

Doctors Quayle, Rajagopal, Payne & Fox

Inspection report

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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 rated, comprehensive inspection – 1 July 2015 – rating – good).

The key questions 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 Doctors Quayle, Rajagopal, Payne and Fox on 17 October and 08 November 2018, as part of our inspection programme.

At this inspection we found:

- The practice had systems to keep patients safe and safeguarded from abuse.
- The practice had 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 and treatment they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- The service was very patient focussed and staff were committed to the delivery of high standards of care. This

was supported by the outcome of the 2018 national GP Patient Survey, in which the practice performed higher than most of the local clinical commissioning group averages and all the national averages.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the practice within an acceptable timescale for their needs.
- The provider's strategies and supporting action plans for improving the care and treatment they provided were challenging and innovative.
- Effective governance arrangements were in place.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice actively used performance information to drive improvement.

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

- In line with national guidance, maintain appropriate records of the distribution of pre-printed prescription form stock within the practice.
- Review the practice's overall risk health and safety assessment, to make sure it covers all potential areas of risk and how they should be managed, including the reasons for not stocking suggested emergency medicines.
- Introduce a planned programme of clinical audit.

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

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 was led by a CQC lead inspector. The team included a GP specialist advisor.

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Background to Doctors Quayle, Rajagopal, Payne & Fox

Doctors Quayle, Rajagopal, Payne and Fox provides care and treatment to approximately 5,906 patients of all ages, based on a Primary Medical Services (PMS) contract. The practice is part of NHS Northumberland Clinical Commissioning Group (CCG) and covers the Seghill area of Cramlington in Northumberland. We visited the following location as part of the inspection:

- Netherfield House, Seghill, Cramlington, Northumberland, NE23 7EF.

Information taken from Public Health England placed the area in which the practice is in the fifth less deprived decile. This shows the practice serves an area where deprivation is comparable with the England average. In general, people living in more deprived areas tend to have a greater need for health services. The practice has fewer patients under 18 years of age, and more patients over 65 years of age, than the England averages. The percentages

of people with a long-standing health condition, and patients with caring responsibilities, is above the England average. National data showed that 1.1% of the population are from non-white ethnic groups.

Doctors Quayle, Rajagopal, Payne and Fox is located in a purpose built, two-storey building which provides patients who have mobility needs with access to ground floor treatment and consultation rooms. The practice team consists of: four GPs (two male and two female); a GP retainer (female); three practice nurses (female); a healthcare assistant (female); a practice manager and an assistant practice manager; a team of administrative and reception staff. The practice currently provides training for 3rd and 5th year medical students.

When the practice is closed, a message on the telephone answering system redirects patients to out-of-hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare Limited, known locally as Northern Doctors Urgent Care Limited.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had systems in place to safeguard children and vulnerable adults from abuse. Staff had completed safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The provider made sure that reports of safeguarding incidents, and any lessons learned, were shared with staff.
- Staff who acted as chaperones were trained for their role and had received a 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 and neglect.
- The practice carried out appropriate staff checks at the time of recruitment; including checks to make sure clinical staff continued to be registered with their professional body.
- The practice was clean and hygienic throughout.
- The practice had arrangements for making sure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were effective systems in place to help staff assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff required to meet patients' needs, including planning for holidays, sickness, and busy periods. The practice had a very good ratio of GPs to patients. Locum GP staff were not used.
- The practice was equipped to deal with medical emergencies and staff were 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.

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. There was a satisfactory process for managing patients' test results.
- Leaders were reviewing their systems and processes, using the Productive General Practice Quick Start toolkit, to help them achieve more efficient ways of working.
- 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

Overall, the practice had reliable systems for the appropriate and safe handling of medicines. However, although appropriate records were kept of the receipt of prescription form stock into the practice, staff were not keeping an appropriate record of the pre-printed forms that were distributed within the practice. In addition, the practice had not completed an assessment of the risks associated with their decision not to stock certain emergency medicines, such as Atropine, and their reasons for doing so.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines, in line with current national guidance. Staff told us they sometimes delivered patients' medicines if the local pharmacist's deadline for delivering these had expired. When this happened, staff did not make a record of this on patients' clinical records. The practice manager told us this only happened occasionally and, that in future, an appropriate record would be kept in a patient's clinical record.
- The practice had reviewed their antibiotic prescribing and acted to support good antimicrobial stewardship, in line with local and national guidance.

