Care Quality Commission

Inspection Evidence Table

Alnwick Medical Group

Location ID: 1-199688400

Inspection date: 10 December 2018

Date of data download: 17 December 2018

Overall rating: add overall rating here

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

Safe Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y

Safeguarding	Y/N/Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: The practice enabled patients to access the following online services: booking of appointments; requesting repeat prescriptions; access to personal medical records. All clinical staff and staff carrying out chaperone duties had undergone a DBS check. All newly appointed staff were also DBS checked before commencing work at the practice. However, leaders had not completed a risk assessment of the decision they had made to not to carry out a DBS check for existing non-clinical staff. Staff who undertook chaperone duties told us they had received training in this area.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations.	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
Explanation of any answers and additional evidence: The practice maintained a spreadsheet that enabled them to monitor whether clinical staff had been vaccinated against Hepatitis B. There were some gaps. Leaders told us that this was due to a national shortage of the vaccine, but they kept this under regular review. However, the spreadsheet did not cover routine vaccinations such as tetanus, polio, diphtheria and the measles, mumps and rubella vaccine.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: Alnwick site: 18/09/2018 Longhoughton surgery: 21/08/2018 Seahouses surgery: 21/08/2018 Embleton surgery: 21/08/2018	Y
There was a record of equipment calibration. Date of last calibration: Alnwick site: 17/09/2018 and 18/09/2018	Y

Longhoughton surgery: 17/09/2018 Seahouses surgery: 17/09/2018 Embleton surgery: 17/09/2018	
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: Alnwick site: 12 and 19/03/2018 Longhoughton surgery: 01/05/2018 Seahouses surgery: 16/07/2018 Embleton surgery: 12/03/2018	Y
There was a log of fire drills. Date of last drill: Alnwick site: 05/12/2018 Longhoughton surgery: Carried out by the fire service at RAF Boulmer. Seahouses surgery: 04/12/2018 Embleton surgery: 04/12/2018	Y
There was a record of fire alarm checks (maintenance). Date of last check: Upper building: 15/05/2018 Lower building: 15/05/2018 Longhoughton surgery: Carried out by the fire service at RAF Boulmer. Seahouses surgery: 22/1/2018 Embleton surgery: 22/1/2018	Y
There was a record of fire training for staff	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: Alnwick site: 01/03/2018 Longhoughton surgery: 19/11/2015. Carried out by the fire service at RAF Boulmer. Seahouses surgery: 01/11/2018 Embleton surgery: 01/11/2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: • Leaders told us there were no concerns regarding fire safety at any of the sites from which they operated.	

Health and safety	**Y/N/Partial**
Health and safety risk assessments had been carried out and appropriate actions taken.	Y

Date of the last health and safety risk assessment: 10/10/2018	
Explanation of any answers and additional evidence: We did not identify health and safety concerns at the sites we visited. Leaders told us an overall health and safety risk assessment had been carried out, to help minimise risks to patient and staff safety. The practice manager told us they did not have any concerns about safety issues regarding the sites from which they operated.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection policy was in place.	Y
Staff had received effective training on infection prevention and control. The practice had just appointed a new practice nurse, who was due to take on the role of infection control lead. This person had completed advanced training in infection control and had worked in a specialist infection control role, in their previous employment. Arrangements were in place for staff to complete infection control training via the practice's e-learning programme.	Y
Date of last infection prevention and control audit: Alnwick site: 15 and 27/10/2018 Longhoughton surgery: 25/10/2018 Seahouses surgery: 25/10/2018 Embleton surgery: 19/10/2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Explanation of any answers and additional evidence:

- As part of this inspection we saw the completed legionella risk assessments for four of the five sites. Apart from the risk assessment for the Seahouses branch, these had all been completed during 2018. The legionella risk assessment for the Seahouses surgery had been completed by an external contractor for the property landlord, NHS Property Services Limited. Several risks were identified as requiring attention. The provider showed us they had tried to make sure the external contractor addressed those shortfalls and were waiting for feedback.
- The practice's infection control risk assessment for the Longhoughton branch surgery had identified several concerns, including stained carpets in some areas of the building. Leaders told us the building's owner, i.e. the RAF, was responsible for fixtures and fittings at the premises and that, because of this, it was not possible for them to make any improvements. However, we found the premises were clean and hygienic, and confirmed arrangements were in place to carry out a deep-clean two to three times a year, that included shampooing the carpets. Leaders were actively

working with partners to identify an alternative site that would better meet the needs of their patients. New arrangements for cleaning the premises were due to be implemented following our inspection.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
A panic alarm facility was available on the practice's IT system and this allowed staff to request assistance in an emergency. Staff told us they knew how to respond in the event of an emergency.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or another clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:

Clinical staff used a standardised e-template, that took account of the latest NICE guidance, to help them assess and manage patients showing signs of sepsis. Sepsis posters were available.

