

Care Quality Commission

Inspection Evidence Table

Sunderland GP Alliance - The Galleries (1-3296920142)

Inspection date: 22 November 2018

Date of data download: 07 November 2018

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

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
Explanation of any 'No' answers:	

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
Explanation of any answers:	

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 June 2018
There was a record of equipment calibration Date of last calibration:	Y August 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 September 2018
Actions were identified and completed.	Y
Additional observations: An external consultancy health and safety inspection in July 2018 had highlighted some issues including risk assessments not being sufficiently comprehensive; all actions were now addressed including the addition of risk assessments for lone workers, young people and pregnant women. A full fire risk assessment had been carried out in April 2017, with a supplementary plan produced in September 2018 with completed actions.	
Health and safety Premises/security risk assessment? Date of last assessment:	Y July 2018
Health and safety risk assessment and actions Date of last assessment:	Y July 2018
Additional comments: The provider was looking to achieve ISO45001 occupational health and safety accreditation. There was an appointed 'health and safety champion' on the board of directors, who had received additional training and guidance from the external health and safety advisor.	

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:</p> <p>The practice carried out quarterly audits in conjunction with cleaning supervisors from NHS property services, which feed into a full annual audit. In addition, monthly interim audits were carried out. There was an appointed infection control lead at each site.</p> <p>Infection control was discussed at team meetings and was a standing agenda item at the board of director's governance subgroup.</p>	<p>Y</p> <p>August 2018</p> <p>Y</p>
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	

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
<p>Explanation of any answers:</p> <p>Staff had produced a prominent sepsis awareness red board which reception staff could see as they were receiving calls from patients or speaking to patients at the desk. Both clinical and non- clinical staff had attended additional training on sepsis awareness.</p> <p>Staff had a good awareness of emergency situations, and emergency equipment was easily available and well organised, with a system which included a red grab box for emergency drugs, green box for anaphylaxis and a yellow box for meningitis. There was prominent information in a patient area on spotting the signs of meningitis.</p>	

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
<p>Explanation of any answers:</p>	

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.93	1.11	0.95	Comparable with other practices
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). (01/07/2017 to 30/06/2018) (NHSBSA)	8.8%	9.6%	8.7%	Comparable with 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 transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation of any answers:	

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.	71
Number of events that required action	All have documented action points

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

Event	Specific action taken
Missed referral	Two Week Wait red referral slip introduced, GP completes red slip and takes to reception with patient. Appointment is processed whilst patient waits and then the patient leaves with an appointment.
Missed specimen for collection	New single specimen collection area created within practice as there was originally a shared area with neighbouring practice.

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: Evidence supplied of clinical audit of Spironolactone (a medicine with a number of uses including for heart, liver and kidney disease) prescribing following MHRA alert. Staff were able to recall recent alerts and describe any necessary actions taken.	

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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.58	0.72	0.83	Comparable with 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 (01/04/2017 to 31/03/2018) (QOF)	71.1%	78.3%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.8% (144)	16.8%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	81.7%	81.6%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.2% (96)	9.9%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	82.6%	83.5%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.2% (115)	13.2%	13.5%	

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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	84.2%	75.8%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.6% (183)	11.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.7%	88.6%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.3% (105)	14.9%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.3%	82.4%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (34)	4.0%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	92.8%	90.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (13)	5.6%	6.7%	
Any additional evidence or comments				
The practice had previously identified QOF improvement as a major ongoing piece of work, including changes to historical coding errors and exception reporting. An appointed QOF team monitored targets and areas for concern and these were discussed at clinical meetings. Improvements had been made to clinical coding, resulting in 185 additional patients being added to chronic disease registers and therefore receiving annual recalls and reviews. There were now robust recall systems and in the upcoming 2018-19 QOF year the practice was projected to achieve 100% of QOF points in areas including asthma and atrial fibrillation.				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	124	125	99.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	102	103	99.0%	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)	102	103	99.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	101	103	98.1%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				
New Baby Packs with information regarding How to Register your Birth, Breast Feeding, Post Natal Depression, Childhood Immunisations, and local mother and toddler information were sent to new mothers upon receipt of birth notifications.				

