

Care Quality Commission

Inspection Evidence Table

Priory Medical Group (1-542876041)

Inspection date: 21 March 2019

Date of data download: 12 March 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were 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).	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>The practice nurses had undertaken safeguarding training to level two. Intercollegiate guidance issued by the Royal College of Nursing (January 2019) states that all clinical staff, including practice nurses should have undertaken safeguarding training to level three. The practice manager informed us that the safeguarding lead for the local CCG had confirmed that they would facilitate level three training in the near future.</p>	

Recruitment systems	Y/N/Partial
<p>Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).</p>	Y*
<p>Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.</p>	Partial
<p>There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.</p>	Y
<p>Staff had any necessary medical indemnity insurance.</p>	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice recruitment policy did not include the need to seek photographic ID, proof of qualifications or explanation of any gaps in employment history. However, the recruitment files of several members of staff that we looked at during the inspection confirmed that this information was sought prior to a staff member being appointed. The practice manager assured us that the recruitment policy would be updated accordingly.</p> <p>The practice maintained a record of staff immunity status in relation to Hepatitis B. They had not checked or recorded whether staff were up to date with routine immunisations, for example tetanus, diphtheria, polio, measles, mumps or rubella.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y March 18 - all sites
There was a record of equipment calibration. Date of last calibration:	Y May 2018 - all sites
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y June 18 – all sites
There was a log of fire drills. Date of last drill:	Y May 18 – all sites
There was a record of fire alarm checks. Date of last check:	Y March 19 – all sites
There was a record of fire training for staff. Date of last training:	Y Various
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y Jan 19 – all sites
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y June 2018 – all sites
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y June 2018
Explanation of any answers and additional evidence: The health and safety risk assessments included slips and trips; manual handling; working at height; health of workers in an office environment, lone working and use of display screen equipment.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The practice was able to demonstrate that good infection control arrangements were in place and that areas for improvement identified by the infection control lead and through infection control audits were addressed promptly.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Partial
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

The practice used Locum GPs and nurses when required to cover staff absences and busy periods. They were currently using a locum GP to cover GP maternity leave.

Practice clinicians had undertaken training to help them identify the signs of sepsis. Non-clinical staff had not had any training but were able to access a protocol on the practice computer. Posters were on display in clinical and other rooms to help staff recognise the signs of sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	1.01	1.06	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	6.4%	8.3%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	4.82	5.00	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	3.39	2.92	2.22	No statistical variation

Explanation of any answers or additional evidence:

The practice provided us with evidence to show that in the 12 months to January 2019:

- They were the tenth lowest prescriber of antibacterial items in the CCG area which consisted of 30 practices
- They were the seventh lowest prescriber of co-amoxiclavs, cephalosporins and quinolones.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y – see note below
The practice had a process and clear audit trail for the management of information about changes to a patient’s medicines including changes made by other services.	Y
There was a process for monitoring patients’ health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y – see note below
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice used an external medicines optimisation company to carry out medication reviews. A service level agreement was in place to ensure compliance with general data protection regulations.</p> <p>The practice did not stock all recommended emergency medicines but a risk assessment was in place detailing why they did not feel this was necessary. This included the fact that there was an on-site pharmacy.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	20
Number of events that required action:	20

Example of significant events recorded and actions by the practice.

Event	Specific action taken
An assumption had been made that a patient's symptoms had been investigated fully during secondary care monitoring and a rapid decline in the patient's health was not acted upon.	Clinical staff were reminded not to assume that all investigations had been performed during secondary care monitoring and to record a clearer history of a patient's decline.

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

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	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) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.01	0.69	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	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) <small>(QOF)</small>	75.4%	81.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.0% (71)	14.0%	13.2%	N/A
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) <small>(QOF)</small>	70.1%	79.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.3% (57)	11.5%	9.8%	N/A

	Practice	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) <small>(QOF)</small>	75.4%	82.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.9% (78)	15.9%	13.5%	N/A

Other long-term conditions	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) <small>(QOF)</small>	72.9%	75.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.9% (36)	10.5%	7.7%	N/A
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) <small>(QOF)</small>	97.1%	90.4%	89.7%	Variation (positive)
Exception rate (number of exceptions).	15.1% (43)	14.0%	11.5%	N/A

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) <small>(QOF)</small>	82.4%	84.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.4% (66)	4.8%	4.2%	N/A
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) <small>(QOF)</small>	87.1%	87.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.4% (11)	7.7%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with or above the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health

visitors when necessary.