Clinical staff told us they had completed appropriate training in how to handle medical emergencies that included a half-day training session on the use of the practice's emergency medicines kit.

A senior nurse told us that, following the merger of the two practices, they had participated in an exercise using the emergency procedures, to assess how well an emergency would be handled by staff working over split sites, for the example, the upper and lower buildings on the Alnwick site. A further session about how staff should respond in the event of an emergency, was planned to take place in January

2019.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: • Pathology results were returned to the clinical person who had requested them. Arrangements were in place which ensured that when a GP was absent, their e-mail inbox was monitored and any results received were reallocated to other GPs on duty. Urgent results were actioned by the duty GP, who was available until 6:30pm each weekday.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.12	1.10	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	6.5%	7.2%	8.7%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
Up to date local prescribing guidelines were in use. Clinical staff could access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

Dispensing practices only	
There was a GP responsible for providing effective leadership for the dispensary.	Y
Access to the dispensary was restricted to authorised staff only.	Y
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Y
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Y

Prescriptions were signed before medicines were dispensed and handed out to patents. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack. Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	N/A N/A
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc	Y
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians	Y

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	15
Number of events that required action:	13
Explanation of any answers and additional evidence: Significant events and concerns were discussed at the practice's daily multi-disciplinary meeting, following this, where appropriate, the practice's quality lead would complete a significant event form. Lessons learned were reviewed and discussed at clinical meetings. All managers were invited to attend significant event review meetings, to help encourage and disseminate learning amongst the various teams within the practice. A 'near-miss' table was maintained in relation to any non-significant events, to enable appropriate advice and support to be given.	

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

Event	Specific action taken

Incorrect patient referral.	1. The incident was discussed at a daily, multi-disciplinary team meeting. 2. The practice's scanning protocol was reviewed and, following revision, was awaiting approval from the partners. 3. Learning was shared with the relevant team members. 4. The incident was also reviewed at a subsequent significant event meeting, for wider team discussion and learning. 5. Further improvements were identified, such as introducing a new system to make sure patients were informed when an external health professional made a direct referral. 6. A decision was made to complete a random audit of relevant letters for an agreed period, to see whether improvements had bedded in.
Change to medication cited in clinical letter was missed and therefore a delay in the information being uploaded onto a patient's record.	1. Issue identified and addressed during a patient consultation. 2. Incident shared with the relevant team members. 3. Training for new scanning team members to highlight importance of reading e-clinical letters. 4. New audit system to be introduced, to check all scanners are attaching, coding and actioning letters in a consistent manner. 5. An A to Z instruction guide to be developed for scanning team members.

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

Effective Rating: Good

Effective needs assessment, care and treatment

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

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

Explanation of any answers and additional evidence:

- The practice had an IT system which enabled clinicians to access electronic guidance.
- New/revised National Institute for Health and Care Excellence (NICE) guidance was reviewed by the relevant lead clinician and discussed at clinical meetings, so appropriate action could be taken in response. For example, following discussion of revised heart failure guidance, an audit was undertaken to check clinicians' compliance.
- Systems were in place to help ensure that patients undergoing investigations for, or presenting with, symptoms which could indicate serious disease, were followed up in a timely and appropriate manner.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.81	0.60	0.81	No statistical variation

Older people Population group rating: Good

Findings

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

People with long-term conditions Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review, to check their health and medicines needs were being met. Improvements to the practice's patient recall system were due to be launched during 2019, including the launch of the 'Year of Care' model for some long-term conditions (LTCs). This was to help minimise the number of visits patients with LTCs made to the practice, improve care planning and help ensure the most effective use of clinical and non-clinical time. For patients with the most complex needs, clinical staff worked with other health care professionals to deliver a coordinated package of care.
- Fortnightly meetings were held between one of the GPs and the community matron, to review and risk-rate vulnerable patients with complex needs and those at risk of unplanned hospital admissions. A 'CATCH' system was in place, to help ensure, where appropriate, patients received urgent access to short-term support at home. For example, staff would refer a vulnerable patient to the community matron who would then arrange for an urgent geriatrician review.
- Staff who were responsible for reviews of patients with long-term conditions had received relevant training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example, diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring, to help confirm diagnosis.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Clinical staff encouraged and supported patients to be involved in monitoring and managing their own health. For example, where appropriate, staff referred patients to relevant social prescribing schemes such as local cooking, gardening and art groups. The practice was also developing its own in-house support groups, such as a 'Knit and Knatter' group, a 'Crafting in Craster' group and a 'Walking for Health' group. Leaders had established links with the local

