

# Care Quality Commission

## Inspection Evidence Table

### Dr Stephenson and Partners (1-542210008)

**Inspection date:** 22 October 2019

**Date of data download:** 15 October 2019

## Overall rating: Outstanding

We rated the practice as good overall in January 2016.

We decided to undertake an inspection of this service following our annual review of the information available to us, we focused our inspection on the following key questions:

- Is the practice effective?
- Is the practice responsive?
- Is the practice well led?

Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

- Is the practice safe? (Good – January 2016)
- Is the practice Caring? (Outstanding – January 2016)

In October 2019, we rated the practice as outstanding overall. This was because:

- There was a holistic approach to assessing, planning and delivering care and treatment to patients who use services.
- Staff were highly engaged in activities to monitor and improve quality and outcomes and high performance is recognised by external bodies.
- The leadership governance and culture at the practice drive and improve the delivery of high-quality person-centred care.
- There was strong collaboration in working with other organisations to improve care outcomes and tackle health inequalities.

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

## Effective

## Rating: Outstanding

We previously rated the practice as good for providing an effective service (January 2016).

At this inspection (October 2019) the practice was rated as outstanding for providing effective services because:

- There was a holistic approach to assessing, planning and delivering care and treatment to patients who use services.
- Staff were highly engaged in activities to monitor and improve quality and outcomes and high performance is recognised by external bodies.

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice had strong systems in place to identify and support victims of domestic abuse. One of the GPs was the lead and staff had been given specific training and victims were coded on the clinical system. The social prescriber at the practice had been trained by outside agencies to gain a better understanding to identify and engage with victims.</li><li>• The practice had a domestic abuse template to record information and help to refer patients to the correct partners. This included a mobile telephone app which gave the victim information. Referrals were made to MARAC (Multi Agency Risk Assessment Conference) if there was significant risk of harm. The practice offered an onsite counsellor for victims.</li><li>• The practice had helped 16 domestic abuse patients and had set time scales for to contact them regularly to continue to offer support.</li><li>• The domestic abuse protocol the practice used for referral to agencies, such as the local women's support charity was adopted by other practices and they shared learning with them.</li></ul>	

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) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.50	0.65	0.75	No statistical variation

## Older people

Population group rating: Outstanding

## Findings

- All patients at the practice had a named GP
- The practice had an advanced nurse practitioner (ANP) who co-ordinated care planning, the multi-disciplinary team (MDT) meetings and caring for patients in the practice aligned care home. This had helped co-ordinate care more efficiently. The ANP won Nurse of the Year Award 2017 with the local newspaper. This award was sponsored by the local CCG and health foundation trust (hospital). The award was based on testimonials from other health care professionals and patients about this work.
- At the care home aligned to the practice, a dedicated GP attended every week along with the practice nurse and phlebotomist. The practice had trained care home staff on the basic health care needs of the patients.
- Housebound patients received checks at home.
- 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.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

**Findings**

- Patients with long-term conditions were offered 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.
- The practice had a dedicated staff who ran regular monitoring searches for patients with certain (long term) conditions on the practice computer system to ensure that improvements in the quality of patient care could be delivered. These were carried out at set times and days to ensure that nothing was missed. They worked closely with the prescribing champion.
- The practice pharmacist and the prescribing champion worked in conjunction with the staff who carried out the monitoring searches. They carried out high risk medication monitoring, anti-coagulant blood checks and flagged issues for the attention of the GP if appropriate.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- There is a diabetic consultant community clinic held at the practice where the consultant comes from hospital to see patients with complex needs.
- The practice carried out a pilot to improve self-care for patients with chronic disease.

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) (QOF)	88.0%	78.3%	78.8%	Tending towards variation (positive)
Exception rate (number of exceptions).	16.8% (137)	16.8%	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) (QOF)	86.3%	81.6%	77.7%	No statistical variation

Exception rate (number of exceptions).	5.3% (43)	9.9%	9.8%	N/A
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	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>	90.0%	83.5%	80.1%	Variation (positive)
Exception rate (number of exceptions).	15.2% (124)	13.2%	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>	79.7%	75.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	8.9% (55)	11.0%	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>	92.9%	88.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.2% (16)	14.9%	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) (QOF)	89.3%	82.4%	82.6%	Variation (positive)
Exception rate (number of exceptions).	3.1% (53)	4.0%	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) (QOF)	88.5%	90.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.3% (5)	5.6%	6.7%	N/A

