

Care Quality Commission

Inspection Evidence Table

Gatacre Street Surgery (1-5389320623)

Inspection date: 15 October 2019

Date of data download: 08 October 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. ¹	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Partial
Partners and staff were trained to appropriate levels for their role. ²	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
The out of hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The practice had employed an experienced senior GP clinical associate, to review and strengthen their safeguarding processes and systems, and oversee their duties and	

Safeguarding	Y/N/Partial
<p>responsibilities. Recent improvements made included:</p> <ul style="list-style-type: none"> - The introduction of dedicated staff to manage all safeguarding documents and requests for safeguarding reports. - The overhaul of the practice's coding procedures, to help ensure the consistent display of safeguarding information on the clinical records system. - Providing clinicians with access to relevant guidance. - Taking steps to improve systems and processes. <p>-Taking steps to promote better communication between the practice and the school nurse team. The practice had recently commenced a pilot to promote relevant information sharing, to help make sure that when a child is at-risk, this information has been recorded on their clinical records.¹</p> <ul style="list-style-type: none"> • Regular searches of the clinical records system were carried out, to identify any children who had been to the local accident and emergency department. A system was in place to ensure that all such attendances were reviewed by the GP clinical associate. Any concerns would be reviewed with the relevant health visitor, where appropriate. Should a child fail to attend for an acute appointment at the practice's Blyth Acute Service, the parent or guardian would be contacted by the duty doctor. ¹ • The practice maintained a register of vulnerable children and reviewed this on a weekly basis with relevant professionals. The GP clinical associate met with health visitor staff on a fortnightly basis, and reviewed each child on the practice's safeguarding register (150). They produced a fortnightly safeguarding report, which was distributed to all clinicians, with a summary of each case. A quarterly staff safeguarding newsletter had just been introduced, to keep staff up-to-date with what was happening with the practice's safeguarding activity.¹ • Clinicians and non-clinical staff had completed safeguarding training that was relevant to their role, with the exception of some nursing staff who had not yet completed Level 3 child protection training, in line with the latest guidance.² 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence:	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent	Yes

person. Date of last inspection/test: 18/06/2019	
There was a record of equipment calibration. Date of last calibration: 07/03/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 22/08/2019	Yes
There was a log of fire drills. Date of last drill: 11/07/2019	Yes
There was a record of fire alarm checks. Date of last check: 09/10/2019	Yes
There was a record of fire training for staff. Date of last training: 19/07/2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 01/07/2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: July 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2019	Yes
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	

There was a system to notify Public Health England of suspected notifiable diseases. ¹	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Leaders told us they had not had to notify Public Health England of any suspected notifiable diseases, during the previous 12 months.¹ 	

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. ¹	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients. ²	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures. ³	Partial
Clinicians knew how to identify and manage patients with severe infections including sepsis. ³	Yes
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. ⁴	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Four salaried GPs had recently announced they would be taking a period of absence. As a consequence, long-term locum cover was being provided by four regular GPs, for between 24 and 30 hours per week, until the staff concerned could return to work. The practice had a comprehensive locum GP induction pack, and arrangements were in place to provide them with support. Leaders were actively taking steps to recruit an additional salaried GP, to replace a doctor who is due to retire early next year.¹ Leaders told us that the compulsory allocation of an additional 3,200 patients during 2018/19, following the closure of a neighbouring practice, had impacted on their capacity to meet patient demand. As a consequence, extra staff had been employed to cover a variety of roles over this period. A paramedic and a paediatric advanced nurse practitioner had been appointed and were due to take up their posts in the next two months. Also, interviews to appoint an extra practice nurse were due to take place the day following the inspection. The majority of non-clinical staff told us administrative staffing levels were satisfactory. Leaders told us reception staff turnover had been high, but they hoped, as they now had a fully trained team in place, retention levels would improve.¹ 	

- In preparation for the registration of 3,200 patients during 2018/19, leaders actively assessed areas of risk and considered what they could do to reduce them, to help make sure they could continue to deliver safe care and treatment. Risks identified by staff included a high proportion of safeguarding issues and a significant number of vulnerable patients. Leaders actively worked with other agencies to manage the needs of this group of patients by, for example, requesting summaries of the needs of the most vulnerable patients. Staff had revised their new patient information pack, to include information about medicines that can cause addiction. To help reduce the level of risk the practice faced, all new patients had: an appointment with a healthcare assistant; a medicine review by a pharmacist; a plan of reduction put in place by a GP, if they had previously been prescribed high-risk, addictive medicines.²
- The practice had most of the equipment needed to deal with emergencies, with the exception of a paediatric pulse oximeter. Following the inspection, we received confirmation that the practice had ordered a paediatric pulse oximeter for each site.³
- All clinical staff, including the healthcare assistants, had received sepsis training in June 2019. Although non-clinical staff had not yet received sepsis 'red flags' training, they were clear about what action they would take, should they be concerned about a patient's wellbeing. Plans were in place for non-clinical staff to receive sepsis training shortly after the inspection.⁴

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes. ¹	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
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.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Leaders told us work was currently underway to scan and digitise all patient notes, as the space required to store these was considerable, given the size of the practice's patient list. This initiative was being funded by the partners. • In addition, we were also told the practice still needed to re-summarise approximately 10% of 	

their patient medical records (i.e. 2546 sets of patient notes). We were concerned that, with only one member of staff completing this work, this would take some time. Following the inspection, leaders told us they would be recruiting an extra member of staff, to help complete this work more quickly.¹

