

Care Quality Commission

Inspection Evidence Table

Central Gateshead Medical Group (1-550850236)

Inspection date: 7 June 2018

Date of data download: 30 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member(s) of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	N
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	N
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any 'No' answers: The practice took steps to ensure that locum staff were registered with the appropriate bodies and that they had sufficient medical indemnity insurance in place. However, they did not have a process in	

place to assure themselves that locum staff were up to date with mandatory training requirements.

The practice was aware that not all staff were up to date with their routine immunisations and those required dependent upon their role. An action plan was in place to address this problem and a risk assessment was in place governing activity until the problem had been addressed.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y Aug 2015 (tested every 3 years)
There was a record of equipment calibration Date of last calibration:	Y Dec 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y June 2017
Actions were identified and completed.	Y
Additional observations: Actions identified during fire risk assessment had all been completed by December 2017. This included arranging annual lighting testing, installation of additional fire notices and ensuring electrical cables were regularly checked for signs of wear and tear.	
Health and safety Premises/security risk assessment? Date of last assessment:	Y Mar 2018
Health and safety risk assessment and actions Date of last assessment:	Some See below
Additional comments: There was limited evidence of health and safety risk assessments. We saw risk assessments for staff who had returned to work following prolonged sick leave to ensure they were supported appropriately. However, we did not see any evidence of generic health and safety risk assessment such as slips, trips and falls, manual handling, use of display screen equipment or lone working.	

Infection control	Y/N
Risk assessment and policy in place	Y
Date of last infection control audit:	June 17
The provider acted on any issues identified	Y
Detail:	
The most recent infection control audit revealed that there were no hand washing posters in some of the consultation rooms and that improvement was required to ensure that sharps boxes were dated and signed on assembly. These actions have since been addressed and no concerns in relation to this were noted during the inspection.	
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	N
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y
Explanation of any 'No' answers:	
We did not see any evidence of generic health and safety risk assessment such as slips, trips and falls, manual handling, use of display screen equipment or lone working.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y

The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Safe and appropriate use of medicines

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).(01/07/2016 to 30/06/2017)(NHSBSA)	1.03	1.07	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	7.2%	7.4%	8.9%	Comparable to other practices

Medicine Management	Y/N
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
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management 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 audits for unusual prescribing, quantities, dose, formulations and strength). There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Y
The practice held appropriate emergency medicines and. risk assessments were in place to determine the range of medicines held.	Y

The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded during the period 1.4.17 to 31.3.18 (internal only)	25
Number of events that required action	25

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

Event	Specific action taken
Delayed cancer diagnosis	The practice had recorded a significant event where there had been a delay in referring a patient subsequently diagnosed with lung cancer to secondary care services. As a result, the practice had carried out a root cause analysis investigation and introduced a system to carry out a monthly audit and review of patients issued with rescue packs for conditions such as asthma and chronic obstructive pulmonary disease
Lack of monitoring of patient prescribed high risk medicine	A patient prescribed a high-risk medicines had not received a blood test at regular intervals in line with recommended guidance. As a result, the practice pharmacist was tasked with carrying out regular audits to ensure patients requiring regular monitoring were being recalled appropriately.
A patient had not received their necessary six-monthly injection due to cancelling an appointment and not rebooking. The practice failed to ensure that the patient rebooked their appointment.	The practice contacted the patient to ensure they booked an appointment and implemented a monthly audit system to ensure there was no recurrence of the problem.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y

Comments on systems in place:

Alerts were received via a generic email address. The practice manager added details to the practice intranet system and tasked relevant staff with specific timescales if action was required. Staff allocated tasks marked the alert as complete when required action had been completed and an alert system was in place if actions were not completed.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.72	0.68	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	83.4%	81.2%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.4% (165)	13.5%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	85.0%	78.4%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.4% (107)	9.8%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	90.5%	82.9%	80.1%	Variation (positive)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.7% (126)	12.7%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) <small>(QOF)</small>	77.1%	77.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.4% (99)	7.9%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	94.2%	92.0%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.7% (51)	10.6%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) <small>(QOF)</small>	84.1%	85.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (58)	3.7%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) <small>(QOF)</small>	86.6%	89.8%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	5.3%	(8)	8.7%	8.2%