foodbank and were hoping to develop other social prescribing opportunities in the future.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	88.0%	83.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.7% (187)	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) (QOF)	79.1%	80.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	19.7% (234)	12.1%	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) (QOF)	80.5%	80.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	22.3% (265)	17.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	69.5%	75.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	12.8% (148)	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) (QOF)	86.6%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	19.5% (94)	13.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	79.5%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.7% (186)	4.3%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	84.1%	85.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.1% (14)	7.3%	6.7%	N/A

Any additional evidence or comments

- The practice's performance in relation to the long-term conditions Quality and Outcome Framework (QOF) clinical indicators, used by the CQC in the above tables, was comparable to the local clinical commissioning group (CCG) and national averages. However, for some of these indicators, for example, in relation to the percentage of patients with diabetes on the practice's register, whose last measured total cholesterol was 5 mmol/l or less, the rates of exception reporting were higher than the local CCG and national averages, as were the numbers of patients exempted. Similarly, the rates of exception reporting were also higher than the CCG and national averages for one of the clinical indicators relating to patients with asthma.
- Leaders told us they would review the reasons for the higher than average exception reporting rates and take any necessary action. (The QOF allows practices to exception-report (exclude) specific patients from data collected to calculate achievement scores.)

- Leaders told us that although there was an established recall system already in place, a new recall process was scheduled for launch in 2019. The aim of this development was to streamline the practice's recall processes, minimise the number of patient visits to the surgery and maximise the use of clinicians' skills and expertise.

- Patients were invited to attend for their annual review. Where they failed to respond, a further two attempts were made to contact them to arrange a review. Where a patient failed to respond, their GP was alerted, so they could attempt contact by telephone or letter. Leaders told us a decision would then be made by the patient's clinician as to whether to exempt them or not.

Families, children and young people Population group rating: Good

Findings

- The practice had a designated safeguarding lead who provided expertise and leadership, to help ensure there was a co-ordinated response to concerns about vulnerable patients at risk of harm. The safeguarding lead held monthly safeguarding meetings, involving health visitors, school nurses and a mental health worker.
- The uptake rates, for immunisations given to children under two, were higher than three of the World Health Organisation targets.
- The practice had arrangements in place to identify and review the treatment of newly pregnant women on long-term medicines.
- Staff followed up children who failed to attend appointments.
- Patients were provided with advice and post-natal support via the practice team and the local midwife team located on the same site.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	140	148	94.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	156	156	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	156	156	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	156	156	100.0%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had a system in place to help ensure that eligible patients, such as students attending university for the first time, received the meningitis vaccine. Patients received a yellow letter and yellow invitation, to raise their awareness of the importance of receiving this vaccine.
- Patients had access to appropriate health assessments and checks, including NHS checks for patients aged 40 to 74. There were appropriate and timely follow-ups on the outcomes of health assessments and checks, where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	78.7%	78.1%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) **(PHE)**	76.0%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)**(PHE)**	65.6%	63.8%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. **(PHE)**	81.0%	71.6%	71.3%	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)	52.3%	46.8%	51.9%	No statistical variation

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 those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition in line with the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. They only provided weekly prescriptions to these patients and, were appropriate, referred them to the local recovery partnership service.

