

Collingwood Surgery

Quality Report

Hawkeys Lane,
North Shields,
Tyne and Wear,
NE29 0SF
Tel: 0191 2571779
Website: www.collingwoodsurgery.nhs.uk

Date of inspection visit: 17 November 2016
Date of publication: 03/01/2017

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 service	Outstanding	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Outstanding	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	14
Background to Collingwood Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Collingwood Surgery on 17 November 2016. Overall the practice is rated as outstanding.

Our key findings were as follows:

- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day. Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was much higher than local and national averages

- The practice had a long track record of training new GPs. Feedback from trainees was very positive. The practice scored highly in the General Medical Council (GMC)'s national training scheme survey for 2015.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- There was strong collaboration and support across all staff groups.

We saw several areas of outstanding practice including:

- The practice had developed end of life care arrangements over many years and promoted the use of the palliative care register with clinicians. The practice was one of four nationally to take part in a

Summary of findings

MacMillan project to link patients on the palliative care register with a MacMillan social worker. This project had subsequently been rolled out to all practices within the CCG.

- The practice had responded to the needs of its patients experiencing poor mental health and there were effective arrangements to provide care and support for those patients. The practice funded 50% of a mental health worker who worked full time within the surgeries; this ensured that 95% of patients with mental health problems were seen within the practice, rather than in secondary care.
- The practice team was forward thinking and part of local and national pilot schemes to improve outcomes

for patients. For example, the practice took part in the first phase of the national Health Foundation's MAGIC programme ('making good decisions in collaboration'), which looked at how to embed best practice in shared decision making.

The area where the provider should make improvements is:

- Take steps to monitor and record the minimum and maximum temperatures for the refrigerators at the New York surgery.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

The nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

The practice was clean and hygienic and good infection control arrangements were in place. The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Some medicines are required to be stored in refrigerators; records of current, minimum and maximum temperatures were held at two sites; this ensured that appropriate temperatures had always been maintained. However, only the current temperature was recorded at the New York surgery; managers told us this would be rectified.

Comprehensive staff recruitment and induction policies were in operation. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Good



Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. The practice had a long track record as a training practice. Four of the GPs were accredited GP trainers. Feedback from trainees was very positive.

There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Good



Summary of findings

Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98.3% of the points available. This was above the local and national averages of 97.1% and 95.4% respectively.

There was evidence of clinical audit activity and improvements made to patient care and patient outcomes as a result of this. We saw a number of clinical audits had been carried out; 16 between March 2015 and October 2016.

Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The National GP Patient Survey published in July 2016 showed the practice's scores were above local and national averages. Results showed that 98% of respondents had confidence and trust in their GP, compared to 95% nationally; 89% of respondents said the last GP they saw was good treating them with care and concern, compared to the national average of 85%. Scores for nurses were also above average; 95% said the last nurse they saw was good treating them with care and concern, which was above the national average of 91%.

The practice identified carers and ensured they were offered a flu vaccination and signposted to appropriate advice and support services; 617 patients (3.6% of the practice list) had been identified as carers. Arrangements were in place to support families who had suffered bereavement. One of the GP partners was involved in the development of a CCG strategy to ensure families are provided with appropriate care and support following the death of a child.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

The practice scored well in relation to access in the National GP Patient Survey. The most recent results (published in July 2016) showed 91% (compared to 85% nationally) of respondents were able to get an appointment or speak to someone when necessary; 90% of respondents said they were satisfied with opening hours

Outstanding



Summary of findings

(compared to the national average of 76%). The practice also scored highly on the ease of getting through on the telephone to make an appointment (85% of patients said this was easy or very easy, compared to the national average of 73%).

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met their needs and promoted equality. For example, the practice engaged with a national learning disability project, "Getting it Right", where volunteers with a learning disability

delivered workshops to staff. One of the nurses was the first point of contact for patients on the learning disability register and acted as their advocate where appropriate.

The practice had developed end of life care arrangements over many years and promoted the use of the palliative care register with clinicians. The practice was one of four nationally to take part in a MacMillan project to link patients on the palliative care register with a MacMillan social worker.