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	113	117	96.6%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	102	108	94.4%	Met 90% Minimum (no variation)
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) (01/04/2016 to 31/03/2017) (NHS England)	105	108	97.2%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	105	108	97.2%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	67.0%	71.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.7%	72.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	51.8%	57.5%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	65.0%	73.1%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	90.6%	88.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	48.8% (61)	13.2%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	94.7%	91.3%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	40.0% (50)	9.8%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	80.6%	85.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (4)	5.9%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	546	539
Overall QOF exception reporting	13.3%	6.2%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	N
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, 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
<p>If no please explain below:</p> <p>The practice did not have a process in place to check that locum staff were up to date with mandatory training requirements. They did ensure locums were registered with the appropriate bodies and had sufficient medical indemnity insurance in place.</p>	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.4%	96.1%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (68)	0.8%	0.8%	
Indicator	Practice	CCG average	England average	England comparison

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	36.1%	48.0%	51.6%	Comparable to other practices
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Description of how the practice monitors that consent is sought appropriately

Templates used by the practice prompted clinicians to seek and record consent, including verbal consent. Parents/carers signed a form in a child's health book to indicate that they gave consent for childhood immunisations. This, together with details of who had given the consent was then recorded in the child's medical records.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	23
Number of CQC comments received which were positive about the service	20
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comment cards	Positive comments used words such as welcoming, friendly, excellent, safe, trustworthy, hygienic, first class, understanding, fantastic, reassuring and caring to describe the practice and its staff. Negative comments were in relation to problems experienced in getting an appointment, getting an appointment with a GP of choice and getting through to the practice by phone.
NHS Choices website	There are 15 reviews of the surgery dating from October 2016 to January 2018 on the NHS Choices website resulting in a rating of 3.5 out of 5 stars. Seven of the reviews were negative, six positive and two mixed. Negative comments were in relation to doctor's not listening, attitude of staff, appointments running late and problems experienced in being able to get an appointment or repeat prescription.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
10,503	322	1.2%	124	38.51%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	87.7%	81.7%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	90.1%	90.8%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	98.6%	96.6%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	87.5%	89.5%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	95.3%	93.6%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	94.2%	93.1%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
2017	<u>Review of minor surgery feedback 2017</u> <ul style="list-style-type: none"> • 26 patients responded to the post-surgery survey • The vast majority of patient who responded indicated that they were satisfied with the time they waited for their surgery, information received before the procedure, doctor's explanation and the procedure itself • This audit revealed that the rate of post-surgery wound infection was low (only one of the 25 patients who had responded to this question reported any concern)
2018	<u>Patient Survey</u> The practice had reviewed the results of the 2017 National GP Patient Survey and had

	<p>felt they could improve telephone access and address difficulties experienced by patients when trying to contact the practice. They had therefore worked with their patient focus group to develop a patient questionnaire which was sent to members of their virtual patient participation group (PPG) for completion. Non-PPG members were also able to complete the survey either via the practice website, on the practice Facebook page or by completing a paper version in the practice waiting room. The results of the survey were collated and an action plan developed. This included:</p> <ul style="list-style-type: none"> • Introducing a more standardised process for managing appointment demand. • Better signposting by the reception team • Signposting patients dissatisfied with opening hours to the fact that they can request a pre-bookable GP appointment at one of two local extra care facilities from 8pm to 8am weekdays and from 9am to 2pm on a weekend. • Increased access to nurse and HCA appointments <p>The practice had also introduced an automated telephone system in May 2017 which patients can use to book appointments at any time.</p>
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Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with six patients during the inspection, three of whom were members of the patient focus group. All six reported that they felt involved in decisions about their care and treatment.
CQC Comment cards	None of the 23 comment cards we received raised any concerns from patients who had felt they had not been involved in decisions about their care and treatment

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	86.1%	89.0%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	88.1%	86.4%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	92.3%	92.2%	89.9%	Comparable to other practices

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	91.6%	88.6%	85.4%	Comparable to other practices
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Question	Y/N
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 easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	The practice had identified 195 of their patients as having caring responsibilities (including 21 young carers). This represented approximately 1.9% of the practice patient population.
How the practice supports carers	Carer's were signposted to relevant support and advice services and offered an annual flu immunisation. They were not automatically offered an annual health check.
How the practice supports recently bereaved patients	Practice care navigators signposted patients who had experienced a bereavement to local advice and support services and to their in-house patient social group who met on a weekly basis

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	The seating area was set slightly away from the reception desk. A sign was in place asking patients to stand back until the previous patient had finished at the desk. A notice was on display advising patients that they could request a discussion in private should they prefer

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
Examples of specific feedback received:	

Source	Feedback
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CQC Comment Cards	All 23 of the patients who had completed CQC comment cards stated they felt they were treated with dignity and respect.
Interviews with patients	All six of the patients we spoke with during the inspection stated they felt they were treated with dignity and respect and that their privacy and confidentiality was respected at all times.

