff offered support to bereaved patients, in the form of an appointment if requested. Staff were aware of resources and support groups for patients. The practice was undertaking an end-of-life audit relating to patients preferred place of death. The practice demonstrated an effective approach to end of life care and understood the importance of ensuring this was holistic.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
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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
Explanation of any answers and additional evidence:	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice recently accepted a number of refugees onto the patient list. We saw evidence that the practice had provided seamless episodes of care to this patient group. • The practice employed a nurse on a part-time basis to provide continuous care to the patients. • There were translators available at every appointment for these patients. • The practice operated alternating weekend appointments to enable patients with commitments to access appointments when required. These were also open to PCN practices. • The practice had recently started to carry out minor surgical procedures. They planned to monitor the usage and expand to accepting referrals from the whole of South Tyneside should there be a demand, thereby reducing local waiting times for minor surgery and hopefully increasing patient satisfaction. 	

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

Wednesday	8am - 8pm (6:30-8pm extended access)
Thursday	8am - 6pm
Friday	8am - 6pm
Saturday (Alternate)	9am - 1pm
Appointments available:	
Monday	8am – 5:30pm
Tuesday	8am – 5:30pm
Wednesday	8am – 5:30pm
Thursday	8am – 5:30pm
Friday	8am - 5:30pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice was working towards becoming a 'Greener Practice' in line with an Integrated Care Board programme. The practice had two members of staff leading this.
- The practice participated in the Your Voice Counts Quality Health Check survey in 2020 and were in the process of organising a revisit. Your Voice Counts is a local charity who advocate for people with a learning disability. Your Voice Counts performed a Quality Health Check on the practice to see how accessible they were, and how it made reasonable adjustments for patients with a learning disability. Patients with a learning disability were contacted by the practice and were asked if they would like to participate. The practice had positive feedback from this.
- The practice Nursing Associate has undertaken smoking cessation training and was taking opportunities at appointments to offer this service.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise 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 (including those who might be digitally excluded).	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The Practice had a flexible approach to appointments to meet the needs of the patients. • Practice staff had access to make appointments longer or face to face when required. • Patients also had access to make appoints and seek advice online through e-consult. 	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	93.7%	N/A	52.7%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	79.8%	59.7%	56.2%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	68.9%	59.8%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or	78.8%	72.3%	71.9%	No statistical variation

appointments) they were offered (01/01/2022 to 30/04/2022)				
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Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
The complaint related to a delay in a request for information from a patient.	The complaint was responded to in a timely manner. An apology was provided to patient. Learning was implemented for staff in relation to keeping patients informed of the process of how complaints are handled.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> All staff reported that they had positive experiences with management both within the practice and from South Tyneside Health Collaboration. We observed management to be approachable to staff and patients. There were processes in place to maintain sustainable care during times when staffing levels were diminished. There was a detailed succession plan for the practice that was realistic and manageable. Clinical staff had commenced training programmes in order for the practice to become a teaching practice for doctors. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff reported feeling involved in changes and improvements implemented by South Tyne Health Collaboration. The practice regularly reviewed patient treatment, two improvements that had been implemented were. <ul style="list-style-type: none"> Minor surgery, it is hoped this will be offered to the Primary Care Network (PCN) to reduce waiting times for patients. The practice nurse associate now offered cervical smears to provide more appointments. 	

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

When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a strong focus on wellbeing of staff, this was reflected in staff questionnaires that we received. • The practice demonstrated working collaboratively with patients to correct processes where things had gone wrong. • Leaders offered support to other practices, and shared staff with neighbouring practices in order to provide assistance during busy periods. • The practice were working towards achieving the 'Better Health at Work' bronze award. • Staff had access to a Freedom to Speak Up Guardian. • Staff were kept well informed of any changes to ways of working. 	

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

Source	Feedback
Staff feedback received	<ul style="list-style-type: none"> • Staff felt patients were the main focus of all decisions. • Staff felt they had opportunities to develop and were given support through the process. • Staff reported that the practice was transparent and provided open and honest care. • Staff felt diversity was important to the management team.

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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Recovery plans were clear, and staff understood the importance of them. • Staff roles were clear, staff were given the opportunity to develop these when required. 	

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 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

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.	Y
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
Staff are supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice offered e-consult to patients, and information on how data was used was presented to patients before commencing an e-consult. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a small PPG and they were an active group. The practice was proactive at ensuring the wider communities within the PCN could access services as well as their own patients. For example the spirometry clinic which was run by a practice nurse was available to all patients across the PCN which had removed the need to travel to the local hospital. 	

Feedback from Patient Participation Group.

Feedback
The Patient Participant Group reported feeling listened to and supported by the surgery. They reported helpful and friendly staff.

Continuous improvement and innovation

There were 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:	

Examples of continuous learning and improvement

The Practice received feedback relating to patients needing to travel for a spirometry appointment, which was difficult for patients with no transport. In response, the practice had sought to acquire funding to run a clinic on behalf of the PCN. This had been well received by patients who no longer needed to travel to hospital.

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 Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3

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. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- 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 uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.