## Families, children and young people - Population group rating: Good

### Findings

- Three out of four of the child immunisation bands missed the 95% target by only 0.6%. The practice contacted the parents or guardians of children due to have childhood immunisations.
- 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.
- 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.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	112	115	97.4%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	102	108	94.4%	Met 90% minimum
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) (01/04/2018 to 31/03/2019) (NHS England)	102	108	94.4%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	102	108	94.4%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

## Working age people (including those recently retired and students)

Population group rating:

**Good**

### Findings

- 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 and 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)	79.0%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	78.9%	75.6%	72.1%	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)	66.2%	55.9%	57.3%	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)	77.8%	72.9%	69.3%	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)	42.3%	43.6%	51.9%	No statistical variation

#### Any additional evidence or comments

The practice gave us unverified data from the local CCG for patients who did not attend breast or bowel cancer screening dated March 2019. The target rate for contacting the patients to encourage them to attend screening was 70%;

- Breast screening, the practice contact rate was 100% for contacting those who had not attended (four patients).
- Bowel screening, the practice contact rate was 90% for contacting those who had not attended (340 patients).

**People whose circumstances make them vulnerable Population group rating: Outstanding**

#### Findings

- All patients with a learning disability were offered an annual health check. The practice provided us with information from the local CCG which showed that for the year 2017/18 compared with the previous year they had the highest rate (90%) for the take up of learning disability checks for patients out of the 40 local CCG practices. They carried out checks for patients under the age of 14 years old.
- The practice was one of the three in the locality of 40 practices to receive silver award (silver being

the highest award) in July 2019, for their work with patients with a learning disability, from the local learning disability team.

- The social prescriber had helped patients who were vulnerable this included, victims of domestic abuse, carers, war veterans, patients who suffered with dementia and patients who needed help from food banks. The member of staff had received awareness and formal training from charities for these causes, for example the local dementia charity.
- 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 and had an opioid reduction programme.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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

**Population group rating: Outstanding**

### **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.
- The practice helped the local mental health charity with the production of a mobile telephone application to give advice to young people and parents about the dangers of self-harm The app had information on who to contact for help and support.
- The practice manager assisted the re-design of attention deficit hyperactivity disorder (ADHD). pathway with the local CCG and mental health providers.
- The practice were working with the local CCG to set up a single point of access for mental health services.
- 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) (QOF)	97.6%	89.4%	89.5%	Tending towards variation (positive)
Exception rate (number of exceptions).	4.7% (4)	13.4%	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) (QOF)	97.5%	84.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.1% (7)	10.9%	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) (QOF)	93.6%	83.0%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	9.6% (10)	6.4%	6.6%	N/A

## 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)	559.0	541.9	537.5
Overall QOF score (as a percentage of maximum)	100.0%	96.9%	96.2%
Overall QOF exception reporting (all domains)	6.2%	6.5%	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
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

The practice had carried out a number of clinical audits to improve patients care;

#### **Audit of medication used to treat overactive bladder**

- The aim of the audit was to ensure the correct monitoring was adhered to. This medication could increase blood pressure if uncontrolled. Blood pressure should be monitored before and regularly during treatment.
- The first audit (October 2017) identified 22 patients of which two required a blood pressure check, one required a medication review.
- The importance of regular blood pressure monitoring was discussed at clinical meetings.
- The second audit cycle (May 2018) identified 26 patients who were overdue a blood pressure check and one who had not had blood pressure checked on initiation of medication.
- The practice systems were changed to run regular monthly reports to check for patients overdue a blood pressure check, and a message placed on records to remind GPs of this.

#### **Audit of medication used to treat epileptic disease and seizures (sodium valproate)**

- The aim of the audit was to identify women of childbearing potential who were prescribed this medicine.as there was a risk of birth defects if taken when pregnant.
- The first audit identified eight patients (July 2019) of which all had risks discussed, two patients were referred to hospital. The risks are to ensure neurology review and enrolment on the pregnancy prevention programme for all patients of childbearing age who are prescribed these medicines.
- The second audit identified eight patients with which the risks were discussed.

#### **Review of high-risk opioids**

- The aim of the audit was to review all patients prescribed over the recommended 120mg dosage of morphine.
- The 24 patients were identified, who had reviews with a GP. Five patients had their medication reduced and three were referred to a pain clinic for review.

#### **Other audits carried out included,**

- Aspirin for primary prevention. In June 2016, 26 patients were prescribed this, following reviews of patients in March 2017, three patients received this medication. A practice information leaflet regarding this medication was developed.
- Audit of a painkiller to treat moderate pain in light of concerns around overuse or misuse. In 2013/14 there were 143 patients who received this pain relief. Following on going reviews in 2018/19, the practice had reduced the number of patients taking this pain relief to 20.
- The practice pharmacist carried out audits in relation to antibiotic prescribing.
- An audit of patients whom the practice had referred to the national diabetes prevention programme was carried out to establish how many joined the programme and to obtain feedback from it.