Responsive

Responding to and meeting people's needs

Practice Opening Times (Reception)	
Day	Time
Monday	08:30-18:00
Tuesday	08:30-18:00
Wednesday	08:30-18:00
Thursday	08:30-18:00
Friday	08:30-18:00

Appointments available:
(Please note that patients attending appointments before reception opening hours were able to book in using automated touch screen facilities.)

Monday, Tuesday & Wednesday	07:30 – 19:00
Thursday & Friday	07:30 – 18:00

Extended hours opening

Monday to Friday mornings	Appointments available from 7am
Monday to Wednesday evenings	Appointments available until 7pm

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>Requests for home visits were triaged by the on-call GP.</p> <p>The practice had carried out an audit in May 2017 to determine whether home visits could be undertaken earlier in the day and to ensure urgent cases were visited as a priority. The findings of the audit revealed that prior to the practice changing their protocol for dealing with home visit requests, no home visits were carried out before 12 noon. After the introduction of the new protocol 94% of requests for home visits were triaged before 10.45am and 77% of the visits commenced before 11.45am.</p>	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours.	82.8%	84.6%	80.0%	Comparable to other practices

(01/01/2017 to 31/03/2017)				
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	62.4%	77.4%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	71.2%	75.2%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	71.2%	74.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	There were 15 reviews of the practice on the NHS Choices website between October 2016 and January 2018 resulting in a rating of 3.5 out of 5 stars. Seven of the reviews were negative, six were positive and two were mixed. Some of the negative comments were in relation to problems experienced in being able to get an appointment.
CQC Comment Cards	Two of the 23 comments cards we received cited problems experienced in being able to get through to the surgery by phone.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received during the period 1.4.17 to 31.3.18.	18
Number of complaints we examined	18
Number of complaints we examined that were satisfactorily handled in a timely way	18

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice

The practice had developed a business plan to govern issues such as succession planning, clinical and non-clinical staffing and skill mix, maintaining provision and quality of care and involvement in GP federation working.

They actively participated in local GP federation work and the agenda for working at scale, improving access to health care services and coordinated care.

Practice meetings were held on a regular basis. Staff had access to annual appraisals and consideration was given to requests for non-mandatory training and professional/personal development opportunities.

Vision and strategy

Practice Vision and values

The practice aims were:

- To provide a professional, caring and clinically sound primary health care service to their patients striving to enable them to achieve optimum standards of health through promotion, disease prevention and treatment
- To build on the skills and knowledge of their staff, enabling them to achieve optimum competence so they can fully contribute to patient care working in a positive, happy and secure environment
- To develop and maintain strong links and good relationships across the wider primary care and health care community and to be seen as a valued contributor to innovation in developing and improving services access and pathways of care.

Culture

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

Source	Feedback
Staff interviews (clinical and non-clinical)	We spoke with several members of staff during the inspection. All stated that they felt well supported and that they had access to equipment, tools and training necessary to enable them to perform their roles well. We were told that staff were given protected time to enable them to undertake training and carry out non-clinical duties. Staff reported that there were good, effective working relationships between managers and staff and clinical and non-clinical staff. Staff also reported that they were given the opportunity of an annual appraisal where training and personal development plans were discussed and were also able to attend regular team or practice meetings.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Complaints and significant event information provided by the practice	There was evidence of the practice contacting patients making complaints or being affected by a significant event and of apologies being issued when appropriate.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Pre-inspection information provided by the practice	There was evidence of numerous significant events being raised by various members of clinical and non-clinical staff and of appropriate action being taken in relation to these.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Y

Examples of action taken by the practice to promote the safety and wellbeing of staff

Example
Staff had access to annual appraisals during which concerns, training requirements and development opportunities could be discussed
Staff had access to a range of up to date policies and procedures to support them in their day to day activities
Staff were able to attend regular team and practice meetings

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Practice Manager	All staff had undertaken equality and diversity training

Examples of actions to improve quality in past 2 years

Area	Impact
In house patient survey - 2018	To improve ease with which patients were able to contact the practice
Practice engagement plan	The practice had participated in a clinical commissioning group led practice engagement plan to reduce unplanned admissions to hospital and unnecessary A&E attendances. They ensured that appointments were embargoed on a daily basis for use by children aged between five and 15. Children under the age 5 were automatically seen the same day. As a result, the number of children attending A&E when the practice was open had reduced from 342 in 2016/17 to 279 in 2017/18.