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) (01/07/2018 to 30/06/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	1.16	1.06	0.87	Tending towards variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	7.5%	7.2%	8.6%	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 (01/01/2019 to 30/06/2019) <small>(NHSBSA)</small>	5.14	5.04	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) <small>(NHSBSA)</small>	3.46	2.87	2.08	No statistical variation

Medicine Management

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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes

There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ¹	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength)	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	No controlled drugs stocked
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held. ²	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site	Yes
The practice had a defibrillator	Yes
Both were checked regularly, and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any 'No' answers:</p> <ul style="list-style-type: none"> During our review of a sample of patient medical records, we identified that a patient with diabetes had been prescribed a 3mg dose of metformin, in line with historical prescribing guidance. However, because of a change in prescribing guidance, this dosage was now too high. We raised this with the practice who carried out an immediate search, to identify whether there were other similarly affected patients. Out of 1323 patients, the practice found thirty-seven had been prescribed higher than the currently recommended dosage. (Some of the 37 patients had been prescribed a higher dose by secondary care and an agreement was in place that the practice would continue to prescribe in this way.) Shortly following the inspection, all affected patients were reviewed, and their prescriptions adjusted. Leaders advised that a further audit would be carried out in six months. All staff had been advised of the outcome.¹ The practice had carried out a risk assessment to identify which emergency medicines GPs should take with them when carrying out home visits. The assessment had taken account of CQC advice, as well as local circumstances and resources available to the team. The practice's list of emergency medicines had been reviewed during their last CPR training by the local accident and emergency consultant who led the training. An emergency 'grab box' was available at each of the practice's four sites, as well as a nebulizer should a GP need to take this to a 	

home visit. (Three of the sites were within 200m of each other and extra emergency medicines stocks were stored at Gatacre Street, should it be needed.)

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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information. 1	Yes
Number of events recorded in last 12 months:	16
Number of events that required action:	16
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Significant events were discussed at the practice's monthly education sessions, or at the weekly clinical meetings, depending on the level of urgency. All GPs were encouraged to speak to their mentors about significant events as they occurred, and to immediately inform the practice manager, or a senior clinician, if they had highlighted a potential safety issue. The practice had recently begun uploading significant events onto an IT system provided by the CCG. Leaders told us this had helped to improve communication and provided all staff with better access to this information. Actions agreed following a significant event were reviewed every six months. Leaders told us about a needlestick injury that had occurred whilst a GP was carrying out a home visit. As a result of the incident, the practice revised their home visiting protocol, to make it clear clinicians should take sharps bins with them, so needles could be disposed of appropriately. However, whilst the incident had been appropriately reported, responded to and addressed, and lessons had been learnt, it had not been recorded as a significant event. We told the practice about this omission, and they agreed to review what had led to this, and ensure lessons were learned. 	

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

Event	Specific action taken
A live shingles vaccine was administered to a patient who had a condition that would indicate they were not eligible to receive it.	<ul style="list-style-type: none"> The practice offered an apology. All clinicians were reminded of the eligibility criteria for administering live vaccines. A decision was made to add an alert to the records of patients, for whom a live shingles vaccine was not appropriate.
Failure to send a two-week-wait, cancer	<ul style="list-style-type: none"> Staff contacted the clinic and arranged for the patient to

referral form to the appropriate hospital clinic, resulting in a delay.	<p>be seen immediately.</p> <ul style="list-style-type: none"> • The relevant protocol was revised, and the GP handbook updated. • A safety net was put in place.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence	

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence:	

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>	0.43	0.53	0.75	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice hosted fortnightly geriatrician multi-disciplinary team meetings, to help review the needs of frail patients, to try to prevent their admission into hospital. Leaders told us learning from this initiative has been used to help develop regional Care at Home for Complex Health Needs 'CATCH' teams. The provider's Blyth Acute Service (BAS) provided timely access to medical advice, usually within one hour, and an emergency appointment, between 8am and 6pm, if considered clinically

appropriate. Home visits were provided for older patients who could not visit the surgery, or who were housebound. The practice had employed a visiting paramedic, to help ensure the practice's housebound patients received appropriate care and treatment, when they requested a home visit.

- The practice had a named GP for their frail patients and patients with complex needs. The lead GP reviewed all hospital discharge summaries, and coded patients' medical records to ensure they were up-to-date. Emergency health care plans and do not attempt resuscitation forms were in place, for those who needed them. Palliative care patients had their needs reviewed and risk assessed, using a 'traffic light' system, to help ensure they received appropriate care and treatment.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty, including nursing home and palliative care patients, and those at risk of admission into hospital. These patients received a full assessment of their physical, mental and social needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice carried out weekly 'ward rounds' at five local care homes. Leaders told us this had helped to reduce inappropriate home visit requests, and had enabled GPs to provide more person-centred care and treatment.
- Influenza, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review, during their birthday month, 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 used the 'Year of Care' personalised care planning approach, to support their patients who have diabetes. One GP and two nurses had completed extra training to help them provide this service. The practice had arranged for dietetic staff to provide on-site appointments for their diabetic patients, to make it easier for them to access appropriate support and care.
- The practice had actively participated in the NHS Diabetes Prevention Programme, acting as a pilot site, to help support patients who were at high risk developing Type 2 diabetes.
- The practice had employed two orthopaedic practitioners, to enable patients to access musculoskeletal care more quickly, and closer to home.
- Staff who were responsible for reviews of patients with long-term conditions had received relevant training. For example, clinical staff carrying out diabetes reviews had completed extra training to enable them to do this.
- GPs followed up patients who had received treatment in hospital or from out-of-hours services

