

Care Quality Commission

Inspection Evidence Table

49 Marine Avenue Surgery (1-4449298327)

Inspection date: 10 July 2018

Date of data download: 03 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member 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.	Y
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Y

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

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 6/9/2017
There was a record of equipment calibration Date of last calibration:	Y 21/2/2018
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 13/6/2018
Actions were identified and completed.	Y
Health and safety Premises/security risk assessment? Date of last assessment:	Y Feb 2018
Health and safety risk assessment and actions Date of last assessment:	Y Feb 2018
Additional comments: <ul style="list-style-type: none"> The provider had a comprehensive risk management and incident reporting policy, which set out how risk should be handled. This included maintaining a risk register to help identify, assess, manage and monitor risk. The risk register for this location was reviewed monthly during the provider's management executive meeting, to make sure practice staff had taken appropriate action to address risk. The practice utilised the Safeguarding and Incident Risk Management System, to report significant events and incidents externally, to help promote learning across the local wider healthcare system. The practice's overall risk assessment covered areas such as fire, the premises, substances hazardous to health and first aid. Additional risk assessments had also been completed as necessary. 	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail: Monthly checks were also carried out to ensure standards were being maintained. There was an infection control policy in place and staff had received training.</p>	<p>Y</p> <p>25/6/2018</p> <p>Y</p>
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Y

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
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

Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	1.27	1.16	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)	6.1%	8.8%	8.9%	Comparable to other practices

Medicines 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 Patient Group Directions or Patient Specific Directions).	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).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
Up to date local prescribing guidelines were in use.	Y
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 General Medical Council 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.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and	Y

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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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 in last 12 months.	3
Number of events that required action	3

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

Event	Specific action taken
Patient injured in waiting area	Posters put up to alert patients to risks

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Staff told us that there had been a drive to encourage increased reporting of significant events since the change of provider. It was suggested that events may have been reported in the past but not recorded. Staff we spoke to said they felt there was a no-blame culture at the practice and that they felt comfortable to report concerns.</p> <p>Safety alerts were on a spreadsheet on the shared drive. This contained hyperlinks to the websites of the agency that issued the alert so staff could quickly access most up-to-date information. The spreadsheet showed what action had been taken, who took the action, and when it was completed. Alerts were discussed at practice meetings.</p>	

Any additional evidence
The practice employed a Medical Technician (Med Tech) whose job was support the clinicians by assisting with medicines optimisation. They were able to check hospital letters and repeat prescription requests and ensure patients were reviewed for their medication. They had a weekly meeting with the provider's clinical pharmacy lead and could pass any concerns on to the GPs. The Med Tech was able to process approximately 90% of prescription requests, freeing up GP time.

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)	0.91	0.79	0.90	Comparable to other practices

People with long-term conditions

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)	84.4%	81.5%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (41)	11.6%	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)	78.4%	78.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (39)	9.0%	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)	81.8%	81.9%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	14.9%	(50)	14.0%	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) (QOF)	86.5%	77.5%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (11)	11.0%	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) (QOF)	98.8%	91.1%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (11)	11.9%	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) (QOF)	86.2%	85.6%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (30)	4.4%	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) (QOF)	77.9%	86.7%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	11.6%	(16)	10.8%	8.2%	
Any additional evidence or comments					

Families, children and young people

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)	55	55	100.0%	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)	47	48	97.9%	Met 95% WHO based target Significant Variation (positive)
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)	47	48	97.9%	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)	47	48	97.9%	Met 95% WHO based target Significant Variation (positive)
Any additional evidence or comments				

Working age people (including those recently retired and students)

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)	81.8%	76.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.5%	74.7%	70.3%	N/A

Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.5%	57.8%	54.5%	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)	79.4%	71.2%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	44.9%	51.2%	51.6%	Comparable to other practices
Any additional evidence or comments				

People experiencing poor mental health (including people with dementia)

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)	89.8%	91.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (4)	13.7%	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)	92.2%	92.6%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (2)	11.0%	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)	71.4%	84.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (4)	5.7%	6.8%	