There were effective arrangements to provide care and support for patients experiencing poor mental health. The practice funded 50% of a mental health worker who worked full time within the surgeries. The funding ensured that 95% of patients with mental health problems were seen within the practice, rather than in secondary care.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as outstanding for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice which had been developed with staff. Staff understood their responsibilities in relation to the practice aims and objectives.

Leaders had an inspiring shared purpose, strove to deliver person centred care and motivated staff to succeed. There was a clear leadership structure in place and staff felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

Outstanding



Summary of findings

There were consistently high levels of constructive staff engagement. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

There was a clear approach to seeking out and embedding new ways of providing care and treatment. One of the GPs had a special interest in mental health. They had helped form a national network of specialist primary care clinicians; had provided advanced training and Cognitive behavioural therapy (CBT) courses for GPs throughout the CCG and had led a collaboration of seven universities to design training for mental health workers who became Improving Access to Psychological Therapies (IAPT) staff nationally.

There was a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. One of the GPs helped to redesign a national screening and brief intervention (SBI) tool (for use when treating patients with alcohol problems). Five staff members taught about their areas of specialism at local, regional, national and international level, for example, one of the GPs was due to advise a hospital in Denmark about the implementation of shared decision making.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.
- Collingwood Surgery was the lead practice for two large nursing homes, GPs carried out a weekly ward round to review patients and had close to 100% co-ordinated care plans in place for patients.
- The practice had developed end of life care arrangements over many years and promoted the use of the palliative care register with clinicians. The practice was one of four nationally to take part in a MacMillan project to link patients on the palliative care register with a MacMillan social worker. The pilot showed an increased rate of death in the patients' usual place of residence in those who were on the register and had interacted with the service; and showed increased quality of care and was subsequently rolled out to all practices within the CCG.
- Since January 2016, 172 deaths were recorded; of those 80 were on the practice's palliative care register (47%, compared to the CCG average of 24%) and 71 died in their usual place of residence.

Outstanding



People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- The practice scored well in the Quality and Outcomes Framework (QOF). This rewards practices for managing some of the most common long term conditions. For example, performance for asthma related indicators was better than the

Good



Summary of findings

national average (100% compared to 97.4% nationally) and performance for heart failure related indicators was better than the national average (100% compared to 98.1% nationally). QOF exception rates were also well below average (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 80.5%, which was slightly below the CCG average of 82.9% and the national average of 81.5%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered on Monday and Thursday evenings between 6pm and 8pm and one Saturday morning each month for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people 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 engaged with a national learning disability project, "Getting it Right", where volunteers with a learning disability delivered workshops to staff. The practice had developed a number of 'easy read' leaflets and health check invitation letters for patients. Following a review of attendance rates at annual health checks for patients with learning disabilities, improvements to the recall system were implemented. The practice's prevalence rate was 0.88%, which was above the local CCG average of 0.67% and the national average of 0.46%.
- One of the nurses was the first point of contact for patients on the learning disability register and acted as their advocate where appropriate. The nurse liaised with secondary care health staff on behalf of patients to facilitate hospital appointments.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

Summary of findings

- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment; 617 patients (3.6% of the practice list) had been identified as carers.

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, was 94.3%, compared to the national average of 88.8%.
- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Staff had been trained as dementia friends to help support patients and their carers and families.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.
- The practice funded 50% of a mental health worker who worked full time within the surgeries. The funding ensured that 95% of patients with mental health problems were seen within the practice, rather than in secondary care. Staff told us that patients valued the flexibility of appointments and continuity of care.

Outstanding



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing above local and national averages. There were 127 responses (from 263 sent out); a response rate of 48%. This represented 0.7% of the practice's patient list. Of those who responded:

- 95% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 88% and a national average of 85%.
- 85% found it easy to get through to this surgery by phone, compared with a CCG average of 79% and a national average of 73%.
- 96% found the receptionists at this surgery helpful, compared with a CCG average of 90% and a national average of 87%.
- 91% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 86% and a national average of 85%.
- 95% said the last appointment they got was convenient, compared with a CCG average of 93% and a national average of 92%.
- 85% described their experience of making an appointment as good, compared with a CCG average of 77% and a national average of 73%.