for an acute exacerbation of asthma.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions. For example, such as 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 (AF) were assessed for stroke risk and treated appropriately. With the support of the local commissioning group, arrangements had been put in place to identify patients with unidentified AF.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- One of the GPs had developed a range of self-care leaflets, covering a range of common symptoms and conditions, to help patients make more informed decisions about how to look after themselves without the need for a GP appointment. These leaflets were given to new patients as part of their new patient pack, with additional copies being available in the patient waiting areas and on the practice's website.

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>	75.8%	83.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.1% (274)	16.5%	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>	75.2%	80.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.8% (150)	12.0%	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>	75.8%	80.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.7% (266)	17.4%	13.5%	N/A

Any additional evidence or comments

The latest available Quality and Outcomes Framework (QOF) data, for 2018/19, indicated that the

practice had maintained 'no statistical variation' to the England comparison, for all three of the diabetes indicators. For two of the indicators, the practice had achieved a higher achievement score, compared to the previous year, (diabetes – cholesterol reading/mol or less in the preceding 12 months/blood pressure reading). For the indicator relating to the last IFCC-HbA1c measurement, the practice's achievement score had reduced by 3.1%. However, the practice's rate of exception reporting was lower than in the previous QOF year.

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>	70.9%	75.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.1% (67)	8.5%	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>	91.2%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.2% (73)	13.5%	11.5%	N/A

Any additional evidence or comments

The latest available QOF data, for 2018/19, indicated that the practice had maintained 'no statistical variation', to the England comparison, for the asthma and COPD indicators. The practice had improved their overall achievement score for both of the indicators. However, whilst the exception reporting rate for the asthma indicator had reduced by 12.7%, the rate for the COPD indicator had increased by 5.2%.

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>	82.9%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.9% (77)	4.2%	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>	82.8%	85.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.3% (9)	7.1%	6.7%	N/A

Any additional evidence or comments

The latest available QOF data, for 2018/19, indicated that the practice had maintained 'no statistical variation' to the England comparison, for the hypertension - blood pressure and atrial fibrillation indicators, and had improved their achievement scores, compared to the previous QOF years. Both sets of exception reporting rates had increased slightly.

Families, children and young people

Population group rating: Requires improvement

Findings

- The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for the four childhood immunisation uptake indicators. Also, the practice had not met the minimum 90% target for these.
- 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.
- Families and young people were able to access early morning weekday appointments and Saturday morning appointments, with a doctor, a nurse or a healthcare assistant.
- Women were able to access contraceptive services, and young people could access services for sexual health and contraception.
- The practice had strengthened their child safeguarding systems and processes. For example, leaders had just employed a paediatric advanced nurse practitioner, whose role it will be to specifically triage and provide appointments for patients under 18 years of age.
- 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) <small>(NHS England)</small>	252	298	84.6%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)	242	298	81.2%	Below 90% minimum

(01/04/2018 to 31/03/2019) (NHS England)				
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)	240	298	80.5%	Below 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)	241	298	80.9%	Below 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>

Any additional evidence or comments

- Leaders told us they had rigorous arrangements in place for planning and booking childhood immunisation appointments, and following up children who failed to attend. These arrangements included an internal system which notified the practice's safeguarding lead, and the relevant health visiting team, of parents of children who had either not received an invitation, or had not responded to an invitation. Arrangements were in place to follow these children up. The provider told us that historically, childhood immunisation uptake rates had been high, and above the 90% target. We were told there had not been any clinical indications that the uptake rates were reducing, and leaders said they were clear that there were only a small number of families within the practice that had refused vaccination.
- Following the inspection, the practice drew up a detailed investigation plan, to help them:
 - Verify which organisation was responsible for the data collection system, what period was covered by the above childhood immunisations data, and which children were included.
 - Reconcile their in-house childhood immunisations data with that from the national collection system.
 - Understand the impact of the registration of 3,200 new patients, on the practice's childhood immunisation rates, following the recent closure of a neighbouring practice.
 - Review and strengthen their in-house procedures for submitting and validating childhood immunisations data to the relevant organisations. This included working with the local Child Health Information System provider, to ensure future data transfer is as robust as possible.
 - Provide CQC with reassurances that the practice had robust systems and processes in place to maximise the take up of childhood immunisations.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Working age people were able to access early morning and late evening weekday appointments as well as a Saturday morning clinic. Healthcare assistant appointments were provided during these times, and offered working patients the opportunity for long-term conditions consultations outside of normal surgery working hours. Each GP had routine daily telephone slots, which could

be booked by patients.