- Young people could access services for sexual health and contraception.

Child Immunisation	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) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	176	176	100.0%	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) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	140	148	94.6%	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) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	140	148	94.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	136	148	91.9%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice participated in the catch-up programme to ensure students aged 17 and above had received the measles, mumps and rubella and meningitis C vaccination.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online or by using an automated telephone system and could order repeat medication without the need to attend the surgery.

Cancer Indicators	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) (01/04/2017 to 31/03/2018) (Public Health England)	73.7%	76.4%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	79.2%	72.8%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	58.6%	57.3%	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. (01/04/2017 to 31/03/2018) (PHE)	82.4%	70.7%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	49.5%	54.0%	51.9%	No statistical variation

Any additional evidence or comments

There was evidence of the practice encouraging uptake of the cervical screening programme. Information boards in the surgery waiting rooms contained a variety of information on cervical screening and third invitation letters were sent out on pink paper. A member of staff acted as a cancer champion and was working with Cancer Network UK to improve cancer screening uptake rates.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	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) <small>(QOF)</small>	93.5%	91.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	3.8% (3)	13.3%	12.7%	N/A
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) <small>(QOF)</small>	84.2%	92.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (4)	11.3%	10.5%	N/A
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) <small>(QOF)</small>	76.7%	83.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.5% (5)	6.3%	6.6%	N/A

Any additional evidence or comments

In collaboration with the local NHS foundation trust the practice were contributing to the funding to recruit a specialist mental health nurse to work as part of the primary care practice team.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545.2	547.6	537.5
Overall QOF exception reporting (all domains)	4.5%	6.3%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

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

<p>Audit to investigate injectable adrenaline prescribing in the under 18s – March 2019</p> <ul style="list-style-type: none"> The aim of the audit was to ensure that patients under the age of 18 prescribed adrenaline in the form of EpiPen's and Jext were on the correct dose according to their weight. The first cycle of the audit (October 2017) showed that 26% (7/18) of patients had not been prescribed the correct dose The second cycle (March 2019) identified that 100% of the 33 patients prescribed adrenaline were on the correct dose. <p>Concomitant use of antiplatelets and anticoagulants – March 2018</p> <ul style="list-style-type: none"> The aim of the audit was to identify any patient who was on both and antiplatelet and anticoagulant to assess the appropriateness of the medication. The audit revealed that three of the 15 patients identified required further clarification as to the appropriateness of their treatment. A second cycle of the audit was planned for March 2019. <p>Audit to ensure patients under the age of 75 prescribed alendronic acid for more than 5 years were being appropriately monitored and reviewed – August 2017</p> <ul style="list-style-type: none"> The aim of the audit was to ensure patients under the age of 75 prescribed alendronic acid for osteoporosis were being appropriately reviewed and monitored in line with National Institute for Clinical and Health Excellence (NICE) guidance. The first cycle of the audit identified that 63% of patients were being reviewed appropriately. The second cycle of the audit identified that 56% of patients were being reviewed appropriately Although the second cycle of the audit did not demonstrate an improvement a search carried out

during the inspection revealed that 79% of patients prescribed alendronic acid for a period exceeding five years had been reviewed appropriately.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

Indicator	Y/N/Partial
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)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Smoking 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) <small>(QOF)</small>	95.7%	96.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (13)	1.0%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	27
Number of CQC comments received which were positive about the service.	20
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	1