Any additional evidence or comments

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	550	539
Overall QOF exception reporting	5.9%	5.7%	5.7%

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)	97.2%	96.3%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (7)	1.0%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
A comprehensive protocol was in place covering all aspects of consent issues likely to arise in general practice. Where appropriate, patients were asked to sign a consent form to confirm they were happy to go ahead with a procedure.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	14
Number of CQC comments received which were positive about the service	11
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
Comments cards.	All of the comment cards we received were positive about the staff at the practice and the care given.
Patient interviews.	We spoke to three patients on the day of inspection, including a representative from the patient participation group (PPG). Two of the patients spoke highly of the care received while one patient was not currently happy.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,056	228	119	52.19%	2%

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)	90.7%	79.9%	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)	92.2%	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	95.5%	96.4%	95.5%	Comparable to other practices

saw or spoke to?" (01/01/2017 to 31/03/2017)				
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)	94.6%	88.6%	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)	97.8%	93.5%	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)	97.4%	92.9%	90.7%	Comparable to other practices

Any additional evidence or comments

These results from the National GP Patient Survey were published in July 2017 and therefore were gathered during a period of time shortly after the practice changed provider. The practice scored lower than the local average for only one question, and this score was still higher than the national average.

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

Date of exercise	Summary of results
June 2018	<p>From a sample of 426 patients:</p> <ul style="list-style-type: none"> • 87% said they were extremely likely to recommend the practice • 7% were likely • 1% were neither likely nor unlikely • 1% were unlikely • 4% were extremely unlikely

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients and comment cards.	Two of the three patients we spoke with and all of the comment cards said that they felt 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)	92.0%	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)	90.0%	85.5%	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)	97.1%	91.0%	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)	93.5%	87.6%	85.4%	Comparable to other practices
Any additional evidence or comments				
As above.				

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	52 carers – 0.9%
How the practice supports carers	Referral to local support services. The practice did not have a carer's lead, however they told us that this was something the provider was aiming to introduce.
How the practice supports recently	Following notification of a patient's death, administrative staff emailed all team members to inform them. If appropriate, the relevant GP would call the

bereaved patients	patient's family to offer condolences and support.
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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	<ul style="list-style-type: none"> • There was a screen between the reception desk and the office area behind it, to reduce noise transmission. • Seating for patients in the reception area was set back from the main reception desk. • Patients were actively encouraged to stand back from the desk to help promote greater privacy. • The practice operated a confidentiality card system that enabled patients to relay personal or sensitive information, or request a private conversation, without needing to speak at reception. Staff had received information about how to implement this system. • Clear signage had been placed in the reception area informing patients they could request a private conversation.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
Extended hours opening	
Available from Shiremoor Hub	Monday to Friday: 5:30pm to 8pm Saturday: 8am to 4pm.

Home visits	Y/N
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	
<ul style="list-style-type: none"> Patients contacting the practice were asked if their request for an appointment was urgent or routine. Patients requesting a same-day appointment were added to the urgent triage list which was reviewed by the triage doctor. Following triage of those patients requesting a same-day appointment, the nurse practitioners or the triage doctor would contact them to assess the urgency of their need and decide whether a telephone or a face-to-face appointment was required. Patients assessed as requiring an urgent face-to-face appointment were booked into an appointment slot with either the duty doctor or a nurse practitioner on the same day. Telephone triage of home visits took place, to enable an appropriate response to patients presenting with greater risks. 	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,056	228	119	52.19%	2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient	87.5%	82.2%	80.0%	Comparable

survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)				to other practices
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)	97.3%	76.1%	70.9%	Variation (positive)
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)	85.7%	74.2%	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)	84.2%	73.5%	72.7%	Comparable to other practices
Any additional evidence or comments These results from the National GP Patient Survey were published in July 2017 and therefore were gathered during a period of time shortly after the practice changed provider. The practice scored lower than the local average for only one question, and this score was still higher than the national average.				