- The practice had systems to inform eligible patients, for example, students attending university for the first time, to have the meningitis vaccine.
- 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.
- The practice had recently met with the local job centre enablement officer, to look at how their staff could better support patients who were out-of-work.
- The employment of two orthopaedic practitioners provided patients with prompter access to musculoskeletal assessments.
- 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)	71.8%	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)	74.9%	78.1%	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)	61.4%	64.7%	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)	77.0%	66.1%	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)	49.3%	46.6%	51.9%	No statistical variation

Any additional evidence or comments

The practice's cervical screening uptake rate was 71.8%, which was below the 80% target of the national screening programme (Public Health England). The practice was aware their cervical screening performance was below the target and, following a recent audit and training, were taking action to

improve their performance. This included using the 'no-fear' cervical screening toolkit, to help provide staff with ideas about how to improve the practice's take-up rates. Improvements introduced, or about to be implemented, included:

- Placing eye-catching posters from the toolkit in the practice's waiting areas and clinical rooms, to help promote take-up.
- Putting in place systems and processes to support the sending out of a birthday letter to first-time invitees, regarding their first appointment.
- Adopting the use of the third invitation letter template from the 'no-fear' toolkit, to encourage patients to attend for screening. Plans were being put in place to support GPs to personally sign them.
- Contacting patients who failed to respond to an invitation within 14 days to discuss the benefits of having a smear test. Leaders told us slots will be reserved during clinic time for nurses to make and book these appointments.
- Plans to place a box in each clinical room labelled 'clothes', so that patients could use these, to put their clothes and belongings in. (This approach had been identified in a survey as helping to reduce feelings of discomfort and anxiety.)

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same-day appointments were offered by the provider's Blyth Acute Service, when required.
- The lead GP for learning disabilities coordinated the delivery of annual health checks for this group of patients, with the support of the nursing team.
- Leaders were developing a protocol to help them improve support to local armed forces veterans.
- Staff worked with local support groups, to help them better support their vulnerable patients.
- A system was in place to 'code' vulnerable patients on the practice's clinical records IT system, so this could be taken into account during consultations and by reception staff when booking appointments.
- 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 had a system for vaccinating patients who had an underlying medical condition according to the recommended schedule.
- The practice demonstrated 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 provider's Blyth Acute Service provided timely access to medical advice, usually within one hour, and an emergency appointment, between 8am and 6pm, if considered clinically

appropriate,

- The practice's performance, in relation to the mental health indicators, was comparable to the local CCG and national averages. The practice employed a psychiatric nurse, who GPs were able to refer patients to. Surgeries were provided on Tuesdays and Thursdays.
- The practice provided annual mental health reviews for patients who had a mental illness and clinicians used these to assess and monitor their physical health. Where appropriate, patients were referred to the local counselling service.
- Patients could access smoking cessation advice at the practice. Patients identified as smokers were offered nicotine replacement therapy products, as well as a referral for ongoing support.
- 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.
- GP staff carried out 'ward rounds' at local care homes, to help ensure patients' needs were reviewed and met.
- Annual dementia reviews were carried out.
- There was a system in place to follow up patients who failed to attend for the administration of long-term medication, and patients who were misusing substances.
- When patients were assessed to be at risk of suicide or self-harm, the practice had arrangements in place to help them to keep safe. Staff worked with local mental health providers, to help support patients who were in acute crisis.

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>	94.4%	93.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	9.4% (26)	17.8%	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>	90.1%	93.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	16.2% (45)	12.4%	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>	75.0%	81.9%	83.0%	No statistical variation

Exception rate (number of exceptions).	5.1% (11)	7.0%	6.6%	N/A
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Any additional evidence or comments

The latest available QOF data, for 2018/19, indicated that the practice had maintained 'no statistical variation', to the England comparison, for all three of the mental health clinical indicators. There had been a slight improvement in the practice's achievement score for two of the three indicators (dementia care planning, and recording the alcohol consumption of people with specified mental health conditions), but a small reduction for the mental health care planning indicator.

The exception reporting rate for the indicators relating to dementia care planning, and recording the alcohol consumption of people with specified mental health conditions, had reduced compared to the previous QOF year. However, there had been an increase in the rate of exception reporting for the mental health care planning indicator.

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)	549.6	549.9	537.5
Overall QOF score (as a percentage of maximum)	98.3%	98.4%	96.2%
Overall QOF exception reporting (all domains)	6.0%	6.1%	5.8%

Any additional evidence or comments

The practice's overall QOF performance, for 2018/19, had reduced slightly from 98.3% to 98.1%. QOF exception reporting for all domains remained low, at 6.3%.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements. ¹	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action. ¹	Yes

Any additional evidence or comments

- Unplanned admissions, and readmissions, into hospital, were reviewed fortnightly, as part of the practice's multi-disciplinary team meeting.

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

- Leaders told us that they had not carried out as many quality improvement audits as they would have liked, during the previous 18 months. The reasons given for this included responding to and managing the registration of 3,200 patients, many of whom were very vulnerable and had complex needs. However, there was evidence of ongoing quality improvement activities related to issues pertinent to the practice's current circumstances, and changes in national and local guidance. For example:
 - There was regular monitoring of the prescribing of high-risk medicines.
 - The prescribing carried out by GP locums was monitored on a quarterly basis.
 - Plans were being made to improve the quality of dementia and mental health reviews, as well as the system for completing medicine reviews.
 - Arrangements had been made to provide clinicians with protected time to complete an annual audit.However, the practice did not have a documented plan of quality improvement activity for the next 12 months.