People experiencing poor mental health (including people with dementia) Population group rating: Good

Findings

- Patients with mental health needs and/or dementia had their needs reviewed annually, including a medication review, with appropriate follow-up by a GP.
- The practice's performance in relation to two of the three mental health Quality and Outcome Framework (QOF) indicators was comparable to the local CCG and national averages. However, the practice had performed less well with regards to the mental health indicator relating to patients with specified mental health conditions having an agreed care plan in place. Following the inspection, the practice provided evidence which demonstrated the reasons why each patient had been excepted. The reasons for the exceptions appeared reasonable, but we asked the provider to consider whether any improvements could be made to reduce future exception reporting rates.
- The practice assessed and monitored the physical health of people with mental illness by providing regular health checks, as well as interventions for physical activity, obesity, diabetes, heart disease and support to stop smoking.
- 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.
- Advanced Directions and preferred place of death were recorded in patients' medical records, and a system was in place to ensure that 'Do Not Attempt Cardio Pulmonary Resuscitation' orders were regularly reviewed.
- The practice actively monitored the needs of frail older patients following their discharge from hospital.
- There was a system for following up patients who failed to attend for the administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Arrangements were in place to follow up patients experiencing poor mental health, who failed to attend appointments or collect their prescribed medicines.

Mental Health Indicators	Practice	CCG	England	England

		average	average	comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	70.0%	93.2%	89.5%	Variation (negative)
Exception rate (number of exceptions).	44.8% (65)	17.2%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	86.3%	93.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	34.5% (50)	12.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	72.6%	81.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	21.1% (39)	6.9%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544	-	537.5
Overall QOF exception reporting (all domains)	8.6%	6.2%	5.8%

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

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

Leaders were taking steps to review and streamline the practice's systems and processes, using the Productive General Practice Quick Start toolkit. We saw evidence that staff were considering ways in which they could save time, by creating a more efficient working environment. For example, at the Alnwick site, leaders had audited how clinical rooms were stocked and equipped. Following the initial audit, leaders had put an action plan in place to deliver the improvements they had identified. This had

helped to ensure the clinical rooms were stocked in an efficient and consistent manner, and that staff spent less time searching for items, such as medical equipment and referral paperwork, they required.

In addition, other improvement activity included: work carried out to standardise contact letters, to help ensure consistency of approach and reduce errors; the introduction of a new protocol to share 'no-concern' blood test results by text, to help reduce the amount of time clinical staff spend contacting patients by telephone or letter.

In response to the need to address issues relating to differences between the merged practices' medicine review and reauthorisation systems, as well as overdue medicine reviews, leaders identified urgent areas for improvement and took action to introduce change. This included:

- Reviewing and updating the practice's existing medicines review protocol.
- Using the daily multi-disciplinary meeting to help clinical staff understand the new medicine and authorisation process.
- Developing new flow charts for medicine managers and GPs to follow, to help ensure safe working practices.
- Introducing audit processes to check that the new medicine review and authorisation system was working effectively, and to help ensure GPs received feedback on the quality of the reviews they were undertaking.
- Reducing overdue medicine reviews/authorisations through process improvement due to the merger.

In response to the need to standardise processes across all sites following the merger, reception managers had undertaken a detailed analysis of the routine tasks reception staff needed to complete, and the skills and competencies they required to carry them out. All reception staff were fully involved in this process. This had resulted in various improvements being made, including the development of check lists for each workstation, to ensure staff understood their responsibilities. Further developments were planned. For example, leaders hoped to create a competency assessment checklist which would form part of an annual appraisal format for this group of staff. They also wanted to develop a reception resource folder, that could be made available at each site.

The practice carried out an audit to check their compliance with NICE guidelines on managing women who were diagnosed with Polycystic Ovarian Syndrome to see whether they were receiving appropriate protection. (PCOS is a condition that affects how a woman's ovaries work.)

Not all patients affected by the condition replied to the practice's letter asking them to become involved in the audit. However, of the nine patients who met the criteria for being on protection, the initial audit showed that five (56%) were receiving appropriate intervention. Following a second audit, a further improvement was identified, with seven of the nine (78%) found to be receiving appropriate protection. Overall, the audit saw an improvement in prescribing for endometrial protection of 22%. Other improvements included:

- Patients received clear information about the advantages and disadvantages of the treatment options available to them.
- Patients were provided with links to a website providing information about treatment options.
- Information about the audit was shared with the clinical team, to help promote learning regarding the importance of considering protection, when managing women with PCOS.

An audit was undertaken over the period of one month, to check whether any improvements could be

made to how urine specimens were processed by the nursing team. Following completion of the audit, improvements were introduced. This included, for example:

- The development of a urine testing protocol, so that all staff were clear about when specimens were required and how these were to be processed.
- Revising the nurse recall letters, so that a urine specimen was only requested for the annual reviews of patients with diabetic or chronic kidney disease, to help reduce any unnecessary specimens being requested.