#### **Quality improvement work;**

- The administration team co-ordinated the checks needed for patients who were prescribed anti-coagulant medication. Based on the results of these checks the practice pharmacist informed the GP if anticoagulant doses needed to be adjusted

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• We saw examples of staff appraisals which were comprehensive. The appraisal contained a development section where they looked at what training and development was needed for staff. Salaried GPs received an appraisal.</li> <li>• Additional training staff had received included, domestic violence awareness, dementia, sepsis and carer training.</li> <li>• Staff had received opportunities to develop, an administrative member of staff had trained to become a health care assistant and the practice were then supporting her to become a nurse.</li> <li>• One of the practice staff had won an apprentice of the year award with the company who provided the apprentice staff.</li> <li>• The practice supported career start GPs and physicians' associates.</li> <li>• They had an apprentice administrator who was employed as digital champion to help with IT issues.</li> <li>• The practice employed a pharmacist who had helped to reduce the workload on the GPs and carried out medication reviews.</li> </ul>	

## 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)	Yes
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice received data from the local CCG which showed that they had reduced hospital admissions by 42% and A and E attendances by 31% when comparing the last quarter of 2018 to the first quarter of 2019. (There had been a similar reduction between quarters one and two of 2018).</li> <li>The co-ordinated care planning and MDT work had been on-going for five years. Care plans were compiled not only using a risk assessment score but looked into in depth using factors such as social isolation, drug and alcohol abuse and referrals from other health care professionals who were concerned. The care planning process had been used as a template in the other GP practices in the locality. The practice meeting MDT meeting structure was high and low risk patients once a month and two care home MDTs every month.</li> <li>The staff had certain criteria to follow for certain conditions. These reviews were carried out in the birth month of the patients. They carried out and managed the cervical smear invitation letters and managed cancer care reviews.</li> <li>The practice pharmacist and the prescribing champion worked in conjunction with the staff who carried out the monitoring searches. They carried out high risk medication monitoring, anti-coagulant blood checks and flagged issues for the attention of the GP if appropriate. They encouraged patient uptake on electronic prescribing and electronic repeat dispensing. They were supported to challenge GPs on their prescribing. They produced a monthly report for the clinical staff on patient safety alerts. They had produced a leaflet for patients on medicines and dehydration to reduce the risk of acute kidney injury.</li> </ul>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice received an email from the NHS business services authority to congratulate them on their uptake for electronic prescribing service (EPS) which was above the national average. EPS allows prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. The practice uptake was 86.3%, the national average was 71%.</li> <li>The practice took part in an NHS national diabetes prevention programme where patients who were at risk of becoming diabetic were monitored and given a referral to a healthy living programme in which they participate for 12 months. From 77 patients referred, 32 joined the programme.</li> <li>One of the practice administrative staff had been trained as a social prescriber. This is a role of a link worker to support and help patients to be referred to local non-clinical services to help their wellbeing.</li> <li>The local CCG were nominated for a Health Service Journal Award and the practice social prescriber had been asked to represent the City Veteran's Champions for their role in military and civilian health partnership within the local CCG. They attended the awards ceremony in London as a finalist in November 2019.</li> </ul>	

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>	96.3%	95.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (18)	0.6%	0.8%	N/A

## Consent to care and treatment

**The practice always obtained that it 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
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: N/A	



# Responsive

Rating: Good

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: N/A	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7.20am to 6pm
Tuesday	7am to 6pm
Wednesday	7.30am to 6pm
Thursday	7.30am to 6pm
Friday	7am to 6pm
Appointments available:	
Monday	The core hours for appointments to see a GP were 8am to 6pm. However, there were early appointments available for example from 7am for patients who work. There were appointments available for blood tests from 7.30am with the phlebotomist.
Tuesday	
Wednesday	
Thursday	
Friday	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12443	268	105	39.2%	0.84%

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 (01/01/2019 to 31/03/2019)	98.6%	94.6%	94.5%	Tending towards variation (positive)

### 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 and longer appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services and could signpost to other service if appropriate.

### 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.
- The practice had one session per week where they looked at recalls with translator support for patients whose first language was not English.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

### Families, children and young people

### Population group rating: Good

#### Findings

- The practice did not turn away any patients requiring an emergency on the day appointment.
- 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. Records we looked at confirmed this.

## **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, for example, telephone appointments were available.
- The practice offered early morning appointments for patients at either 7.00 a.m. or 7.30 a.m. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

## **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 such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- 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**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- 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.

