

Care Quality Commission

Inspection Evidence Table

New Silksworth Medical Practice (1-4649911352)

Inspection date: 10 March 2020

Date of data download: 24 February 2020

Overall rating: Good

We rated the practice as good overall in January 2019.

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

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

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

- Is the practice safe? (Good – January 2019)
- Is the practice caring? (Good – January 2019)

In March 2020, we rated the practice as good overall.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHSBSA)	0.19	0.63	0.74	Significant Variation (positive)

Explanation of any answers and additional evidence:

The practice was the fifth lowest prescribers in hypnotics in the local clinical commissioning group (CCG) area out of 39 practices.

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. Care plans were in place for those with complex needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. They were working with their local clinical commissioning group (CCG) on a pilot to provide support and enable people to recover at home rather than in hospital.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GPs and clinical pharmacist employed by the practice worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Diabetic patients were offered a six-monthly review. The practice was participating in a national diabetes prevention pilot to ensure patients at risk of developing diabetes were appropriately coded and invited for a review.
- The practice had reviewed all blood tests required for chronic disease management purposes and developed a template to ensure testing was being carried out in line with best practice guidance. This template had subsequently been rolled out to other practices in the Sunderland area by the CCG as best practice guidance.
- Patients with hypothyroidism and those prescribed a direct oral anticoagulant (DOAC) were offered an annual review.
- The practice offered a treatment room service.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	89.7%	80.3%	79.3%	Variation (positive)
Exception rate (number of exceptions).	20.2% (123)	17.7%	12.8%	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 (01/04/2018 to 31/03/2019) (QOF)	77.1%	80.9%	78.1%	No statistical variation
Exception rate (number of exceptions).	11.7% (71)	10.0%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	86.8%	83.5%	81.3%	No statistical variation
Exception rate (number of exceptions).	15.3% (93)	12.7%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	78.2%	76.3%	75.9%	No statistical variation
Exception rate (number of exceptions).	14.3% (94)	11.7%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.4%	89.2%	89.6%	No statistical variation
Exception rate (number of exceptions).	23.4% (82)	14.3%	11.2%	N/A

Any additional evidence or comments

The COPD exception rate (01/04/2018 to 31/03/2019), for patients, reviewed was higher than the CCG and national average at 23.4%. The practice provided us with unvalidated data at our inspection for 01/04/2019 to 29/02/2020 which showed the practice were currently running at 8.8% (30 patients), exception rate.

The practice had been aware of this exception rate and had carried out a review of the data they held regarding COPD.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	86.3%	84.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.8% (88)	4.4%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.1%	92.1%	91.1%	No statistical variation
Exception rate (number of exceptions).	6.0% (15)	5.6%	5.9%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) target of 95% for all three indicators, see below regarding the fourth.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	101	102	99.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	74	89	83.1%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	86	89	96.6%	Met 95% WHO based target
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)	85	89	95.5%	Met 95% WHO based target

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

The practice queried the number of children aged 2 receiving the pneumococcal booster, which was below the 90% WHO target. They said that children would have received all of the four vaccines above at the same time. For the time period above the practice numbers showed that of 107 patients 95 had received the vaccine. However of these 95, five children were incorrectly clinically coded on the system. Three were awaiting records, one was coded as adult vaccine and one did not have the correct box ticked.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 01/07/2019 to 30/09/2019) (Public Health England)	81.2%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	79.3%	74.9%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	60.3%	57.7%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	47.6%	67.8%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	56.3%	48.5%	53.8%	No statistical variation

Any additional evidence or comments

The practice told us they had worked with patients registered at the practice with learning difficulties, who were sometimes more of a challenging to attend the practice for their cervical smear appointments, many of them had consented to have the test.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, carers and those with a learning disability.
- The practice were awarded a silver award for their learning disability health check framework.
- Patients with a learning disability were offered an annual health check and comprehensive care plans were developed.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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 and care planning activity. The practice had identified a member of staff as a dementia lead.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	89.7%	91.4%	89.4%	No statistical variation
Exception rate (number of exceptions).	7.1% (6)	17.9%	12.3%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.1%	92.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	6.0% (5)	12.2%	10.1%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.7%	83.0%	83.6%	No statistical variation
Exception rate (number of exceptions).	11.4% (9)	7.5%	6.7%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	547.5	546.5	539.2
Overall QOF score (as a percentage of maximum)	97.9%	97.8%	96.7%

Overall QOF exception reporting (all domains)	6.7%	7.0%	5.9%
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	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.	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.	Yes

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

The practice had a listed audit programme which included 37 different audits which were underway or had been carried out.

Audit of cancer diagnosis

- The aim of the audit was to assess if the practice were complying with the latest two-week referral pathways for cancer diagnosis, whether cancers were being missed or there was a delay in referral.
- The standard setting was that 95% of patients with a new diagnosis should have been referred as soon as possible.
- The first audit of November 2017 saw that two of the 23 new cancer diagnosis could not have been made any earlier, 87% which meant the standard were not being met. The results were discussed at a staff meeting and learning taken from individual cases documented in the report.
- The audit was repeated in October 2018, 18 of 19 (95%) of new cancer diagnosis could not have been made any earlier by GP action. The standards had been met and improved compared to the first cycle.