Further improvements were also planned such as providing free training to staff working in care homes, to help reduce the number of inappropriate samples requested.

A further audit is planned, to ascertain whether the improvements made have been effective in reducing the volume of specimens being processed, which therefore reduces the amount of clinical and non-clinical staff time involved.

Effective staffing

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

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

- Staff received protected time to undertake training. Training sessions were held each month. The practice had a training planner in place that covered, for example, in-house training

sessions for clinical staff in 2018. This training included: continuity of care; diabetes and women's health.

- A senior nurse told us satisfactory arrangements were in place to assess their continuing competency in an advanced role.
- Nursing staff told us they received good levels of support and clinical supervision and confirmed they had completed the training they needed to carry out the roles for which they had been employed.

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Explanation of any answers and additional evidence:

Leaders held a daily multi-disciplinary team (MDT) meeting, involving the clinical staff on duty. A SKYPE facility was available to enable the GP based at the Seahouses surgery to be involved. A social services representative attended the MDT meeting twice a week, and a local elderly care consultant once a week. Clinicians used these meetings to discuss the needs of vulnerable patients, such as those nearing the end of their life and those with complex needs. They also discussed any recent deaths. Emerging significant events were also reviewed, as were any safeguarding concerns. Home visits were also allocated at these meetings.

Helping patients to live healthier lives

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

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

The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.	Y
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, 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)	94.0%	95.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (44)	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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: • The practice's clinical system provided clinicians with a visual prompt, to help remind them to complete, where appropriate, the consent process.	

Caring Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive.

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

CQC comments cards	
Total comments cards received.	3
Number of CQC comments received which were positive about the service.	2
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	1

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18455	236	126	53%	0.68%

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	87.0%	91.9%	89.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
professional was good or very good at listening to them (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	89.0%	91.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.5%	96.9%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	81.8%	86.7%	83.8%	No statistical variation

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

Any additional evidence

Leaders told us that it had carried out its own patient feedback surveys periodically. The most recent survey asked patients to comment on whether they were satisfied with the practice's telephone queuing system. Patients were asked to share their opinions on the practice's Facebook page or to complete questionnaires which were available at the main site in Alnwick. At the time of survey, patients received a message telling them where they were in the queue. Following unanimous patient feedback, the practice changed to an engaged tone.

There was evidence that the practice encouraged, monitored and/or responded to the feedback they received via, for example:

- The NHS UK web site: where patients had left negative feedback about the service, the practice manager always responded providing feedback about how the practice was trying to address the concerns. Where appropriate, the practice manager invited patients to contact them to discuss their concerns.
- The practice's Facebook page: the practice had a very active Facebook page where patients left comments on the quality of the care and treatment they had received. Most of the recent feedback was positive. Where patients raised issues, the practice manager responded with advice and by providing information.
- Local meetings with partners such as Alnwick Town Council and local schools. Leaders also met with local businesses, charities and parish councils in less populated areas where branch surgeries were located.

- Local media: Leaders submitted pre-written articles to the local newspaper informing patients of developments at the practice and encouraging feedback.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence:	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.2%	95.6%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 250 patients as carers (this equated to 1.35% of the practice list).
How the practice supported carers.	• The practice hosted an Alzheimer's support group, to help provide carers of patients with this condition with access to support. • Patients identified as needing extra support were referred to the local

	carers organisation. Leaders were planning to develop a carers' buddy system, to help encourage patients who were also carers to support each other. • Where appropriate, clinicians referred patients who were also carers to the local community team and the elderly care physicians. Following one such referral, the community matron visited a carer when the person they cared for was discharged from hospital, to provide support and reassurance. • Patients who are also carers were encouraged to self-identify. Leaders told us they had identified that younger carers could be better supported and they were currently considering how best this could be done. • Carers' information was available within the practice.
How the practice supported recently bereaved patients.	• The practice contacted bereaved families and visited where it was appropriate to do so. • There was a system in place which ensured that a condolence letter was sent to family members/carers, following a bereavement.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
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 importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Partial
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: • The branch surgery at Longhoughton did not have suitable access for patients with mobility needs. GP appointments were not provided at the branch surgery, which is situated approximately four miles from the main Alnwick site. Leaders are currently exploring with their partners other possible sites for a branch surgery at Longhoughton.	