## 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
<ul style="list-style-type: none"> <li>The practice had historically received a low score for the GP Patient Survey for how easy it was to get through to the practice on the telephone. The practice had spent time looking at how they could improve phone and access, from an audit of capacity and demand three years ago to introducing a new telephone system earlier in the year.</li> <li>The practice carried out an appointment analysis of capacity and demand to establish how many routine appointments were required per day. The patients were triaged by a GP over the telephone. There was a brief clinic daily which was run by one of the GPs for minor ailments. The practice did not turn away patients requiring emergency appointments.</li> <li>The practice improved their telephone system following audits and consultation with staff and patients. The new telephone system interacted with the clinical system. Staff had a view of how many patients were waiting to have their call answered. Staff who do not work on reception could assist in picking up calls if it was a busy time.</li> <li>The practice said they felt that the improved results of the changes to the telephone system had not yet had time to filter through to the GP National Survey results.</li> <li>The practice offered early morning appointments for patients at either 7.00 a.m. or 7.30 a.m. This was outside the extended access system the practice is part of and was unfunded. Patients could attend any of the extended access centres seven days per week outside of practice core hours. The practice offered E consults for patients with routine need or requiring advice.</li> <li>The evolution of the present appointment system had been from engagement with patients (including the patient participation group) and staff.</li> <li>Healthwatch (which is the independent champion organisation for Health and Social Care) carried out a survey in the practice in August 2019 over two days. From 24 patients interviewed 13 made comments regarding being able to obtain an appointment. Eight patients made positive comments saying that the practice were very accommodating and they could obtain an appointment and the new system was working well. Five of the patients made negative comments stating that it was difficult to obtain a routine appointment.</li> <li>The practice was acutely aware of the difficulties patient had in contacting the practice by phone. The telephone system was still new so the understanding of the impact this has had or is having is limited. However, Healthwatch survey showed there had been some improvement, although there remained some patients who indicated it was difficult to get an appointment. Aside from the anecdotal evidence they have that suggests it is working better, the practice has yet to do an overall survey or evaluation of the impact of the new system. While the outcome of the changes remain uncertain it is clear that the practice is aware and is taking appropriate action to improve access and contact.</li> </ul>	

- The practice retained their telephone line for prescriptions, to give those patients who preferred to speak to a receptionist the option to do so.

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 (01/01/2019 to 31/03/2019)	38.9%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	59.3%	67.3%	67.4%	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 (01/01/2019 to 31/03/2019)	63.1%	64.6%	64.7%	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 (01/01/2019 to 31/03/2019)	74.7%	73.3%	73.6%	No statistical variation

Source	Feedback
Patient participant group	We discussed with two members of the practice patient participation group, access to the practice on the telephone. They told us that the practice had engaged with the members of the group to see how they could improve access and listened to their suggestions. They told us that since the implementation of the new telephone system it was much easier to get through to the practice by telephone.
NHS friends and family test (FFT)	The practice analysed their FFT responses for the month of September 2019 (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). They received 391 surveys (3% of the practice population), of which there were 3 negative comments about not being able to obtain an appointment.

## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	17
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	N

	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: The practice manager produced an annual report on the complaints. Of the 17, seven were upheld. Themes were prescribing, communication with patients and access to appointments.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Access to appointments	The practice received a complaint from a patient who did not have on-line access who said it was unfair that the on-line appointments opened at 7.30am and the telephone lines opened at 8am. As a result of this the practice revised the on-line access to open at 8am so that patients without on-line access were not disadvantaged.
Repeat medication	A complaint was received from a patient that their medication which they were prescribed was not available on repeat prescription. The practice devised a leaflet in response to this for all patients prescribed this type of medication, as there were safety issues for patients if the medication was issued on repeat prescription.

## Well-led

## Rating: Outstanding

We previously rated the practice as good for providing a well-led service (January 2016).

At this inspection (October 2019) the practice was rated as outstanding for providing a well-led service because:

- The leadership governance and culture at the practice drive and improve the delivery of high-quality person-centred care.
- There was strong collaboration in working with other organisations to improve care outcomes and tackle health inequalities.