- 73% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 72% and a national average of 65%.
- 67% felt they don't normally have to wait too long to be seen, compared with a CCG average of 64% and a national average of 58%.

We spoke with 14 patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 123 CQC comment cards; of which the vast majority were positive about the standard of care received.

Patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system.

Areas for improvement

Action the service SHOULD take to improve

Take steps to monitor and record the minimum and maximum temperatures for the refrigerators at the New York surgery.

Outstanding practice

The practice had developed end of life care arrangements over many years and promoted the use of the palliative care register with clinicians. The practice was one of four nationally to take part in a MacMillan project to link patients on the palliative care register with a MacMillan social worker. This project had subsequently been rolled out to all practices within the CCG.

The practice had responded to the needs of its patients experiencing poor mental health and there were effective arrangements to provide care and support for those patients. The practice funded 50% of a mental health worker who worked full time within the surgeries; this ensured that 95% of patients with mental health problems were seen within the practice, rather than in secondary care.

Summary of findings

The practice team was forward thinking and part of local and national pilot schemes to improve outcomes for patients. For example, the practice took part in the first

phase of the national Health Foundation's MAGIC programme ('making good decisions in collaboration'), which looked at how to embed best practice in shared decision making.

Collingwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a specialist advisor with experience of GP practice management and an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Collingwood Surgery

Collingwood Surgery provides care and treatment to around 17,000 patients in North Shields, North Tyneside. The practice is part of North Tyneside clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

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

- Collingwood Surgery, Hawkeys Lane, North Shields, Tyne and Wear, NE29 0SF;
- Jubilee Park Surgery, Nelson Health Centre, Cecil Street, North Shields, Tyne and Wear, NE29 0DZ;
- New York Surgery, Brookland Terrace, New York, North Shields, Tyne and Wear, NE29 8EA.

The practice had one patient list; patients could access services at any of the three sites.

The Collingwood Surgery is located in a purpose built two storey building. The majority of patient facilities are on the ground floor. There is no lift to the first floor but

arrangements have been made for patients to have their appointments on the ground floor where necessary. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

The Jubilee Park Surgery is located in a purpose built two storey building. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

The New York Surgery is located in a purpose built single storey building. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours at each branch are as follows:

- Collingwood Surgery; between 8.30am and 8pm Mondays and Thursdays, between 8.30am and 6pm every Tuesday, Wednesday and Friday and between 8.30am and 12.30pm on the last Saturday of the month.
- Jubilee Park Surgery; between 8.30am and 6pm Monday to Friday.
- New York Surgery; between 8.30am and 6pm on Mondays, Tuesdays, Thursdays and Fridays and between 8.30am and 1pm every Wednesday.

Patients can book appointments in person, on-line or by telephone.

Appointments with GPs are available at the following times:

- Monday - 8.30am to 10.45am; then from 2.30pm to 7.45pm
- Tuesday - 8.30am to 10.45am; then from 2.30pm to 5.30pm
- Wednesday - 9.20am to 10.45am; then from 2.30pm to 5.30pm
- Thursday - 8.30am to 10.45am; then from 2.30pm to 7.45pm
- Friday - 8.30am to 10.45am; then from 2.30pm to 5.30pm

Detailed findings

- Saturday (once per month) – 8.30am to 12.15pm

A duty doctor is available each Tuesday, Wednesday and Friday afternoon until 6.30pm.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care.

The practice has:

- nine GP partners (four female and five male),
- five salaried GPs (four female and one male),
- two nurse practitioners and five practice nurses (all female),
- a healthcare assistant,
- a practice manager, and
- 22 staff who carry out reception and administrative duties.

The practice is a training practice and four of the GPs are accredited GP trainers. At the time of the inspection there were three trainee GPs working at the practice.