Audit of Pre- Diabetes

- The aim of the audit was to identify pre-diabetic patients, to record them on the clinical system, inform them of their diagnosis and give lifestyle advice and monitor them on an annual recall basis. The overall aim to prevent the progression to type 2 diabetes.
- At the first audit in August 2018, 140 patients were identified who met the criteria. It was found that approximately 75% had been recorded on the clinical system and half of them had the correct code recorded.
- At the second audit of August 2019 215 patients fulfilled the criteria. 185 (86%) were correctly recorded on the clinical system and 183 (85%) had been seen by a clinician and diagnosis explained and advice given.

Other audits carried out included;

- Record keeping
- Audit of place of death for care home residents to see if their wishes had been complied with
- Loss of consciousness and the administering of atropine.
- COPD
- Sleeping problem medication
- Safeguarding

- Cancer diagnosis audit in line with the national audit

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.	N/A
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"> • We saw an example of a staff induction. • The practice used an online training software package. One of the GPs had provided sepsis training for staff. • Staff had opportunities for development training, for example, administrative staff were completing national vocational qualifications (NVQ) in business and administration. • The career start practice nurse had attended additional training in chronic obstructive pulmonary disease. • One of the health care assistants (HCA) was completing a trainee nursing associate programme. • We saw three examples of staff appraisals. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	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.	Yes

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: <ul style="list-style-type: none"> There was a health pod in the reception area of the practice where patients could take their own weight. The practice carried out NHS health checks for adults aged between the ages of 40 and 74. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	92.8%	95.6%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.5% (16)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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

Responsive

Rating: Good

We inspected this practice in January 2019, and we rated the practice as requires improvement for responsive services. This was because the patient feedback (National GP Patient Survey, NHS Choices website and from complaints) said access to appointments was poor.

At this inspection we saw improvements had been made and have rated the practice good for providing a responsive service.

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.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Patients had access to an anti-coagulant clinic which was run from the practice.• There was access to a counsellor for patients.• The local clinical commissioning group had provided the practice with a dermatoscope which they practice could use to send information regarding skin lesions to dermatology at the local hospital.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
Appointments available:	
Monday	8.10am to 5pm
Tuesday	8.10am to 5pm
Wednesday	8.10am to 5pm
Thursday	8.10am to 5pm
Friday	8.10am to 5pm
<ul style="list-style-type: none">• Appointments could be varied to be flexible for patient's needs.• The advanced nurse practitioner had appointments available every day from 8am to 5.30pm.	

- Patients registered with the practice were also able to access extended access appointments with a GP or Nurse Practitioner at one of five extended access facilities based across the City (Coalfields, East, North, West and Washington). The extended access services operated from 6pm to 8.30pm on a Monday to Friday and on weekends and bank holidays based on locally defined population needs.

National GP Survey results

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)	95.5%	94.6%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived. Practice GPs carry out fortnightly ward rounds at link care homes and MDT meetings with care home staff and the community nursing team.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

People with long-term conditions

Population group rating: Good

Findings

- The practice provided a treatment room and phlebotomy service.
- The practice had reviewed all of their medicines management protocols to ensure they were in line with best practice guidance. This included the development of a new process to review shared care medications and ensure an effective recall system was in operation.
- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Shared care arrangements were reviewed regularly.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice was participating in a number of pilots which would benefit people with long-term conditions. This included an advice and guidance pilot where GPs are able to seek advice regarding a patient quickly from a hospital consultant and a patient flow pilot to ensure patients are discharged from hospital quickly with effective support in place.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Birthday cards were sent to young patients on their 16th birthdays with advice, guidance and signposting information.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available from 8am and until 5pm on a Monday and Friday. Patients were also able to access pre-bookable appointments with a GP or Nurse Practitioner at one of five extended access facilities based across the City from 6pm to 8.30pm on a Monday to Friday and on weekends and bank holidays.
- The practice offered telephone consultations.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice was proactive in their support of veterans and ensured veterans known to the practice were offered timely access to appointments.
- The practice supported local charities which benefitted vulnerable people. This included collecting for a foodbank and redistribution of used spectacles.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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

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)	68.0%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	55.6%	67.3%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	54.5%	64.6%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	66.8%	73.3%	73.6%	No statistical variation

Any additional evidence or comments

- We spoke with two members of the patient participation group by telephone. They told us that they thought that access to appointments had improved in the last six months and the practice had worked hard to try and improve this.

The practice carried out a patient access and satisfaction survey in December 2019. There were 100 surveys completed by patients who had recently attended the practice for an appointment.

