Central Gateshead Medical Group

Inspection report

The Health Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (Previous rating 01 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive/ inspection at Central Gateshead Medical group on 7 June 2018 as part of our current programme on inspection.

At this inspection we found:

- The practice had some clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients reported that they were treat with dignity and respect, involved in decisions about their care and treatment and able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw an area of outstanding practice:

- The practice hosted a weekly patient social group which was attended by approximately 18 core members. The group was open to any patient registered with the practice but was primarily aimed at patients who may be at risk of social isolation. Activities included gardening, quizzes, theatre trips and charity fundraising.

The areas where the provider **should** make improvements:

- Take steps to assure themselves that locum clinicians employed by the practice are up to date with mandatory training requirements.
- Assure themselves that all potential health and safety risks to staff and patients are documented and assessed.
- Consider ways to improve Quality Outcomes Framework clinical exception reporting rates to ensure they are comparable with local and national averages.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

Our inspection team consisted of a Care Quality Commission (CQC) lead inspector and a GP specialist adviser.

Background to Central Gateshead Medical Group

Central Gateshead Medical Group provides care and treatment to around 10,503 patients of all ages from the Chowdene, Wrekenton, Felling (except Wardley), Leam Lane, Carr Hill, Low Fell, Bensham and Heworth areas of Gateshead, Tyne and Wear. The practice is part of Newcastle Gateshead clinical commissioning group (CCG) and operates on a Primary Medical Services (PMS) contract agreement for general practice.

The practice provides services from the following addresses, which we visited during this inspection:

- The Health Centre, Prince Consort Road, Gateshead, Tyne and Wear, NE8 1NB

The surgery is located in a purpose-built health centre which it shares with a pharmacy and a number of other health related services including community podiatry, memory protection team, physiotherapy, speech therapy and audiology. All patient areas and consultation rooms are on the ground floor and there is good access and facilities for patients with disabilities. An on-site pay and display car park is available which includes dedicated disabled car parking spaces.

Patients can book appointments in person, on-line or by telephone. Opening hours for reception are as follows:

- Monday – 8.30am to 6.30pm
- Tuesday to Friday – 8.30am to 6pm

Patients attending appointments when reception is closed are able to check in using an automated service.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and GatDoc.

The practice has:

- Six GP partners (four male and two female)
- Three salaried GPs (one male and two female)
- One nurse practitioner (female)
- Two practice nurses (female)
- Four healthcare assistants/primary care navigators (all female)
- 16 non-clinical staff members including a practice manager, deputy practice manager, performance team leader, IT manager, medical secretary, reception team leader, receptionists, administrators and apprentices.

The practice is a training practice and involved in the training of medical students, nursing students and pharmacists.

The average life expectancy for the male practice population is 76 (CCG average 74 and national average 79) and for the female population 80 (CCG average 82 and national average 83). Age group percentages are

comparable to local and national averages. For example, 15% of the practices' patient population are in the over 65 age group compared to the CCG average of 16% and national average of 17%.

At 57%, the percentage of the practice population reported as having a long-standing health condition was lower than the CCG and national averages of 54%. Generally, a higher percentage of patients with a long-standing health condition can lead to an increased demand for GP services.

At 57% the percentage of the practice population recorded as being in paid work or full-time education was lower than the CCG average of 61% and national average of 62%. The practice area is in the second most deprived decile. Deprivation levels affecting children and adults were higher than local and national averages.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had some clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

However, although the practice carried out appropriate checks at the time of recruitment and on an ongoing basis for staff they employed directly they did not have a process in place to ensure that locum clinicians were up to date with mandatory training requirements.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Prescribing of antibiotics and antibacterials was in line with local and national averages.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice monitored and reviewed safety using information from a range of sources. However, we did not see any evidence of generic health and safety risk assessments such as slips, trips and falls, manual handling or use of display screen equipment to protect employees and people who used the service.

Lessons learned and improvements made

Good

Are services safe?

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice was an early adopter of online consultations.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice had identified one of their priorities for 2018 as developing a proactive approach to ensure severely and moderately frail patients were receiving appropriate care and support. This included structured medication reviews.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- All of the practice health care assistants acted as care navigators and were able to signpost older and vulnerable patients to appropriate care and support agencies.
- The practice hosted a weekly patient social group which was attended by approximately 18 core members. The group was open to any patient registered with the practice but was primarily aimed at patients who may be at risk of social isolation. Activities included gardening, quizzes, theatre trips and charity fundraising.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had recently employed a pharmacist whose role included carrying out medication reviews for patients with multiple long-term conditions.
- The practice had secured the services of a secondary care respiratory care nurse to assist in upskilling their practice nurses. This would enable practice nurses to be able to care more effectively for patients with respiratory conditions such as asthma, emphysema and chronic obstructive pulmonary disease.
- The practice's performance on quality indicators for long term conditions was comparable with local and national averages. They had performed significantly above local and national averages in managing cholesterol levels in patients with diabetes.