The age profile of the practice population is in line with the CCG averages, but is made up of a slightly higher than average proportion of patients over the age 65 (18.8% compared to the national average of 17.1%). Information taken from Public Health England placed the area in which the practice is located in the fourth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

We carried out an announced visit on 17 November 2016. We spoke with 14 patients and 15 members of staff from the practice. We spoke with and interviewed five GPs, two nurse practitioners, a practice nurse, the practice manager, the practice pharmacist and five staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 123 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and staff were well aware of their roles and responsibilities in relation to this. One of the GP partners was the nominated lead for significant events. The practice had carried out a staff questionnaire in 2015, 'safety in primary care'; (the practice was the first in England to undertake this survey) this included a review of whether staff were encouraged to highlight significant events (42 out of 44 staff who responded said they did) and whether they had the opportunity to participate in the analysis of significant events (35 out of 43 respondents said they did).

The practice had systems in place for knowing about notifiable safety incidents and actively identified trends, themes and recurrent problems. Significant events were regularly discussed and reviewed at practice meetings and appropriate action taken. For example, following an error with a vaccine, a pre-vaccination checklist was introduced to ensure there were no contra-indications and patients were able to receive the vaccine.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Trends and themes were identified and the practice regularly recorded relevant significant events and safeguarding incidents on the local clinical commissioning group (CCG)'s Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. A system was in place to ensure patient safety alerts were cascaded to relevant staff and appropriate action taken.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- Notices advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Staff employed since 2014 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). The practice had carried out a risk assessment and had decided not to carry out retrospective DBS checks on staff employed before 2014 who acted as chaperones.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurse's was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Some medicines are required to be stored in refrigerators; records of current, minimum and maximum temperatures were held at two sites; this ensured that appropriate temperatures had always been maintained. However, only the current temperature was recorded at the New York surgery; managers told us this would be rectified.

Are services safe?

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations (only if they had received specific training and only when a doctor or nurse was on the premises).
- We reviewed the personnel files of three staff members and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. Annual leave was planned well in advance and staff had been trained to enable them to cover each other's roles when necessary. A buddy system was in place with the GPs to ensure that hospital discharge information and test results were dealt with in a timely manner. Each of the GPs had a dedicated personal assistant in the administration team; this was valued by patients as they had a named person to speak to.

Arrangements to deal with emergencies and major incidents

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception offices. The practice had up to date fire risk assessments and regular fire drills were carried out.
- During the previous year the practice had carried out an 'emergency scenario practice' at each of the three sites to identify any difficulties or gaps in knowledge and ensure all staff knew how to respond. An analysis was carried out after the event and a number of actions taken, including making staff aware of the emergency button on the computer system.
- All staff received basic life support training.
- The practice had a defibrillator and oxygen with adult and children's masks at each site. There were also first aid kits and accident books available.
- Emergency medicines were easily accessible to staff in secure areas of the surgeries and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

Regular clinical, educational and multi-disciplinary team meetings were held, which were an opportunity for staff to discuss clinical issues and patients whose needs were causing concern.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2015/16 showed the practice had achieved 98.3% of the total number of points available, which above the England average of 95.4% and the local clinical commissioning group (CCG) average of 97.1%.

At 8%, the clinical exception reporting rate was below the England and CCG average of 9.8% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

The data showed:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally). For example, the percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months was 77.7%, compared to the national average of 75.6%.
- Performance for heart failure related indicators was better than the national average (100% compared to 98.1% nationally). For example, the percentage of patients with a current diagnosis of heart failure due to

left ventricular systolic dysfunction who were additionally currently treated with a beta-blocker licensed for heart failure was 94.4%, compared to the national average of 92.5%.

- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, was 94.3%, compared to the national average of 88.8%.

The practice carried out clinical audit activity to help improve patient outcomes. We saw a number of clinical audits had been carried out; 16 between March 2015 and October 2016. The results and any necessary actions were discussed at the clinical team meetings. This included an audit of the patients who had renal impairment and had been prescribed a particular medicine (metformin). Clinical guidelines suggested that the medicine should not be prescribed if a patient had significant renal failure. An initial audit was carried out which showed there was a record of a review of 62.5% of relevant patients. Action was taken and the guidelines were circulated to clinicians. A further audit cycle was carried out and this showed an improvement, in that 78% of patients had been reviewed. The practice planned to continue to monitor progress and a further audit was planned for 2017.