Examples of the clinical audits that had been carried out included:

- A two-cycle audit to help ensure the correct prescribing of unopposed oestrogen hormone replacement therapy. (Prescribing outside of the recommended criteria can increase the risk of women developing endometrial cancer.) Actions taken to improve the care and treatment of these patients included:
 - The identification and review of all women prescribed unopposed oestrogen.
 - Contacting the women and inviting them to meet with a GP, to review their prescription and contraceptive protection.
 - Amending the practice's hormone replacement therapy review template, to include a prompt to check every affected women had adequate endometrial protection.

The second part of the audit cycle found there were no women on unopposed oestrogen. The practice plans to carry out 12-monthly audits, to ensure appropriate prescribing in this area.

- Following the merger of the two previous practices, prescribing data, for May 2018, had indicated the ASTRO-PU figure relating to the prescribing of gabapentin and pregabalin (high-risk, addictive medicines), was higher, at 140.60, than the locality average of 125.93. As a consequence, leaders commenced a gradual program of reduction for this group of patients, as well as putting in place a plan to stop prescribing these medicines wherever possible. In the period during which 3,200 patients transferred to the practice, the ASTRO-PU figure rose from 140.60 to 159.78 in August 2018.

Actions taken by staff to reduce their ASTRO-PU figure in relation to the prescribing of these medicines included:

- Revising the practice's new patient information pack, to include information about medicines that can cause addiction.
- Working with key stakeholders, to identify the most vulnerable patients who had been prescribed these medicines.
- Providing these patients with a healthcare assistant appointment.

- Providing a medicine review by a pharmacist.
- Putting a plan of reduction in place.

Data made available to us during the inspection demonstrated the work being completed had helped to reduce the practice's ASTRO-PU figure from 159.78, in August 2018, to 99.76 in February 2019. The locality average was 95.37.

- A two-cycle audit, to help make sure long-term Nitrofurantoin prescriptions were being issued in line with national guidance. Actions taken to improve the care and treatment of these patients included:
 - The identification and review of all patients prescribed this medicine.
 - Contacting the patients concerned and reviewing their needs, and carrying out additional tests where needed.
 - Weaning patients off this medicine over a period of time, or stopping it where appropriate.

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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Leaders had devised a very comprehensive A-Z guide for new staff and locums. This provided a very good level of detail, to help ensure staff had the information they needed to carry out their duties safely. 	

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) <small>(QOF)</small>	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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence:	

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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	

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,	93.6%	95.2%	95.1%	No statistical variation

diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)				
Exception rate (number of exceptions).	0.2% (14)	0.7%	0.8%	N/A

Any additional evidence or comments

The latest available QOF data, for 2018/19, indicated that the practice had maintained 'no statistical variation' to the England comparison, for the indicator relating to recording the smoking status of patients with specified mental health conditions. The practice's achievement score for this indicator had risen from 93.6% to 93.8%.

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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence:	

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.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	10
Number of CQC comments received which were positive about the service.	8
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC patient comment cards	<p>Patients told us:</p> <ul style="list-style-type: none"> • It was a very good service and provided excellent care. • Staff were respectful and treated them appropriately. • Staff were wonderful people. • Staff listened to them. • They were provided with very good care. • The surgery could not be better. • They were very happy with the service. • Staff were extremely helpful, very pleasant and understanding. • Staff were professional and empathetic, and the surgery was very clean.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
26483.0	305.0	116.0	38.0%	0.44%

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	87.8%	90.8%	88.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
good at listening to them (01/01/2019 to 31/03/2019)				
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 (01/01/2019 to 31/03/2019)	88.0%	89.6%	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 (01/01/2019 to 31/03/2019)	92.4%	96.1%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	80.2%	84.3%	82.9%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> The practice commissioned an external organisation to carry out a patient survey on their behalf, in 2017/18. This overall feedback from the survey was that 84% of all ratings about the practice were either good, very good or excellent. Where feedback about the practice's performance fell below average, when compared to other practices of a similar size, leaders had developed an action plan and taken steps to make improvements. The areas of concern were similar to those identified in the results from the most recent national patient survey, referred to within this report.

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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence	

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 (01/01/2019 to 31/03/2019)	90.2%	94.2%	93.4%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	<p>The practice had identified:</p> <ul style="list-style-type: none"> 569 patients as carers (this equated to 2.1% of the practice list).
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Leaders had produced a guide for their younger patients, informing them of the confidential service provided by the practice. The practice had appointed a carers' champion, to provide this group of patients with a contact for advice and support. A variety of self-help guides had been uploaded onto the practice's website. Staff referred patients to the local carers' organisation, where appropriate. Carers were invited to attend 'flu' clinics.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> When notified of the death of a patient, each GP took whatever action they considered to be appropriate given the circumstances, such as: <ul style="list-style-type: none"> Contacting bereaved family members by telephone, or in writing, to see if any additional support was required. Offering a face-to-face appointment with an appropriate staff member.