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. The practice had a very good system in place for monitoring high-risk medicines, which helped make sure patients did not receive repeat prescriptions until the required checks had been completed. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- Leaders monitored and reviewed the activity of the practice. This helped them to understand risks and gave a clear, accurate and current picture of safety. However, some risks had not been covered by the assessment. For example, the practice's health and safety risk assessment did not cover the security of the premises.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders 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 acted to improve safety.
- 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.

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up-to-date with current evidence-based practice. 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 clinicians made decisions about how to care and treat their patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify vulnerable patients who were living with severe frailty.
- The practice followed up on older patients discharged from hospital and 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.

People with long-term conditions:

- Patients with long-term conditions had structured reviews to check their health and medicines needs were being met. For patients with the most complex needs, the GPs 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 appropriate arrangements in place for treating adults with newly diagnosed cardiovascular disease, including the offer of high-intensity statins for

secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring, and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- The practice had arrangements to identify and review the treatment of newly pregnant women prescribed long-term medicines.
- The practice had arrangements in place for following up children who failed to attend for a planned appointment following a hospital visit, or for immunisation.

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

- The practice's uptake for cervical screening was above the 80% coverage target of the national screening programme.
- The practice's uptake for breast screening was above the national average, but below the local clinical commissioning group average.
- The practice's uptake for bowel cancer screening was above the local CCG and national averages.
- The practice's performance in relation to the detection of cancer was comparable to the national average.
- The practice had systems to inform eligible patients, such as students attending university for the first time, of the need to have the meningitis vaccination.
- 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 those with a learning disability.
- Patients with learning disabilities received an annual medical assessment. Carers' needs were covered as part of the assessment.

Are services effective?

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

- The practice assessed and monitored the physical health of people with mental illness by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease and cancer. Staff encouraged patients to access the local smoking cessation service for support with stopping smoking. There was a system for following up patients who failed to attend for the administration of long-term medication.
- The practice's performance in relation to the mental health indicators was comparable to the local CCG and national averages.
- 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.

Monitoring care and treatment

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

- The practice had achieved 99.4% of the total number of QOF points available, compared to the local CCG average of 99% and the national average of 95.5%. The practice's overall exception reporting rate was lower than the local CCG and national averages.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity and had carried out audits. However, the practice did not have a planned programme of audits. Where appropriate, the practice took part in local improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their roles. For example, the nurse we spoke with told us they had completed the training they needed to safely carry out the roles they were asked to perform.

- Staff whose role included immunisation, and taking samples for the cervical screening programme, had received specific training and could demonstrate how they kept this 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. Staff were encouraged, and given opportunities, to develop.
- The practice provided staff with ongoing support. This included an induction, appraisals, clinical supervision and support for revalidation.

Coordinating care and treatment

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

- We saw records that showed appropriate staff were involved in assessing, planning and delivering patient care and treatment.
- The practice shared clear and accurate information with relevant professionals, when deciding care delivery for people with long-term conditions. Staff shared information and liaised with healthcare and social services staff as necessary.
- Patients received coordinated and person-centred care. This included when they were referred to, or 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 need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and patients who were also carers.
- Staff actively encouraged and supported patients to be involved in monitoring and managing their own health through, for example, the use of social prescribing

Are services effective?

schemes, where these existed. Some staff had also completed training in care navigation, to help direct patients to the most appropriate type of care and support.

- Staff discussed changes to care or treatment with patients and, if appropriate, their carers.
- The practice supported national priorities and initiatives to improve the population's health.

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.

Please refer to the Evidence Tables for further information.