Information about patients' outcomes was used to make improvements, for example;

- The practice used information about the attendance rates at annual health checks for patients with learning disabilities to inform changes to the recall system and devised guidance for clinicians on action to take when any vulnerable patient did not attend for their health check.
- An audit of clinical record keeping was undertaken; this resulted in the development of a list of abbreviations for patients to reference when accessing their records.

Effective staffing

The staff team included GPs, nurse practitioners, practice nurses, a practice manager, a healthcare assistant, a pharmacist and administrative staff. We reviewed staff training records and found that staff had received a range

Are services effective?

(for example, treatment is effective)

of mandatory and additional training. This included basic life support, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurses were supported in seeking and attending continual professional development and training courses.

The practice had a staff appraisal system in operation which included the identification of training needs and development of personal development plans. All staff had received an appraisal during the previous 12 months.

The practice had a long track record as a training practice. Four of the GPs were accredited GP trainers. Feedback from trainees was very positive. The practice scored highly in the General Medical Council (GMC)'s national training scheme survey for 2015. Trainee doctors rated local teaching, clinical supervision out of hours, reporting systems, induction, access to educational resources, adequate experience, feedback and supportive environment as better than the England average. The practice had recently volunteered to be part of a training hub for the local GP federation.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their computer system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Childhood immunisation rates for the vaccinations given were broadly in line with CCG averages. For example, rates for the vaccinations given to under two year olds ranged from 93.4% to 95.6% (compared to the CCG averages of between 95.2% and 98.9%). Rates for five year olds ranged from 91.1% to 99.4% (compared to the CCG averages of between 92.1% and 99%)

The practice's uptake for the cervical screening programme was 80.5%, which was slightly below the CCG average of 82.9% and the national average of 81.5%. At 58.1% the percentage of patients aged between 60 and 69 who had been screened for bowel cancer within the past 30 months was in line with the CCG average of 58.6% and the national average of 57.9%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The vast majority of the 123 patient CQC comment cards we received were positive about the service experienced. We spoke with 14 patients during our inspection, three of whom were members of the practice's patient participation group (PPG). Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey, published in July 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was generally above local and national averages for their satisfaction scores on consultations with doctors and nurses. For example, of those who responded:

- 98% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern, the same as the CCG average of 89% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw, the same as the CCG average of 98% and the national average of 97%.
- 95% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 92% and the national average of 91%.

- 96% said they found the receptionists at the practice helpful, compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the July 2016 National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally higher than local and national averages. For example, of those who responded:

- 91% said the GP was good at listening to them, compared to the CCG average of 90% and the national average of 89%.
- 89% said the GP gave them enough time, compared to the CCG average of 89% and the national average of 87%.
- 92% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 89% and the national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 85% and the national average of 82%.
- 93% said the last nurse they spoke to was good listening to them, compared to the CCG and national average of 91%.
- 94% said the nurse gave them enough time, compared to the CCG average of 93% and the national average of 92%.
- 97% said the nurse was good at explaining tests and treatments, compared to the CCG average of 91% and the national average of 90%.

The practice had hearing loops in each surgery and access to a translation service for patients who did not have English as a first language. Information leaflets and invites to health checks were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of carers; 617 patients (3.6% of the practice list) had been identified as carers. They were offered health checks, flu vaccinations and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice carried out a weekly check of patients who had attended A&E or been discharged from hospital to ensure appropriate support was in place, especially for those patients with care plans.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. One of the GP partners was involved in the development of a CCG strategy to ensure families are provided with appropriate care and support following the death of a child.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of the local population and engaged with the local clinical commissioning group (CCG) to secure improvements to services where these were identified. One of the GP partners was the CCG's clinical lead for end of life care and nursing homes and a nurse practitioner was part of the national primary care respiratory network. This allowed the practice to help shape primary care in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours on a Monday and Thursday evening until 8pm and one Saturday morning each month for patients who could not attend during normal opening hours.
- Appointments with a GP were 12 minutes as standard and 15 minutes with a nurse practitioner.
- Double appointments were available for those who needed or requested them.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Staff had been trained as dementia friends to help support patients and their carers and families.
- The practice had led work across North Tyneside to align nursing homes to GP practices. Collingwood Surgery was the lead practice for two large nursing homes, GPs carried out a weekly ward round to review patients and had close to 100% co-ordinated care plans in place for patients.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met their needs and promoted equality. For example, the practice engaged with a national learning disability project, "Getting it Right", where volunteers with a learning disability