Source	Feedback
NHS Choices website	<p>There are 4 reviews of the main surgery on the NHS choices website dating from October 17 to August 18 resulting in an overall rating of 2.5/5 stars. 3 of the reviews are positive and 1 negative. Negative reviews are in relation to the automated telephone appointment booking service.</p> <p>There are 4 reviews of the Tynemouth branch surgery dating from October 17 to February 19 resulting in an overall rating of one out of five available stars. All the reviews are negative and cite problems experienced in being able to get through to the surgery by phone, lack of continuity of care and rude dismissive staff.</p> <p>There are 3 reviews of the Hadrian Park Surgery dating from June 17 to January 18 resulting in an overall rating of 3.5/5 stars. Two of the reviews are very positive and rate the practice as 5/5 stars. One review states that reception staff were rude and cited problems in being able to get an appointment.</p>
CQC comments cards	Twenty of the 27 comment cards we received were very complimentary. Words used to describe the practice and its staff included efficient, respectful, pleasant, excellent, safe, sensitive and fantastic. Seven of the cards contained negative comments in relation to delays experienced in being able to get a routine appointment, attitude of

	reception staff, and a delay in obtaining a repeat prescription.
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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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15208	302	129	42.7%	0.85%

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)	86.8%	92.0%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	81.5%	90.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	92.3%	96.7%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	85.4%	87.0%	83.8%	No statistical variation

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

Any additional evidence
Plans were in place to carry out a patient survey and the practice manager was working with patient participation group members to agree the remit for the survey.

The practice participated in the Friends and Family test. Of the 357 patients who had completed the test during the period Aug 18 to Feb 19, 304 (85%) stated they would be either extremely likely or likely to recommend the practice to friends or family members.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Several members of the non-clinical staffing team acted as care navigators. They had developed a directory of advice and support services available in the local area and sign posted patients to relevant services.	

Source	Feedback
Interviews with patients.	We spoke with ten patients during the inspection which included four members of the practice patient participation group. All stated that they were satisfied with the care and treatment they received and felt they were treated with kindness, dignity and respect.

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)	92.8%	95.7%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	202 – approximately 1.3% of the practice patient population
How the practice supported carers.	Carers were offered an annual health check and flu immunisation.
How the practice supported recently bereaved patients.	Support was offered to bereaved close family members if they were also registered with Priory Medical Group.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
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
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 5.30pm
Appointments available:	
Monday	8.30.am to 12.30pm then 1.30pm to 6pm
Tuesday	8.30.am to 12.30pm then 1.30pm to 6pm
Wednesday	8.30.am to 12.30pm then 1.30pm to 6pm
Thursday	8.30.am to 12.30pm then 1.30pm to 6pm
Friday	8.30am to 12.30pm then 1.30pm to 5.30pm.
Additional information:	
<p>Patients registered with the practice were also able to access pre-bookable routine appointments with a GP, nurse or healthcare assistant from 4pm to 8pm on a weekday, 9am to 2pm on a Saturday and 9am to 1pm on a Sunday at one of several hubs in the North Tyneside area. Priory Medical Group acted as one of the hubs and remained open to 8pm on a Tuesday and Wednesday for access by any patient who is registered with a practice in the North Tyneside area.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15208	302	129	42.7%	0.85%

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)	93.3%	95.6%	94.8%	No statistical variation

Older people

Population group rating: **Good**

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice worked closely with the local diabetic resource centre and they were able to access each-others patient notes due to using the same computer system. A diabetic dietician operated a regular clinic at the practice.

Families, children and young people

Population group rating: **Good**

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- The practice was open until 8pm on a Tuesday and Wednesday as part of the local extended access hub arrangements. Pre-bookable routine appointments with a GP, nurse or healthcare assistant were also available from 4pm to 8pm on a weekday, 9am to 2pm on a Saturday and 9am to 1pm on a Sunday at one of the several extended access hubs in the North Tyneside area.
- Patients were able to book and cancel appointments 24 hours per day, seven days per week using an automated telephone system.
- The practice offered eConsultations via the practice website.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- In collaboration with the local NHS foundation trust the practice were contributing to the funding to recruit a specialist mental health nurse to work as part of the primary care practice team.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	72.1%	N/A	70.3%	No statistical variation
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)	65.1%	71.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	54.3%	67.0%	65.9%	No statistical variation
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)	75.0%	76.0%	74.4%	No statistical variation