Examples of service developments implemented in past 2 years

Development area	Impact
Home visits	The practice had reviewed the way in which they triaged requests for home visits. A new protocol had subsequently been introduced to ensure that urgent cases were prioritised.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	There was evidence of learning and trend and themes from complaints and significant events being shared with staff. For example, the practice held three whole practice team significant event meetings per year where all

	significant events recorded were reviewed.	
Practice specific policies	Staff were able to access practice specific policies and procedures on the practice intranet system. A process was in place to ensure these were regularly reviewed and updated.	
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Managing risks, issues and performance

Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Health and safety risk assessments	The practice had undertaken some health and safety risk assessments such as legionella and fire safety. However, there was no evidence of more generic health and safety risk assessments such as slips, trips and falls, lone working, manual handling, lone working etc.
Risk register	The practice maintained a red/amber/green (RAG) rated risk register to govern issues such as financial risk, introduction of general data protection regulations (GDPR), procurement of contracts and gaps in employment health screening
Business plan	The practice had a business plan in operation which governed issues such as succession planning, staffing and skill mix.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Y

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Patient surveys	The practice devised their own patient surveys which enabled patients to provide feedback and the practice to gauge patient satisfaction.
	Virtual patient participation group	The practice engaged with members of their virtual patient participation group via email to share information and gain feedback on a range of issues.
	Patient social/focus group	The practice used their patient social group as another avenue to gain feedback. The group had

		also been involved in developing the questionnaire for an inhouse patient survey.
Public	Web site	The practice had a comprehensive website which gave details of services available, opening hours, support services and health promotion advice and information
Staff	Meetings	The practice had a schedule of meetings where staff were able to raise concerns, discuss learning identified as a result of complaints and significant events and share relevant information.
External partners	Representation	The practice had a representative who was a member of the interim management team for the local GP federation and was therefore actively engaged in the agenda for working at scale in the Gateshead area.

Feedback from Patient Participation Group;

Feedback
The practice did not have an 'actual' patient participation group. However, they did have a 'virtual' patient participation group who they consulted via email to gain feedback on a variety of issues.
The practice had an active patient focus/social group who met on a weekly basis. The aim of the group was to address social isolation and the group had been involved planting floral arrangements to improve the look of the inner courtyard of the building and charity fundraising. They had been involved in developing a questionnaire for an inhouse patient survey.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice had secured the services of a secondary care respiratory care nurse to assist in upskilling their practice nurses.	This would enable practice nurses to be able to care more effectively for patients with respiratory conditions such as asthma, emphysema and chronic obstructive pulmonary disease and reduce emergency admission to hospital for this group of patients.

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Valproate prescribing in female patients of child bearing age.	This was a two-cycle audit carried out in October 2017 and May 2018 in response to Medical Health Regulatory Authority (MHRA) guidance which highlighted a significant risk of teratogenicity in women prescribed sodium valproate. The aim of the audit was to ensure that women

	prescribed valproate were aware of the risk associated with pregnancy and offered long term contraception. The second cycle of the audit revealed that all relevant patients taking valproate were on an appropriate form of long term contraception.
Cervical smear uptake audit	This was a single cycle audit undertaken in April 2018. The practice had felt that although their attainment rate for cervical smear screening uptake was comparable with local and national averages it fell slightly below the CCG average in relation to the published data for quarter three of 2016. The practice had subsequently developed an action plan and were able to demonstrate an improvement as a result.
Drug misuse treatment audits	Drug misuse treatment audits were carried out in 2016 and 2018 to review methadone and benzodiazepine prescribing, dosage, shared care arrangements, blood borne virus counselling and supervision arrangements for patients following substance misuse reduction programmes. The outcome of the 2018 audit showed that: <ul style="list-style-type: none"> • A stable number of patients were receiving opioid substitution treatment • Lower methadone doses were being used • There was a large reduction in benzodiazepine prescribing • All patients were receiving regular drug worker support and intervention • 98% of patients had a record of an immunisation discussion • There was a trend towards stricter supervision with 50% of patient's being supervised five times per week

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

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

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>