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 at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	71.4%	75.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.6%	76.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	55.6%	54.9%	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)	53.3%	71.4%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	51.4%	45.0%	51.6%	Comparable with other practices
Any additional evidence or comments				
<p>All female patients reaching the age of 25 were sent a birthday card reminding them they were now eligible for a smear test. Each site had a 'butterfly campaign' noticeboard highlighting the importance of cervical screening, and clinical staff opportunistically promoted this at patient contacts, with patients given a small butterfly as a visual reminder. QOF administration teams and practice nurses linked together, so that after no response was received to two invitation letters, the patient would receive a personal call from a practice nurse who would try to find out what barriers there was to the patient attending, and talk these through. If necessary, patients were offered an appointment to come in, and talk through the process before their screening appointment. QOF results for the practice showed cervical smear screening rates were improving; these were 78.9% in the year 2016-17, and 81.8% in the year 2017-18.</p>				

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 (01/04/2017 to 31/03/2018) (QOF)	55.5%	89.4%	89.5%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (2)	13.4%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	69.1%	84.5%	90.0%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (2)	10.8%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	73.0%	83.0%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (3)	6.4%	6.6%	
Any additional evidence or comments				
The practice's performance on some quality indicators for mental health was significantly below local and national averages. The practice showed us that these variations were due to new recall systems being introduced, and changes to historical coding and exception reporting errors, where patients had not been exception coded despite not responding to two invites. The practice figures for the six month QOF position showed that 74% of patients with learning disabilities had received their annual health check, and that depression patients had historical coding errors which was ongoing to correct, which had altered data. The practice was forecast to achieve 100% for dementia figures in 2018-19, although these figures are as yet unpublished and unverified. Overall, the six month position for mental health indicators was 79%, with some patients wrongly coded and to be removed from the register. Exception codes we investigated were clinically appropriate.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	92.9%	96.9%	96%
Overall QOF exception reporting (all domains)	8.8%	6.5%	5.8%

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 (01/04/2017 to 31/03/2018) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.4%	95.3%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (17)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
All clinical staff had received Mental Capacity Act and Deprivation of Liberty training. Consent boxes to record were built into clinical templates, and staff were able to describe how they would seek consent from a carer or guardian where a patient lacked capacity.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	27
Number of CQC comments received which were positive about the service	24
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
NHS Choices, comment cards	GP's listen carefully, staff are pleasant and helpful, doctors are truly caring and show concern. Nurses and HCA's are very caring, my needs are met.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12727	355	104	29.3%	0.82%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	81.2%	89.1%	89.0%	Comparable with other practices
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 (01/01/2018 to 31/03/2018)	78.3%	88.1%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	92.5%	95.7%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	61.6%	84.2%	83.8%	Variation (negative)

Any additional evidence or comments

The current provider took over in October 2016 and had made significant changes to practice systems and processes. Comment cards and NHS choices feedback in the last six months consistently stated the service was much improved.

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

Date of exercise	Summary of results
April-July 2018	The percentage of patients rating the service as very good, and the percentage of patients saying they would recommend the practice improved significantly in June and July when compared to April and May. For April and May a total of 23% of patients rated the practice as very good, this raised to 39% for June and July.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
NHS choices; Comment cards	GP listened and talked through condition and treatment options, nurse manages my condition well.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	90.3%	93.1%	93.5%	Comparable with other practices
Any additional evidence or comments				

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	3.25% (414)
How the practice supports carers	There were Carer's champions on each site who linked with a local carers centre monthly, and who were trained to provide additional signposting and support. The practice had a young carer's policy, although needed to do further work to identify young carers. Carers were proactively identified and offered annual health checks through the QOF recall team. Carers and young carers information boards were at each site. The practice had been nominated for a carer's award.
How the practice supports recently bereaved patients	The practice had commissioned a sensitive bereavement card to send to patients which also gave some practical advice and people to contact.

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	Notices in reception advising patients a private room was available. Staff were aware of the need to ensure confidentiality and were sensitive to patient's needs.

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-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-6pm
Friday	8am-6pm

Extended hours opening:

The practice participated in a CCG wide extended access scheme where patients could access appointments between 9am and 5pm at weekends and 10am until 2pm on bank holidays. Patients could access care at their own GP, another practice, or one of five GP led 'hubs', such as an urgent care centre.