delivered workshops to staff. The practice had developed a number of 'easy read' leaflets and health check invitation letters for patients. Following a review of attendance rates

at annual health checks for patients with learning disabilities, improvements to the recall system were implemented. The practice's prevalence rate was 0.88%, which was above the local CCG average of 0.67% and the national average of 0.46%.

One of the nurses was the first point of contact for patients on the learning disability register and acted as their advocate where appropriate. The nurse liaised with secondary care health staff on behalf of patients to facilitate hospital appointments.

The practice had developed end of life care arrangements over many years and promoted the use of the palliative care register with clinicians. At the time of the inspection over 1% of patients were on the register, compared to the CCG average of 0.52% and the national average of 0.46%. The practice was one of four nationally to take part in a MacMillan project to link patients on the palliative care register with a MacMillan social worker. The pilot showed an increased rate of death in the patients' usual place of residence in those who were on the register and had interacted with the service; and showed increased quality of care. This project had subsequently been rolled out to all practices within the CCG. Since January 2016, 172 deaths were recorded; of those 80 were on the practice's palliative care register (47%, compared to the CCG average of 24%) and 71 died in their usual place of residence.

The practice had responded to the needs of its patients experiencing poor mental health and there were effective arrangements to provide care and support for those patients. The practice funded 50% of a mental health worker who worked full time within the surgeries. The funding ensured that 95% of patients with mental health problems were seen within the practice, rather than in secondary care. Staff told us that patients valued the flexibility of appointments and continuity of care.

Access to the service

Collingwood Surgery was open between 8.30am and 8pm Mondays and Thursdays, between 8.30am and 6pm every Tuesday, Wednesday and Friday and between 8.30am and 12.30pm on the last Saturday of the month. Jubilee Surgery was open between 8.30am and 6pm Monday to Friday. New York Surgery was open between 8.30am and 6pm on Mondays, Tuesdays, Thursdays and Fridays and between 8.30am and 1pm every Wednesday.



Are services responsive to people's needs?

(for example, to feedback?)

Appointments with GPs were available at the following times:

- Monday - 8.30am to 10.45am; then from 2.30pm to 7.45pm
- Tuesday – 8.30am to 10.45am; then from 2.30pm to 5.30pm
- Wednesday – 9.20am to 10.45am; then from 2.30pm to 5.30pm
- Thursday – 8.30am to 10.45am; then from 2.30pm to 7.45pm
- Friday – 8.30am to 10.45am; then from 2.30pm to 5.30pm
- Saturday (once per month) – 8.30am to 12.15pm

Extended hours surgeries were offered between 6pm and 8pm every Monday and Thursday evening one Saturday morning per month.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent on the day appointments were also available for people that needed them.

Patients could access appointments and services in a way that suited them. Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was above local and national averages. For example:

- 90% of patients were satisfied with the practice's opening hours, compared to the CCG average of 78% and the national average of 76%.
- 85% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 79% and the national average of 73%.
- 85% of patients described their experience of making an appointment as good, compared to the CCG average of 77% and the national average of 73%.
- 73% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 72% and the national average of 65%.

Patients we spoke with on the day were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about staff attitude, further training on communication skills was provided.

Are services well-led?

Outstanding



(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement; staff had been involved in the development of the statement and knew and understood the practice's values. The mission statement was 'Collingwood Health Group will provide the highest quality health care to all our population. We will always deliver care without discrimination, using the best available evidence and always in partnership with our patients, listening to what works best for them and working with each patient so they can look after themselves'.
- The practice had an annual operational plan which reflected the vision and values and was regularly monitored. The plan was stretching and challenging but remained achievable. The plan included a number of key objectives to ensure the practice provided excellent clinical care, for example, continuing to improve clinical performance, focus on long term condition management and continuing to engage with new models of care within the clinical commissioning group (CCG).