Families, children and young people:

- Childhood immunisation uptake rates were over the 95% target for three of the four indicators. For the remaining one indicator the practice score had exceeded the minimum target.
- The practice embargoed appointments on a daily basis for allocation to children aged between five and 15. The practice ensured that babies and children under the age of 5 were seen the same day. The practice was able to evidence that this had led to a reduction of 11% for A&E attendances in this group of patients.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation

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

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme and CCG/national averages. The practice was aware of this and had developed an action plan to aid improvement.
- The practice's uptake for breast and bowel cancer screening was comparable with local and national averages.

Good

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

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

- 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.
- The practice offered annual health checks to patients with a learning disability. They were participating in a local implementation plan with a national charity to improve uptake of flu immunisations and bowel cancer screening for patients with a learning disability.
- The practices performance on quality indicators for mental health was in line with local and national averages.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice had obtained 100% and above local and national averages for 18 of the 19 main QOF indicators. The exception was the indicator for stroke and transient ischaemic attack for which the practice had attained a score comparable with local and national averages. However, at 13.3% their clinical exception rate was higher than the CCG average of 6.2% and national average of 5.7%. The practice manager told us that an effective long-term condition review recall system was in operation and patients were not 'clinically excepted' until they failed to respond to three review appointment invitation letters.
- For one QOF sub indicator the practice had scored significantly better than local and national averages. This was the indicator for the percentage of patients on the register whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (practice 91%, local CCG 83%, national 80%).
- The practice had attained over the 95% World Health Organisation (WHO) target for three of the four indicators relating to childhood immunisations targets. For the remaining one indicator their score had exceeded the minimum target.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were

maintained for staff directly employed by the practice. However, the practice did not have a process in place to assure themselves that locums were up to date with mandatory training.
- Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We were assured that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. All of the practice health care assistants also acted as care navigators who were able to signpost patients to relevant support and advice services. This included equipment loan services, benefits advice, bereavement support, carers associations and exercise.
- The practice hosted a weekly social group which was open to anyone registered with the practice but aimed primarily at patients at risk of social isolation. The social group had been involved in gardening, quizzes, theatre outings and charity fundraising activities but had also helped developed questionnaires for an inhouse patient survey.
- One of the practice health care assistants ran a weekly drop in weight management clinic
- Staff discussed changes to care or treatment with patients and their carer's as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were comparable with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. Carers were routinely offered a flu immunisation but were not offered an annual health check
- The practices GP patient survey results were comparable with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of protecting people's dignity and respect.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and online GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice offered an inhouse minor surgery service.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice employed a pharmacist whose role included reviewing medicines prescribing to patients with multiple long-term conditions

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice website included a ''Teenzone'' which included advice for young people on how to access confidential healthcare and other relevant information.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, patients were able to access appointments with either a GP, nurse or health care assistant (dependent on the day) from 7.30am to 7pm on a Monday to Wednesday and from 7.30am to 6pm on a Thursday and Friday.
- Patients registered with the practice were also able to access pre-bookable appointments with a GP or a nurse at two local extra care facilities. Appointments were available from 8am to 8pm on weekdays and from 9am to 2pm on weekends.
- Online and telephone consultations were available.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people 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 provided a shared care service and opioid substitution treatment to patients with drug addictions. Three of the practice GPs had undertaken accreditation in this field of work and worked closely with a substance misuse practitioner who worked from the practice on a regular basis.

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

- Patients with a recognised long-term mental health condition, including dementia were invited to attend an annual physical health review.

Good

Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

- There were clear and effective processes for managing issues and performance.
- The practice had taken steps to ensure patient safety and the safety and well-being of staff. There was evidence of fire safety and legionella risk assessments as well as risk assessments to support staff who had returned to work from extended sick leave. The practice also had a risk register to govern issues such as financial risk, procurement, skill mix, succession planning and pre-employment health screening. However, we did not see any evidence of more generic health and safety risk assessments such as slips, trips and falls; manual handling or lone working.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

Good

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice did not have an actual patient participation group. However, they did have a virtual group with whom they consulted via email to gain feedback on a variety of issues.
- The practice had a patient social/focus group who met on a weekly basis. Although their activities were mainly of a social nature they were consulted on topics such as the results of the national GP patient survey. They had also been involved in developing a questionnaire for patients for an in-house patient survey.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Root cause analysis was undertaken to investigate more serious incidents and learning was shared and used to make improvements.
- They were the highest reporter of significant events and incidents using the local CCG Safeguard Incident Risk Management System (SIRMS) in the Gateshead area. This enabled the CCG to identify local trends and themes affecting both primary and secondary care services.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
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Please refer to the evidence tables for further information.