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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The seats in the waiting room were set back from the reception desk. The practice had installed a barrier to encourage patients to stand back from the reception desk, until a member of the reception team could help them. Leaders told us privacy arrangements at the branch surgeries had not changed since our last inspection, when we had previously found them satisfactory. 	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	N/A
The practice ensured patients were informed how their records were stored and managed.	N/A
Patients were made aware of the information sharing protocol before online services were delivered.	N/A
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	N/A
Online consultations took place in appropriate environments to ensure confidentiality.	N/A
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence:	

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services. ¹	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Patients whose first language was not English, could access an interpreter service. • A hearing loop was provided for patients with a hearing impairment. • A visual call system alerted patients when the doctor was ready to see them. • Information leaflets could be printed in large print, for patients with a visual impairment. • Patients with a learning disability could access longer appointments, and pictorial invitation letters were sent out to these patients, to help them understand the contents. 	

Practice Opening Times	
Day	Time
Opening times: (Same for the branch surgeries)	
Monday	7am to 6.30pm
Tuesday	7am to 6:30pm
Wednesday	7am to 6:30pm
Thursday	7am to 6:30pm
Friday	7am to 6:30pm
Saturday (by appointment only)	8am to 12:30pm
Appointments available:	
Monday	7am to 6:20pm
Tuesday	7am to 6:20pm
Wednesday	7am to 6:20pm
Thursday	7am to 6:20pm
Friday	7am to 6.20pm
Saturday	8am to 12noon
Extended access: provided in collaboration with	

another local GP practice at the Blyth Community Hospital Monday to Friday Patients were also able to access weekday evening appointments at the local GP hub in Cramlington.	6:30pm to 8pm
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National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
26483.0	305.0	116.0	38.0%	0.44%

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)	94.5%	95.9%	94.5%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice was responsive to the needs of older patients and offered home visits and urgent access, for those with enhanced needs. The practice had two lead GPs for palliative care. One of these provided patients with their personal mobile number, so they could contact them for further advice and/or reassurance. In addition, the practice had just appointed a paramedic, to help them deliver a more responsive home visiting service. Leaders were collaborating with a neighbouring practice, to set up a social prescribing service. The practice had worked with the local community at the Newsham branch surgery to create a garden area. A local artist had painted a mural, to help create a more welcoming environment for patients. Following the practice's involvement in a project to tackle loneliness in adults, leaders were actively looking at ways to develop non-medical support initiatives. For example, two social prescribers were due to start working with the practice, three days a week, to help them develop social prescribing. All older patients had a named GP, who supported them in whatever setting they lived. Patients considered to be 'at-risk' had an emergency healthcare plan in place and staff worked with other professionals, to help these patients avoid unnecessary admissions into hospital. The practice carried out weekly 'ward rounds' at five local care homes, to help provide patients

with more responsive care and treatment.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with multiple conditions had their needs reviewed during a single appointment. Patients with multiple long-term conditions were offered a healthcare assistant appointment during their birthday month.
- The practice liaised regularly with the local healthcare staff, to discuss and manage the needs of patients with complex medical conditions.
- Care and treatment, for people with long-term conditions approaching the end-of-life, was coordinated with other services.
- Leaders were collaborating with a neighbouring practice in their primary care network, to set up a social prescribing service.
- Clinicians referred patients to 'Active Northumberland', to help them benefit from opportunities to lead a healthier lifestyle. Clinicians had made 117 referrals, during the period April 2018 to March 2019, which meant it was the top referrer out of 23 practices participating in this initiative. In addition, the practice, and their patient participation group, had collaborated with a partner organisation, to help secure funding to provide a 12-month programme of weekly art-based activity sessions at the surgery, to improve patients' health and wellbeing.

Families, children and young people

Population group rating: **Good**

Findings

- Leaders had produced a guide for their younger patients, informing them of the confidential service provided by the practice.
- The practice's website included information about how to manage common illnesses that children and young people might experience.
- Early morning and late evening out-of-hours appointments were provided each weekday, and morning appointments on Saturdays, to help this patient group access care and treatment outside of school hours.
- Parents with an ill-child could access an acute, same-day appointment, following triage, via the Blyth Acute Service.
- Contraceptive and family planning services were provided for those who needed them.
- Women could access ante-natal and post-natal care at the practice.
- The practice's premises were suitable for children and babies.
- 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.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Early-morning, extended hours appointments were provided each weekday, as well as on a Saturday morning, to offer patients greater flexibility when booking appointments.
- Patients could also access out-of-hours appointments at Blyth Community Hospital, Monday to Friday, between 6:30pm and 8pm. This was provided in conjunction with another local GP practice.
- Patients were also able to access extended access appointments provided at the local GP hub.
- NHS health checks were offered to eligible patients and the practice provided written advice about the results. Routine health checks were provided for new patients.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- The practice had a designated learning disabilities lead, to help provide leadership and expertise for this group of patients. Patients with learning disabilities had access to an annual healthcare appointment, where their needs were reviewed to ensure they were being met.
- All consultation and treatment rooms were accessible to patients with physical disabilities.
- Staff had access to an interpreter service, should this be needed.
- Vulnerable patients were 'flagged' on the practice's clinical IT system, so that clinicians could take this into account during a consultation.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff we interviewed had a good understanding of how to support patients with mental health needs, including those patients living with dementia.
- Patients with dementia were invited to attend for an annual review, to help ensure their needs were being met appropriately.
- Clinical staff actively carried out opportunistic dementia screening, to help ensure patients were receiving the care and support they needed to stay healthy and safe.
- Where staff identified that patients had memory problems, clinicians referred them to the local memory clinic.
- Alerts had been placed on the clinical system to 'flag' patients with dementia, so clinicians could take this into account during a consultation.
- Information about dementia support services was available in the practice's waiting areas.