Practice Opening Times	
Day	**Time**
Opening times: Alnwick site	
Monday	8am to 8pm
Tuesday	8am to 8pm
Wednesday	8am to 8pm
Thursday	8am to 8pm
Friday	8am to 8pm
Saturday	9am to 1pm
Longhoughton surgery: Monday: 2pm to 5:30pm. Tuesday: Closed. Wednesday: 8:30am to 1pm and 2pm to 5:30pm. Thursday: 8:30am to 1pm and 2pm to 5:30pm. Friday: Closed. Seahouses surgery: Monday: 8:30am to 17:30pm. Tuesday: 8:30am to 17:30pm.	

Wednesday: Closed.
Thursday: 8:30am to 17:30pm.
Friday: 8:30am to 12:30pm.

Embleton surgery:
Monday: 8:30am to 12:30pm.
Tuesday: 8:30am to 17:30pm.
Wednesday: 8:30am to 17:30pm.
Thursday: Closed.
Friday: 8:30am to 1pm.

Appointments available:

Monday	8am to 7:30pm Alnwick
Tuesday	8am to 7:30pm Alnwick
Wednesday	8am to 7:30pm Alnwick
Thursday	8am to 7:30pm Alnwick
Friday	8am to 7:30pm Alnwick
Saturday	9am to 1pm Alnwick

GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18455	236	126	53%	0.68%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.1%	96.6%	94.8%	No statistical variation

Older people Population group rating: Good

Findings

- Patients had a named GP who supported them in whatever setting they lived. Leaders told us they intended to align GPs with local care homes now the workforce is more stable.
- The practice was responsive to the needs of older patients, and offered home visits and same-day care for those who needed it.
- The practice had employed their own advanced paramedic practitioner, to help provide improved care and treatment for patients who are housebound or in need of urgent care. Leaders told us this was helping to reduce the number of home visits that GPs need to carry out, creating more time for patient contact at the practice. The availability of a paramedic had improved the responsiveness of

the practice because patients with urgent needs were receiving care and treatment more quickly.

People with long-term conditions Population group rating: Good

Findings

- Reception staff had completed 'care-navigator' training, to sign-post patients to the most appropriate service, whether that be within, or outside of, the practice.
- Patients with multiple conditions had their needs reviewed in a single appointment.
- The practice liaised regularly with community healthcare staff, via their daily multi-disciplinary meetings, to discuss and manage the needs of patients with complex medical issues. Other regular meetings were held on site, to which other health and social professionals were invited.
- Clinical staff were proactive in referring patients to appropriate services, to help promote better health outcomes and healthier lifestyles. For example, patients expressing an interest in stopping smoking were referred to the local smoking cessation service.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice hosted a range of services on site including, for example, retinal screening, INR testing (for patients prescribed Warfarin), abdominal aortic screening, mental health counselling, and ears, nose and throat (ENT) clinics, dermatology, physiotherapy and ophthalmology services. This enabled patients who found it difficult to travel, or who did not have transport, to access these services more easily.

Families, children and young people

Population group rating: Outstanding

Findings

- Systems were in place to identify and follow up children living in disadvantaged circumstances who were at risk. For example, any concerns involving vulnerable children were discussed at the practice's multi-disciplinary meetings, which were attended by other health and social care professionals.
- The practice maintained close working relationships with community health and social care staff, to help provide more responsive care for younger patients. The sexual health lead for the practice was planning to attend the local school, to provide contraceptive advice. Leaders were also exploring the possibility of providing an evening contraceptive clinic.
- Where appropriate, parents calling with concerns about a child were offered a same day appointment.
- In addition to the routine provision of contraceptive services, the sexual health lead GP for the practice had developed a website, to provide people with information about where to access

sexual health services in Alnwick and the surrounding areas. The website covered such matters as pregnancy, contraception as well as the various services and information provided by local groups, organisations and pharmacists. The website included an email facility which allowed patients to directly contact the practice's sexual health lead, regarding any queries they had. Leaders had introduced an 'app' to help patients understand the contraceptive choices and sexual health services available to them. Preparation for the introduction of the new website and 'App' included visits by the lead GP to local schools. The practice's website provided a link to a C-Card Condom Finder 'app', to help patients give feedback about the services they had received and rate them.

- The practice's premises were suitable for children and babies.

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 they offered to ensure these were accessible, flexible and provided continuity of care. Patients could book appointments and request repeat prescriptions on-line.
- The practice was open until 8pm each week day, at the main site in Alnwick. A limited number of appointments were also available on Saturdays.