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 about the way staff treated people was positive.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The service was very patient focussed and staff were dedicated to the delivery of high standards of care. This was supported by the outcome of the 2018 national GP Patient Survey in which the practice performed higher than most of the local clinical commissioning group averages and all the national averages. Six of the 18 questions scored between 98% and 100%, with, for example, 99% of patients reporting their needs were met during their last appointment. This was further demonstrated by the feedback in the 31 comment cards we received from patients on the day of the inspection, all of which contained positive feedback.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their 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).

- This was supported by the outcome of the 2018 national GP Patient Survey. The practice performed higher than the local CCG and national averages, in relation to GPs involving patients as much as they wanted to be in decisions about their care and treatment, 100% compared to 96% and 93% respectively.

Staff communicated with people in a way that they could understand.

- Staff helped patients and their carers to obtain relevant information and access community and advocacy services.
- The practice proactively identified patients who were also carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private area to discuss their needs.
- Staff recognised the importance of treating patients with dignity and respect.

Please refer to the Evidence Tables for further information.

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 and took account of their individual needs and preferences.

- The practice understood the needs of their patient population and tailored services in response to those needs.
- Telephone consultations and the provision of out-of-hours appointments via a local extended hours hub, supported patients who were unable to attend the practice during normal working hours.
- Overall, the facilities and the 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 were more vulnerable, or who had complex needs. They supported them to access services both within and outside the practice.
- The practice hosted a range of services on site that included the community coagulation monitoring service, physiotherapy and acupuncture services, a retinal screening service, and podiatry treatment and dietetic advice, to enable patients to receive care closer to home.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end-of-life, was coordinated with other services.

Older people:

- All older patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients.
- The practice participated in the local Frail Elderly Pathway, to help reduce unplanned admissions into hospital. Staff maintained a register of frail elderly patients, to help ensure their needs were met.
- The practice also maintained a register of patients who were housebound, each of whom had a designated GP.

People with long-term conditions:

- Since our last inspection, the practice had introduced a clinic, to help provide patient-focussed care to those people who had been diagnosed with long-term

conditions (LTCs). Patients with complex needs and multiple LTCs received an annual review, (or more frequently depending on their condition), to check their health and medicines needs were being appropriately met. For example, patients with cardio-vascular disease had their needs reviewed bi-annually, with blood tests organised by the GP during their medication review. Two of the GPs, in conjunction with a practice-based physiotherapist, provided extra support to patients with musculoskeletal conditions, including the provision of joint-injection appointments. Where appropriate, clinicians referred patients to the local specialist assessment and treatment service.

- The practice had adopted the 'Year of Care' approach to meeting the needs of patients diagnosed with diabetes. These patients had their needs reviewed twice a year. They were offered an initial appointment, to take health measurements and complete blood tests. Clinical staff, including a dietician, met on a weekly basis to review each patient's care and treatment needs, and to decide whether they needed to be offered an appointment at the next diabetic clinic. Patients with diabetes had access to a range of in-house support, including a dietician and retinopathy screening.
- In advance of the winter season, the practice offered dedicated influenza clinics on Saturday mornings to increase uptake and assist working people to attend. For those patients who were unable to attend the Saturday influenza clinics, the practice provided an ad-hoc appointment.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and children who were at risk. For example, the practice followed up children who failed to attend for planned appointments. Children at risk of domestic abuse were allocated to a specific GP, to help ensure their needs were actively monitored.
- A child health clinic was held once a week. Babies were screened at six weeks. During these appointments, the GP also reviewed the health and wellbeing of the mother.
- Flexible appointments were available at the beginning and end of each day, so children could be seen outside of school hours.

Are services responsive to people's needs?

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. The provision of same-day telephone appointments helped patients avoid taking time off work for a face-to-face appointment. The practice offered early morning, extended access opening hours five-days a week. Additional out-of-hours appointments were also offered on some Saturdays. In addition, patients could access out-of-hours appointments Monday to Saturday at a local hub, in collaboration with other local practices.
- Patients could book appointments and order prescriptions on line.

People whose circumstances make them vulnerable:

- The practice had appropriate arrangements in place to provide treatment and support to their more vulnerable patients.
- The practice held weekly 'Supporting Families' multi-disciplinary team meetings, to help ensure that information about risk was shared and managed, in conjunction with relevant health and social care professionals.