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of clinical audit activity which improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example the Quality and Outcomes Framework, referral rates and prescribing.

Leadership, openness and transparency

On the day of inspection the partners and practice manager demonstrated they had the experience, capacity

and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong with care and treatment:

- Affected people were given reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

Staff at all levels were encouraged to raise concerns. The practice had carried out a staff questionnaire in 2015, 'safety in primary care'; (the practice was the first in England to undertake this survey); this showed that staff felt able to raise concerns. There was a long track history of analysing significant events; significant review meetings had been held for many years; on some occasions patients were invited to attend and contribute to the learning process. The practice evaluated changes made as a result of safety incidents to ensure they were effective.

Leaders had an inspiring shared purpose, strove to deliver and motivated staff to succeed. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- We also noted that team away days were held regularly throughout the year.
- Staff said they felt respected, valued and supported, particularly by the practice manager and the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Outstanding



(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- There was a high level of staff satisfaction and staff spoke highly of the culture at the practice.
- There was a schedule of regular business, clinical, educational and multi-disciplinary team meetings which included discussions about palliative care, high risk and vulnerable patients. The practice closed for an hour every Thursday which was used as an opportunity for an administration team meeting with the practice manager. A GP attended this meeting when appropriate. Clinical staff also met informally on a daily basis.

Seeking and acting on feedback from patients, the public and staff

- The practice had gathered feedback from patients through analysis of the National GP Patient Survey results, friends and family test, feedback and complaints received.
- Results from the friends and family test from the past 12 months revealed that 95% (287) of the 302 patients who responded would be either extremely likely or likely to recommend the practice to family members or friends.
- The practice regularly reviewed the results of the National GP Patient Survey to consider whether there were any areas requiring action. The results of the most recent survey, which took place in July 2016, showed that the practice had gained above local and national averages for all but one of the 22 indicators.
- The practice had a patient participation group (PPG) which consisted of approximately 15 core members who met a minimum of three times per year. A wider 'virtual' group had also been established; where patients were asked for feedback and/or suggestions via email. Past involvement had included influencing the type of information shown on the electronic booking in system, testing online patient access and providing suggestions on what to include the practice's new patient pack. PPG members we spoke with during the inspection told us they felt involved and that the practice acted on their input and views.

Continuous improvement

The practice team was forward thinking and part of local and national pilot schemes to improve outcomes for patients. Managers told us the practice was 'outward thinking' and they were keen to be seen as a practice which would sign up to take part in new pilots and develop new services.

For example, the practice took part in the first phase of the national Health Foundation's MAGIC programme ('making good decisions in collaboration'), which looked at how to embed best practice in shared decision making. Following this work, the practice wrote and edited 12 decision aids which are used nationally to assist clinicians to support shared decision making. One of the GPs was on the National Institute for Health and Care Excellence (NICE) steering group, involved in the promotion of shared decision making and developed a training programme which was rolled out throughout the country. The National GP Patient Survey, published in July 2016 showed that patients felt involved in their care; 90% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 85% and the national average of 82%.

One of the nurse practitioners was the lead on respiratory for the CCG and had developed local and national standards in spirometry and respiratory medicine. They provided staff with updates on new guidelines and inhalers, which ensured patients within the practice had the most up to date care.

There was a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. One of the GPs helped to redesign a national screening and brief intervention (SBI) tool (for use when treating patients with alcohol problems). They then delivered SBI training to all practices in North Tyneside.

Five staff members taught about their areas of specialism at local, regional, national and international level, for example, one of the GPs was due to advise a hospital in Denmark about the implementation of shared decision making.

Safe innovation was celebrated. There was a clear approach to seeking out and embedding new ways of providing care and treatment. One of the GPs had a special interest in mental health. They had helped form a national network of specialist primary care clinicians; had provided advanced training and Cognitive behavioural therapy (CBT) courses for GPs throughout the CCG and had led a collaboration of seven universities to design training for mental health workers who became Improving Access to Psychological Therapies (IAPT) staff nationally.