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

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings
• Staff we interviewed had a good understanding of how to support patients with mental health needs, including those patients living with dementia. Plans were being made to employ a mental health nurse, to help extend the support provided to patients experiencing poor mental health. • The practice had a dementia lead, to help support improvements for patients with dementia. Leaders had bid for, and been awarded, an innovative opportunity to have a dementia research nurse based at the practice during 2018. As part of their work at the practice, palliative patients with dementia, had received extra support and help, including direct access to this professional. • 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. • Alerts had been placed on the practice's 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 and could be easily accessed during patient consultations, if needed. • Staff were aware of support groups within the area and signposted their patients to these accordingly. For example, the practice hosted regular sessions provided by Alzheimer's UK, the Citizen Advice Bureau and the Department of Works and Pensions at the practice, to help provide patients and carers with support and advice closer to home. Where appropriate, patients with mental health needs were referred to 'Talking Matters: Northumberland', so they could access relevant support by telephone, or via a face-to-face consultation at the practice. Plans were underway to develop a 'dementia-café', to help provide additional opportunities for patients with dementia, and their carers, to access information and advice in a relaxed setting.

Timely access to the service

People could access care and treatment in a timely way.

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient	65.6%	72.1%	70.3%	N/A

Indicator	Practice	CCG average	England average	England comparison
survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	58.8%	70.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	58.3%	66.2%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	70.9%	78.0%	74.4%	No statistical variation

Any additional evidence or comments

- The 'Doctor-First' appointment system had previously been adopted by leaders from one of the merged practices, to help them manage rising demand for same-day appointments. Following the merger with an adjacent practice, leaders adapted the 'Doctor-First' system, to meet their needs as a new organisation, as well as the needs of their patients.
- Patients contacting the practice are asked why they need an appointment.
- Reception staff follow clinically-led algorithms and processes, which help them to signpost patients to the right clinical practitioners, whether that be with a GP, an advanced nurse practitioner, a paramedic, a pharmacist, or a physiotherapist.
- The request for an appointment is triaged by a clinician, to assess the urgency of their need and decide whether a telephone or a face-to-face appointment is required.
- Patients assessed as requiring a same-day face-to-face or a telephone appointment are booked into a slot with either the duty doctor, one of the GPs, or an advanced nurse practitioner.
- Leaders recognised that they needed to improve access to appointments not only because of the results of the National GP Patient Survey of the practice, but also because of feedback provided by patients via complaints and the NHS UK website. Leaders were introducing the following improvements as part of their practice development plan:

  - Improvements to telephone access.
  - The provision of extended access every weekday evening and on Saturday mornings.
  - The recruitment of an advanced paramedic practitioner, to help provide more capacity for carrying out urgent home visits.
  - The recruitment of additional clinical staff. Leaders told us they had experienced considerable difficulties trying to recruit clinical staff during the previous 18 months, but were now in a position where staffing levels were satisfactory. Plans were underway to recruit an additional salaried GP.
  - Extending the practice's clinical skill base. This included: the employment of a musculoskeletal practitioner and a paramedic practitioner; supporting two healthcare assistants to complete a nursing degree; supporting nursing staff and the paramedic to complete more advanced qualifications, including prescribing.

Source	Feedback
NHS UK	Patients had awarded the practice an overall rating of 3.5 stars. During the previous 12 months, the practice had received 21 reviews on this website. Of the reviews received: • Fifteen patients had awarded a rating of five stars. Overall, these patients reported they had received good quality care and treatment. (These were the patients who had most recently provided feedback on the NHS UK website.) • Six patients had awarded a rating of one star due to their dissatisfaction with, for the most part, telephone access to the practice and appointment availability (These patients had provided feedback on the NHS UK website earlier in the 12-month period.) Leaders always responded to concerns regarding access raised by patients on the NHS UK website. They provided patients with feedback about improvements that were being made, as well as information about how the practice's appointment system worked.
CQC comment cards (4)	Three patients provided feedback relating to timely access. One of these said they had been able to obtain same-day appointments for their children when they needed them. A second commented they had been seen at short notice. A third patient said they found it difficult to get through to the practice by telephone and then obtain an appointment. They also expressed concerns about not knowing who the GPs were and not having access to a regular point of contact.