Timely access to the service

Some patients were not always 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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	

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)	32.3%	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)	48.3%	69.6%	67.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	46.3%	67.4%	64.7%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	58.8%	77.3%	73.6%	Tending towards variation (negative)

Any additional evidence or comments

- Prior to the merger, the provider had set up the Blyth Acute Service (BAS), to help provide their patients with better access to acute same-day appointments. (The service has now been operating for approximately three years. All patient contacts are triaged within 60 minutes by two

dedicated GPs, to help ensure an appropriate response. Both face-to-face and telephone appointments are provided with either a GP or nurse clinician.)

- Despite improvements being made to strengthen how the BAS was delivered, some patients had continued to express concerns about getting through to the practice on the telephone and access to appointments. Leaders demonstrated they were aware of patients' concerns and were actively taking steps to address them. However, the practice had experienced difficulties recruiting staff, despite regularly advertising.
- Improvements made included:
 - The installation of a new telephone system, enabling leaders to more effectively manage incoming calls and make better use of staff resources during peak times. This has resulted in improved queue arrangements, and real-time visual displays detailing the number of telephone calls waiting to be answered. This has allowed the reception adviser to move staff around to cover peak times. A recorded message was added to the system, to help explain to patients that up to ten staff were busy answering the telephones.
 - Provision of additional telephone slots at the BAS. In addition, each GP has now been given four routine telephone slots per day.
 - The introduction of a dedicated duty GP to cover each day, and deal with urgent queries.
 - The recruitment of additional reception staff to enable the practice to answer the extra telephone calls experienced, following the compulsory allocation of 3,200 patients during 2018/19.
 - The development of a more flexible and robust clinical structure. Leaders told us they had experienced difficulties recruiting staff and, as a result, employed new staff working in a variety of roles, to help them respond to increased patient demand. For example, since the last inspection, the practice had employed: two advanced nurse practitioners; a psychiatric nurse; two orthopaedic practitioners. A visiting paramedic and a paediatric advanced nurse practitioner were due to start shortly after the inspection. Leaders told us the paramedic would carry out the majority of home visits, as well as most of the dementia reviews. In addition, a senior GP had been employed to oversee the management of the practice's safeguarding workload, to help free up GP time to provide extra appointments or telephone slots.
 - The setting up of an IT working group, to review how technology could be used more effectively to promote better access to appointments. For example, the practice had invested in additional monitors, microphones and cameras, to help leaders explore the potential benefits of providing on-line patient consultations.
 - The implementation of a pilot, to help improve patients' experience of continuity of care. The practice was keeping fifty percent of each doctor's appointments, for patients wishing to see their regular GP.
 - The introduction of new template letters for certain key conditions, to be sent out after results had been received, to help prevent the need for unnecessary face-to-face appointments.
 - Improved arrangements for extended access, including the provision of weekday early morning and late evening appointments, as well as appointments on Saturday mornings.
 - The employment of two social prescribers via the local primary care network, to help provide patients with access to non-medical care and support, reducing the need for an appointment with a clinician.

Source	Feedback
Feedback from	<ul style="list-style-type: none"> • Four patients had raised concerns, in the previous 12 months, about

NHS UK	difficulties experienced telephoning the practice and obtaining an appointment.
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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.	20
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient concerned over appropriateness of advice given during a telephone consultation.	<ul style="list-style-type: none"> The complaint was reviewed under the practice's significant event procedures, to establish what learning was necessary. The consultation was reviewed by a GP, to establish whether the assessment undertaken, and the advice provided, were appropriate. A teaching session was arranged for all staff relating to the specific medical condition the patient had.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	

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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	
The practice had: <ul style="list-style-type: none">• A comprehensive business and action plan, which included a clear mission statement. All staff had contributed to the development of the mission statement, during a recent full staff meeting facilitated by an external trainer.• Recently undertaken a review of their management structure. This had resulted in decisions to: increase the management team by employing a dedicated human resources manager; allocate new lead roles, to better support the practice's administrative and support functions; employ a senior clinical associate, to strengthen the practice's safeguarding systems and processes.	

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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training. ¹	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Clinicians and staff in lead roles had completed equality and diversity training. Leaders told us they did not routinely expect staff to complete this training.¹ 	

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

Source	Feedback
Feedback from non-clinical staff	Staff reported: <ul style="list-style-type: none"> They knew how to raise concerns and were encouraged to do so. They also said they were told about changes made in response to reported errors. They were clear about their safeguarding responsibilities, knew how to report a concern and who the safeguarding lead was. They felt they had a good understanding of how to manage emergencies, including what to do if a patient became acutely unwell. Their professional development was encouraged and supported. Completion of their training was monitored, to ensure they had completed what was required. They received protected time to complete their training. They had clear roles and responsibilities. The practice's systems and processes for handling incoming information and test results worked well. The practice manager operated an open-door policy and was always