Examples of feedback received from patients:

Source	Feedback
Patient interviews and comment cards.	Two of the patients we spoke with on the day of inspection and 11 of the comment cards were positive about access to the service. One patient we spoke with and three of the comments stated they found it difficult to make appointments.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	2
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments: Complaints were reviewed and discussed at a provider level also, to look for annual trends or themes. While information about how to complain was available for patients on request, and patients we spoke with told us they knew how to make a complaint, there was no information available in the waiting area that patients could access without having to ask a receptionist.	

Example of how quality has improved in response to complaints

There were only two complaints made to the practice in the past 12 months, neither of which required a change to any systems or processes. However, where complaints concerned treatment by or the attitude of members of staff, assistance or additional training were offered to lead to improvements.

Well-led

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

Practice Vision and values

The practice values were:

- Valuing and respecting our staff and patients
- Everyone's contribution counts
- Ensuring that we are responsible and accountable, as individuals, a team and the wider Northumberland Primary Care organisation
- Putting our patients first
- Safe and high quality care

The provider's high-level strategic mission statement was:

'To revolutionise the relationship between primary, secondary and community care in order to deliver high-quality, innovative and seamless care to our patients'.

Their vision is to be:

'Recognised and respected as the leading provider of primary care and associated services throughout Northumberland and North Tyneside'.

The provider's mission statement and vision was underpinned by six strategic goals which set out what they hoped to achieve, including details of what improvements they intended to implement during 2018/19. We were told that mission statement and vision were developed with staff from all seven NPC sites, including 49 Marine Avenue Surgery.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care	
<ul style="list-style-type: none"> Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff we spoke to told us they felt well-supported both during and since the change to a new provider. Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. There was a strong emphasis on the safety and well-being of all staff. The provider had their own occupational health team to look after the health of their staff. They also operated an "Employee of the Month" scheme at each practice to praise staff, with the winners having their photograph displayed at the practice. Staff we spoke with told us they liked the scheme. 	

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

Source	Feedback
Staff interviews	Staff we spoke with told us they had felt particularly supported during the change of provider. They felt comfortable and able to approach management with any concerns.

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

Source	Example
Interviews with staff. Review of documentation and policies.	<ul style="list-style-type: none"> The provider had their own occupational health team. A weekly GP catch-up meeting had been introduced, to enable clinicians to provide support to each other, and review any issues and concerns that have arisen during the day. Social events, to help improve staff morale were supported and encouraged. For example, a staff barbeque and bake-off had been held. An award initiative to recognise and acknowledge staff's achievements had been introduced.

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	The practice had an effective system in place to learn from complaints and significant events.
Practice specific policies	Yes
Other examples	The practice had a structured meetings schedule in place which they followed. A full practice meeting was held monthly with standing agenda items covering areas such as progress against the Quality and Outcomes

	Framework targets, and changes to policies and procedures. Meetings were clearly minuted. A weekly GP meeting addressed business and operational issues. All meetings had clear terms of reference, to help define their purpose and structure, to help make them more effective.
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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

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<ul style="list-style-type: none"> Approximately eight members, meetings were held on a quarterly basis. There was an agenda for the meetings and patients could put items on the agenda. Chair of PPG met with new practice manager following the merger. A manager from NPC also attended the PPG meeting We were told that the PPG felt listened to and that the practice was open and honest with them. The PPG asked for information about missed appointments to be put on display in an attempt to encourage patients to cancel appointments they no longer need. This was done.

Continuous improvement and innovation

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

Audit area	Improvement
Review of patients who needed additional medication to protect their gastric system due to the medicines they had been prescribed.	First audit in October 2016 found of 24 patients, five had not been prescribed medication to protect their gastric system. These were corrected. A review in April found two patients from 26 had not received the protection they needed, and this was corrected too. The audit will be run again during 2018 to ensure improvement is continuing.
Review of prescribing for patients with dementia to ensure it met NICE guidance.	A review in October 2017 found that prescribing of medication for patients with dementia had improved in the practice since the first audit was carried out in October 2016.

DO NOT DELETE THE NOTES BELOW

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).