### 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: <ul style="list-style-type: none"> <li>• The partners were visible in the practice. Staff told us that they were approachable and always took the time to listen to all members of staff.</li> <li>• The practice had won numerous awards from outside external credible bodies.</li> </ul>	

### 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: <p>The practice had a mission statement. This included the phrase – ‘Every member of the team in our practice has two roles – to do the day job and to improve how we do the day job’</p>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice produced a video, which was available on you tube, in conjunction with, the local clinical commissioning group on the advantages of using their Safeguarding Incident Risk Management System (SIRMS).</li> <li>Staff were empowered to lead in certain areas, for example the prescribing champion was supported to challenge GPs on their prescribing.</li> <li>The practice had a colleague of the month award for staff. Fellow staff members could nominate a colleague if they felt that they had 'gone the extra mile'. The nominated member of staff received a certificate and a gift voucher from the practice in recognition of this.</li> <li>Staff did not work on the day of their birthday. They received a paid day off work from the practice in addition to their normal holiday allocation.</li> <li>The practice worked closely with local partners. The lead GP was the clinical director with the local primary care network and supported the local CCG with quality and safety issues.</li> <li>One of the nurses was the locality lead nurse and the practice manager was a local representative on a mental health committee.</li> <li>The reception staff were nominated for a Healthwatch Star Award in October 2019 following positive feedback (Healthwatch are the independent champion for Health and Social Care).</li> <li>The practice was nominated for Practice of the Year Award in 2018 at the National Annual General Practice Awards (Awards which are for primary care health professionals). They were very pleased with the words of support (citations) from clinical partners and patients when they were nominated.</li> </ul>	



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

Source	Feedback
Practice management	<p>We were given examples of changes made at the practice following staff feedback;</p> <ul style="list-style-type: none"> <li>• Changes to the on-call rota</li> <li>• Joint nurse and health care assistant supervision</li> <li>• Introduction of GP coffee mornings, to get together and support each other</li> <li>• Monthly clerical team meetings.</li> </ul>
Staff	<p>Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.</p>

## 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
<p>Explanation of any answers and additional evidence:            Governance arrangements were proactively reviewed and reflected best practice.</p>	

## Managing risks, issues and performance

**There were 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
<p>Explanation of any answers and additional evidence:            The practice was the first in the North East to be fully 'paperless'. They worked on a pilot to introduce</p>	

this.

### 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
Explanation of any answers and additional evidence: N/A	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence: N/A	

### Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice told us the patient participation group (PPG) were vital for feedback on issues affecting the practice.</li><li>The practice produced a monthly report based on the results of the NHS friends and family test which they made available to patients in the reception area at the practice. The report also contained information on appointments and obtaining repeat prescriptions.</li></ul>	

## Feedback from Patient Participation Group.

### Feedback

- We met with two members of the PPG. They told us the group met every two months and a guest speaker opened the meeting. The practice manager compiled the agenda and the group was chaired by one of the members and another took the minutes. Several members of staff would attend the meeting including one of the GPs, a nurse and administration staff.
- Speakers at the group had included a melanoma support group, social isolation awareness and information on E consultations.
- The group had given feedback to the practice on telephone access and helped them change the telephone access system.
- They held a coffee morning for a cancer charity and produced a dignity code for older people.
- The practice had a dedicated area on their website for the PPG and they made a video for the website about the group.

## 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
Explanation of any answers and additional evidence: N/A	

### Examples of continuous learning and improvement

- The practice was the first to go paperless and participated in the pilot to achieve this.
- The practice worked with the local women's support charity to improve identification of victims, they had a domestic violence champion.
- The practice worked with the local carers centre to increase identification and support for carers, 4% of the practice population were identified as carers.
- They have a prevent pilot to promote health education for patients with pre-diabetes.
- There was a diabetic consultant community clinic held at the practice where the consultant came from hospital to see complex patients.
- The practice out a pilot to improve self-care for patients with chronic disease.
- Helped the local mental health charity with the production of a mobile telephone application to give advice to young people and parents about the dangers of self-harm.
- The practice manager was the practice manager representative for the city for social prescribing, self-care and mental health for children, young people and adults within the local CCG. They assisted in the re-design of attention deficit hyperactivity (ADHD) and autism spectrum disorder (ASD) pathways. They sat on a working group to ensure children and young people's services were working effectively were part of a co-productive way of working to further improve services for young people within the local area.
- The practice manager was working with the local CCG and partners to set up a single point of access for Improving Access to Psychological Therapies (IAPT) services.

- The practice was leading on a pilot of a software tool with search facilities to aid social prescribing with their primary care network (PCN).
- The practice participated in helping young people with learning difficulties gain work experience at the practice.
- They were the only practice in the locality to have dedicated a social prescriber.
- The practice nurse was on a podiatry pathway steering group.
- The practice offered clinical supervision to all nurses in their primary care network. This would also benefit the practices working together at the early stages of the primary care network.
- The practice supported career start GPs, physician associates, clinical pharmacists, nursing students and GP registrars.

## 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 Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

## Glossary of terms used in the data.

- COPD:** Chronic Obstructive Pulmonary Disease
- 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.