	<p>willing to listen to any concerns they had.</p> <ul style="list-style-type: none"> • The provider took concerns raised by patients seriously and provided feedback to staff, if this was relevant to their role. One staff member commented it would be helpful if more staff could receive complaints training. • There was a clear process in place for triaging home visits, and providing patients with access to urgent care. <p>Most staff said:</p> <ul style="list-style-type: none"> • They had been involved in helping to develop the practice’s mission statement, during a team building session. • Staffing levels were sufficient. They commented that, in response to periods of high demand, staff were re-deployed to cover more urgent tasks. In addition, they also told us staff were sometimes asked if they could work extra hours, to cover staffing shortfalls due to vacant posts and unforeseen absences. Some people told us extra administrative and clinical staff would be helpful, and that it would be better if all staff could be based in the same building. • They felt their work was valued, were asked for their opinions and received clear feedback on their performance.
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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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were strong systems to support effective communication. A mentor system was in place for all clinicians. In addition, weekly clinical supervision was provided for the advanced nurse practitioners. Also, regular meetings were held to share information, manage risk and promote effective teamwork. For example: <ul style="list-style-type: none"> - Fortnightly ‘supporting families’ and safeguarding meetings. - Monthly educational meetings. - Weekly clinician meetings. This took the form of a ‘catch-up’ meeting led by a senior GP, and involved the other GPs and advanced nurse practitioners. - Monthly nurse meetings. - Weekly partner meetings. - Palliative care meetings. - Quarterly staff meetings. 	

- Bi-monthly meetings between GP partners and reception staff representatives.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved. ¹	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place. ³	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed. ⁴	Yes

Explanation of any answers and additional evidence:

- Leaders had put a range of systems in place to assure themselves the practice was performing in line with expected targets and standards, and risks were being identified and managed. We had previously judged both the former merged practices to have safe and effective governance arrangements. Leaders told us the compulsory allocation of such a large number of patients during 2018/19 had impacted on their systems and processes and, as a consequence, challenged their governance processes. As a result, leaders had identified areas of concern and responded with targeted improvements. For example, leaders had identified that the arrangements for carrying out medicine reviews required targeted improvement work, because it had not been a priority, due to the demands placed on the practice of registering an extra 3,200 patients. The practice was in the process of developing their improvement strategy. We did not identify any concerns when we reviewed the practice's medicines management systems.¹
- The senior clinical GP associate had recently reviewed the practice's Quality and Outcomes Framework (QOF) governance arrangements, to help ensure assurance processes provided the partners with accurate performance information, and enabled them to respond effectively to recent changes in the clinical indicators. A detailed monthly QOF report, which included a review of risk, had been produced to provide the partners with a performance overview. Internal QOF monitoring information indicated the practice was stable in terms of achievement, with new searches having been set up on the system, to facilitate more accurate performance information.²
- The practice had a business continuity plan in place, which they kept up-to-date. ³
- Following the closure of a local practice in 2018, the practice collaborated with key stakeholder partners in a performance improvement review meeting, to look at what lessons could be learnt from how the closure process was managed.⁴

- The practice had undertaken a review of their management arrangements, using planning tools, to help leaders identify areas for change and improvement, and consider potential areas of impact. 4

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up. 1	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice was in the process of reviewing their arrangements for providing improved patient on-line access to medical records. Leaders told us that, as part of this, they would be considering how effective their arrangements were for identifying unusual access to patient medical records. 1 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes

The practice had an active patient participation group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
<p>Members of the practice's patient participation group told us:</p> <ul style="list-style-type: none"> • The practice worked well with them, and provided encouragement and support to raise funds for the surgery. • Until recently, they had produced a comprehensive patient newsletter to help provide patients with information about what was happening at the practice. The newsletter contained useful information about: the roles of new staff; the steps patients could take to look after themselves; information how to keep active. • They had assisted in carrying out patient surveys, to help the practice obtain feedback about the care and treatment they provided. • They had organised a variety of events, to help raise funds for local charities. • The PPG had held, with the backing of the practice, a health information event for patients, their families and friends. The first event in May 2019 focussed on cardiopulmonary resuscitation and the use of portable defibrillators. The PPG members told us they hoped to hold other health information events in the future.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

<ul style="list-style-type: none"> • There was a strong focus on improvement. However, leaders told us they had not undertaken as much quality improvement activities as they would have liked, due to the registration of 3,200 additional patients during 2018/19, and the considerable increase in workload pressures that this involved. • A monthly education session was held for all clinical staff, including the pharmacy technicians. Recent clinical education sessions covered: sepsis update; opiate abuse; low back pain update from one of the orthopaedic practitioners; antibiotic toolkit presentation. • Leaders had held a whole practice, half-day session on change management and developing the
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practice's mission statement.

- The practice had actively participated in the NHS Diabetes Prevention Programme, acting as a pilot site, to help support patients who were at high risk developing Type 2 diabetes.
- GP partners attended CCG meetings, to help contribute to the development and commissioning of local services.
- The practice provided training opportunities for medical students and trainee GPs. Other practice staff had been supported to develop in their role. For example, one of the healthcare assistants was completing their nurse training and two members of the prescription team were training to become pharmacy technicians.
- The practice had carried out a range of clinical audit and quality improvement activities, to help drive improvements in patient safety.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as 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)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥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.