Source	Feedback
NHS Choices	There were a total of 11 reviews of the practice (including the branch surgeries) on the NHS Choices website dating from June 2017 to February 2019. Five of the reviews were positive. The remaining reviews cite dissatisfaction with the automated telephone appointment booking service, being able to get through to the surgery by phone, lack of continuity of care and rude dismissive staff.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	23
Number of complaints we examined.	23
Number of complaints we examined that were satisfactorily handled in a timely way.	23

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: We looked at several complaints during our inspection and found that written apologies were issued when necessary. Complaint response letters included the contact details for the Parliamentary and Health Service Ombudsman to enable complainants remaining dissatisfied with the practice response	

to escalate the matter to the relevant body.

Example(s) of learning from complaints.

Complaint	Specific action taken
The NHS 111 had booked a patient an appointment for a telephone consultation with the practice but the request was missed by the on-call GP.	The practice implemented a new system which reminded the on-call GP to regularly check the remote clinic appointment bookings for the NHS 111 service.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
The practice had a business development plan for the period 2018 to 2021. This documented governance arrangements, skill mix and service development.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
The practice vision statement was: 'To offer good clinical care and maximise our values to the NHS and as a practice to continue to provide high levels of customer service to our patients and supporting our aim that we will be the preferred GP practice which patients wish to join and remain registered within North Shields and Hadrian Park'.	
They listed their values as being collaboration; patient-focus; respect and innovation.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence:	
The practice had a social committee and practice staff were able to benefit from quarterly social events.	

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

Source	Feedback
Interviews with staff members	We spoke with several members of both the clinical and non-clinical staffing team during the inspection who all informed us that they felt well-supported and had the knowledge, skills, tools, equipment and training to enable them to carry out their roles safely and effectively.
Feedback from multi-disciplinary staff	We spoke with a district nurse and a health visitor in advance of the inspection who were not employed by but worked closely with the practice. Both reported that they had no concerns and felt communication and information sharing was good. They confirmed that regular and effective multi-disciplinary meetings were held to discuss palliative care patients and safeguarding issues.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Managing risks, issues and performance

There was a clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group.

Feedback
We spoke with four patient participation group (PPG) members during the inspection. They told us that the practice hosted bimonthly PPG meetings which were attended by approximately seven or eight PPG members as well as one of the GPs and the practice manager. The group had developed terms of reference and were invited to suggest meeting agenda topics. The group had been involved in analysing the results of patient surveys, carrying out audits of the surgery waiting rooms and pulling together information for patients on support and advice agencies in the local area. Three members of the group also attended the local clinical commissioning group patient forum meetings and had been involved in developing self-help videos and leaflets.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

The practice was proactive in piloting new schemes and innovations. Since October 2018 they had been piloting an eConsultation system which patients could access via the practice website. Patients with muscular skeletal issues were automatically directed to an appointment for an assessment with a physiotherapy provider.

They were focused on teaching and training as felt this would help address future recruitment and retention issues. This included registrars, F2 doctors on placement, 3rd and 5th year medical students and 1st and 2nd year nursing students. They were also due to offer placements for physician associate preceptorships later in 2019 and were considering paramedic placements.

In August 2017 the practice had installed a telephone system which patients could use to book and cancel appointments 24 hours per day, seven days per week. Practice staff told us that this had resulted in a reduction in the number of patients who failed to attend appointments. Since the system was implemented there had been 13,731 logins which had resulted in 2394 appointments being booked and 1580 cancellations. The use of the system had saved approximately 572 hours in receptionist time.

The practice was actively involved in the development of a primary care network incorporating six GP practices in the North Shields area. The plan initially was to develop a more coordinated multi agency approach to caring for patients requiring complex dressings, ear syringing and incontinence assessments. Initial works streams included a virtual respiratory ward at North Tyneside General Hospital; ear, nose and throat community clinics; dermatology clinics and a shared dressing clinic.

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 practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.