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 during 2017/18 (submitted to NHSE).	10
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.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: The practice's website provided patients with information about how to raise concerns and make a complaint. The practice used a standardised template to record any concerns raised by a patient. Staff who completed CQC questionnaires told us the practice took patients' complaints seriously and confirmed they received feedback on actions taken to address concerns.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Concern raised by a patient about a failure to inform them who their allocated GP was when they registered with the practice.	The practice: • Reviewed the patient's complaint and responded to them in writing, offering an apology. • Amended their protocol for informing new patients of their allocated GP, to help prevent a similar occurrence.
Patients had used the practice's Facebook page to complain about the choice of music on their telephone system.	The practice: • Invested in appropriate licences to enable them to play appropriate music. • Commissioned a local guitar player to write and record a piece of music, which they now use.

Well-led Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place.	Y
Explanation of any answers and additional evidence: A small number of staff commented that it would be easier to respond to concerns raised by patients if they knew which managers were on site and where they were located.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence:	

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

Source	Feedback
Completed staff questionnaires (8)	Examples of feedback given to us by non-clinical staff. Staff told us: • They were encouraged to report errors, near-misses and incidents and confirmed action was taken when things went wrong. Staff also told us lessons were learnt to help improve patient safety and they were informed of any changes made. • They were clear about how they were expected to safeguard vulnerable patients and most told us they knew who the practice's safeguarding lead was. • Most staff told us that, when everyone who should be on duty was at work, there were enough staff to provide safe, high-quality care. • The culture of care at the practice was patient-focussed and promoted continuous improvement, with input from staff as appropriate. • Leaders took concerns raised by patients seriously and provided them with feedback on action taken as a result. (Two staff did not complete the relevant section of the questionnaire). • They were well supported, felt valued and their opinions were respected and acted on. (Two staff did not complete the relevant section of the questionnaire). • Leaders encouraged them to develop, gave them clear feedback on their work, asked for their opinions before making decisions that affected their work, and took a positive interest in their health and well-being.

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 in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	N/A
Explanation of any answers and additional evidence: • The practice had recently ceased to provide medical services to defence staff and their families living at a near-by air-force base. Leaders told us they wanted to focus their time and skills on	

meeting the needs of their own patients and that, because of this, they felt unable to also deliver the required contractual clinical hours to the clinic at the base.
- There were designated clinical leads for each Quality and Outcomes Framework area and ongoing performance was monitored by the practice's quality lead.

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

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
We spoke with two members of the practice's patient participation group (PPG). They told us: • Following the merger of the two practices in Alnwick, the PPG groups had merged and spent time learning how the new organisation operated. One member told us that information exchange had improved, as members and staff had got to know one another. • Monthly meetings took place, with the agenda alternating between business matters and topics of interest. For example, at recent meetings, members had discussed how to improve the text message system used to inform patients about their blood results, and the availability of leaflets and information in the reception areas. • Meetings were always attended by the practice manager who, whenever matters were raised, acted on feedback and then provided the group with an update. • Improvements were made following feedback from the PPG. For example, we were told PPG members had raised concerns about telephone access. They said they then received feedback that the arrangements for covering the telephones during the morning had changed, with extra staff being allocated to cover the busy periods. Members told us they also raised feedback received from other patients. Some patients living in the outlying villages had reported that they felt there should be more of a GP presence at the branch surgeries. Members told us the practice took this feedback seriously and was willing to consider how they could improve the services they provided to patients. • They were encouraged to find out how things worked in primary healthcare. For example, members had visited a community hub in Gateshead, to explore how the practice could interact with other services.

Continuous improvement and innovation

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

	Yes
There was a strong focus on continuous learning and improvement.	Y

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

Examples of continuous learning and improvement

- There was a strong focus on continuous learning and improvement and staff knew about improvement methods and had the skills to use them. For example, the practice was taking steps to review and streamline their systems and processes, using the Productive General Practice Quick Start toolkit. Staff had made other changes following the merger which leaders told us were helping to provide patients with safer care and treatment.
- Training opportunities were provided for trainee doctors, and medical and nursing students. The practice operated an extensive apprenticeship programme, with all recent apprentices having been offered full-time positions.
- Leaders were exploring the possibility of the practice acting as a lead facilitator in the development of a Primary Care Network with their partners, to help enable the development of more coordinated and integrated health and social care in the Alnwick area.
- Learning was shared and used to make improvements.
- Leaders encouraged staff to take time out to review individual and team objectives, processes and performance, through their attendance at staff meetings and via the practice's appraisal system.

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

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

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

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

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

Glossary of terms used in the data.

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