- The practice compared the results to a survey which they had carried out in July 2019, following the previous CQC inspection.
- In July 2019 the majority of patients waited between one and three minutes for the telephone to be answered. In December 2019, almost 50% were answered in less than a minute.
- In December 2019, 70% of patients had access to online booking.
- In July 2019 93% of appointments were offered on the same day, in December 2019 this had increased to 94%.
- The practice produced a recruitment, capacity and access report which showed that in two years the practice had increased capacity for appointments by 20% from quarter three in 2017 to quarter three in 2019 (80 to 100 appointments per 1000 patients).
- The practice had changed the telephone system to a new provider in October 2018. The system was an improvement on the previous system as it provided information on how many calls were waiting. Administration staff were all available between 8 and 9 am to manage the telephones when there was a rush of patients contacting the practice for appointments.

Source	Feedback
NHS Choices	Since March 2019 there have been 8 NHS choices reviews. Six were 5 star, praising the nurse's doctors and saying staff were caring. There were no negative reviews regarding appointments.
CQC comment cards	We received 25 cards which were all wholly positive. Words used to describe the care included, fantastic, very good and the patients praised the staff. In particular 10 of the 25 cards said that they could obtain appointments when they needed them.
Practice staff	We spoke with three members of staff who told us that patients at the practice appeared happier with appointment access. They were receiving positive feedback from them in relation to this and that there was more stability of staff who they saw of their appointments.

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 (this included verbal complaints.	19
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	No

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Hospital referrals	A patient was told by the GP that they (the GP) were going to contact the hospital for advice. The patient thought that meant they were going to be referred to the hospital for an appointment and complained when they did not receive an appointment. Advice and guidance was then put in place for this type of instance in future at the practice.

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: <ul style="list-style-type: none">The management at the practice since the merger had implemented a new governance system, recruited new permanent GPs, nurses and new non-clinical staff, taken time to improve staff morale through team building and a restructure of staff roles. They had improved accommodation by converting more rooms at the practice to clinical rooms.The practice had introduced measures to improve access for patients to appointments.	

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: <p>Sunderland GP Alliance had a five-year plan dated January 2019 which included a strengths, weaknesses, opportunities and threats (SWOT) analysis as well as future plans regarding infrastructure, workforce and service design. The document listed their values as being:</p> <ul style="list-style-type: none">Candour – honesty with patients, staff and colleaguesRespect – regardless of age, religion or other characteristicsInnovation – embrace change, opportunities and new ideasSafety – provision of high-quality care in a safe working environmentPro-active – anticipation of customer needs and going the extra mile to meet them.	

The practice had a patient charter which set out respect, achieving treatment in a timely manner, give the best possible service, ensuring the right person deals with patients and patient centred culture.

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.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had created roles of speak-up champions, so staff were able to talk in confidence about any concerns they had without fear of retribution. The practice had a team charter setting out the commitments the staff had made to each other to work as a team, for example, to respect and trust each other in the roles they play. The staff the practice collected items for the local foodbank and patients in need could be referred there by the practice with vouchers. 	

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

Source	Feedback
Staff survey carried by the local Clinical Commissioning Group (CCG) – January 2019	The survey was completed by 17 members of staff. Of those: <ul style="list-style-type: none"> All 17 (100%) said they were enthusiastic about their job, understood their job role and responsibilities, were able to make suggestions, were involved in decisions about their work and felt confident to report unsafe practice. All 17 also said that patient feedback was collected within the practice and used to improve patient experience. Most respondents stated that they had received training to help them do their job, had received an appraisal, felt their role made a difference to patients and felt valued and supported by their manager and colleagues 14/17 (82%) stated that they had adequate tools and materials to do their jobs; 13/17 (76%) felt that managers acted on staff feedback; 14/17 (82%)

	stated they would recommend the practice as a good place to work.
Feedback from staff	We spoke with three members of staff at the practice who told us they felt supported by management and that there was a strong team work approach at the practice. They thought patients were much happier with access to appointments.

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.	Yes

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.	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.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

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
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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.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	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: The practice patient charter was developed with input from all staff during a practice away day.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> We spoke on the telephone with two members of the PPG. They told us they met roughly every three months and there were approximately 7-8 members of the group. They had guest speakers at the group on subjects such as dementia and Healthwatch (who are used to strengthen patient voices on healthcare) had spoken to the group. They told us that the practice listened to their suggestions. They had given feedback that they wanted them to highlight to patients the importance of not missing appointments. The practice put up a notice in reception. They gave a suggestion to move the blood pressure recording machine in reception which the practice did. Both members of the group said that access to appointments had improved in the last six months and the practice had worked hard to try and improve this.

Continuous improvement and innovation

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

	Y/N/Partial
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There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Practice leaders had improved services, access to the practice, staff moral and patient expectations since the merger. They had reviewed and re-introduced policies and procedures, restructured the management team, created new administration teams and identified staff members as leads in areas such as palliative care, safeguarding, learning disabilities, carers and veterans.</p> <p>The practice was working with the local Clinical Commissioning Group on a number of pilot schemes. This included:</p> <ul style="list-style-type: none"> • An advice and guidance pilot so that patients could seek timely advice from hospital consultants • Recovery at home and patient flow pilots to enable patients to be discharged quickly from hospital with adequate support in place. • A patient flow pilot to look at how best to support patients who attend the practice frequently and have unmet needs. • A diabetic pilot scheme to give help and advice and reduce the risk. 	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -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.