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	
Telephone triage by a clinician.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12727	355	104	29.3%	0.82%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	88.5%	94.4%	94.8%	Comparable with other practices
Any additional evidence or comments				

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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	35.7%	72.5%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	35.2%	67.4%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	33.3%	65.7%	65.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	55.4%	72.5%	74.4%	Comparable with other practices
Any additional evidence or comments In recent months, the provider had made significant changes to telephone systems and how appointments and staffing were managed to improve access. This was actively monitored including call waiting times and longest wait, to allow the practice to deploy resources effectively. Recent patient feedback through NHS Choices and CQC comment cards was largely positive with many patients commenting that access had improved. Numbers of calls answered and 'did not attend' rates were published through monthly patient newsletters.				

Examples of feedback received from patients:

Source	Feedback
Comments cards; NHS Choices	Massive improvement, got a lot better recently, pleased with the online booking system.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	61
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	1
Additional comments:	
Complaints summaries were shared in a staff newsletter on a quarterly basis, with lessons learned and reminders for staff on how to access information and deal with complaints. The practice carried out trend analysis of numbers and themes and this was discussed in staff meetings and at board level.	

Example of how quality has improved in response to complaints
<ul style="list-style-type: none">• Headache Red Flag Guide produced for Advanced Nurse Practitioners to follow, following a missed diagnosis.• Travel Policy and Travel Vaccination Costs displayed following complaint from patient around charges.

Well-led

Leadership capacity and capability

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

The provider, Sunderland GP Alliance is an organisation formed in 2015, and is owned by the GP practices of Sunderland. It aims to facilitate collaborative working and respond to the changing needs of the health system. 36 of the 40 Sunderland practices are members. The provider also directly operates this location, it's two branches, and one other location. The Board of Directors are elected by the Member GP Practices on a four year term, and are responsible for directing the company's operations on the shareholders' behalf. All the directors must be a partner (clinical or non-clinical) of a Member GP Practice, with the aim that GP's, nurses and practice managers are all represented on the board. All members have CQC rated 'good' home practices.

Beneath the board of directors sit operations, finance and governance subgroups, who all meet regularly. The current location was formed when three practices merged, and is now run as one by a management team supported by strong corporate governance and a clear leadership structure.

Vision and strategy

Practice Vision and values

The practice had clear published aims and objectives, and core values such as candour and respect. Several staff told us they had attended an away day run by the provider to help develop these and their understanding of 'who is the Alliance?' and what it's values would be. The Patient Participation Group (PPG) were also consulted and involved. Staff were enthusiastic and invested in the values.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice had a 'one team approach', so that each site was run to the same standard, supported by the same corporate policies such as for information and clinical governance. The provider had a strong focus on safety and had introduced several initiatives such as safeguarding and safety staff newsletters detailing types and numbers of incidents, reminding staff of lead contact details or pertinent information, and containing interactive quizzes and competitions to raise staff awareness. Regular clinical and safety meetings were held and there was a strong focus on continuous improvement.

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

Source	Feedback
Staff	Staff consistently told us that communication across the organisation was good, and they knew where to access information. Emphasis was placed on efficient workflow processes, an example being clinical rooms mirroring each other across sites so that staff knew where to find things. Awareness of safety and safeguarding amongst staff was high.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Practice specific policies	The practice had clear governance and operational policies covering all areas of its work, including clinical governance, a clinical audit programme, health and safety policies and safeguarding policies.	
		Y/N
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 planning		Y/N
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
High numbers of safety incidents and insufficient investigation	The provider had identified a number of historic problems with incident reporting, recording and learning and had introduced a number of measures to improve this. These included staff training, an open and safety focussed culture, a quarterly safety newsletter detailing numbers and types of incidents, and learning points for staff.

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
The PPG told us they had been consistently encouraged to be involved and share their views as part of the merger and as an ongoing process. A monthly patient newsletter was produced and published on the practice website, and sent directly to requesting patients. The practice had made a number of links with the local community, including links with local schools, carers organisations, and hosting a dementia friends group.

Continuous improvement and innovation

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

Audit area	Improvement
Prescribing of UTI antibiotics	Improvement in numbers of patients prescribed first line antibiotics in line with guidance.
Assessment of raised HbA1C in patients without diagnosis of diabetes and recoding.	In total, 185 additional patients now identified and coded as having a chronic disease ensuring they receive annual reviews and correct management for their condition.

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 comparable, 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 comparable to other practices.

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <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](#)).