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

- Staff had a good understanding of how to support patients with mental health needs, including patients living with dementia. The lead GP for learning disabilities attended a full-day learning disability and psychiatry training update each year, to help them keep their practice up-to-date and provide leadership and expertise in this area.
- The practice was dementia-friendly and staff had completed dementia training, following completion of an audit by the Alzheimer's Society in 2016.

- The practice carried out quarterly audits to identify patients who had been diagnosed with dementia by secondary care staff, to help make sure their patient register was up-to-date. Patients with dementia had their needs reviewed annually.
- The practice had a designated carers' champion, to help them meet the needs of patients with dementia and those who cared for them.
- Patients had access to 'Talking Therapies' provided at the practice in conjunction with a local organisation.

Timely access to care and treatment

- 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.
- All patients failing to attend a planned appointment were contacted, to help prevent further reoccurrences.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available in the practice and on their website. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice told us they learned lessons from individual concerns and complaints and, where appropriate, took action to improve the quality of care.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as good for providing well led services.

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 practice's challenges and weaknesses, and were actively addressing them. Leaders were utilising the Productive General Practice programme approach, to help them improve the practice's systems and processes, and release more GP time to deliver care and treatment.
- Leaders at all levels demonstrated the high levels of experience and the capability needed to deliver their commitment to continually improving patient care and treatment.
- 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. Leaders viewed change and challenges positively and actively looked-for ways in which the practice could improve the service for patients.

Vision and strategy

The practice's vision and strategy to deliver high quality, sustainable care, was stretching and forward-thinking.

- There was a clear vision and set of values. The practice had realistic strategies and supporting action plans, to help them achieve their priorities.
- Staff were aware of and understood the practice's vision, values and strategy and their role in achieving them.
- There was a systematic approach to monitoring and reviewing the practice's progress in implementing strategies and action plans.
- The practice planned their services to meet the needs of the practice population.

Culture

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

- Staff stated they felt respected, supported and valued. There were positive relationships between leaders and staff.
- The practice focused on the needs of patients.
- Leaders told us they would act on behaviour and performance inconsistent with the practice's vision and values.
- Openness, honesty and transparency were demonstrated when the practice responded to incidents and complaints. The provider had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could 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 needed. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where appropriate.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. There was evidence that staff were encouraged to contribute towards the development of the service.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. There was embedded team-working and a common focus on improving the care and treatment patients received.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear about their roles and accountabilities, including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and they assured themselves that they were operating as intended. There was evidence of quality improvement activities being carried out.

Managing risks, issues and performance

Are services well-led?

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

- Processes were in place to identify, understand, monitor and address current and future risks, including risks to patient safety. However, the areas covered by the practice's health and safety risk assessment were limited and could be strengthened to include other areas of risk.
- Leaders had a skill-mix strategy and plan, to help ensure appropriate staffing levels were in place.
- Leaders welcomed rigorous and constructive challenge from patients and stakeholders and viewed this as a vital way of holding the service to account.
- The practice had processes to manage current performance.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- 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. However, the practice did not have a planned programme of clinical audit.
- The practice had a plan in place and had trained staff to respond effectively to a major incident.

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.
- Leaders used information to monitor performance and the delivery of quality care.
- 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, staff and external partners to support high-quality sustainable services.

- Leaders created informal and formal opportunities for constructive engagement with staff and patients. For example, the GPs held lunch-time meetings to discuss issues of the day, including for example, home visits and prescription issues.
- The practice was committed to obtaining a full and diverse range of views from patients, staff and external partners about the services they provided. Where appropriate, leaders acted on the feedback they received to improve the care and treatment they provided.
- There was an active patient participation group (PPG), which worked in partnership with the practice to review issues of concern to patients and how these might be addressed.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice, including improving patient care and treatment following significant events. Leaders had worked with the local clinical commissioning group and other participating practices, to help set up the local out-of-hours hub.
- The practice had a proactive approach to seeking out and developing new ways of working. For example, they were taking steps to review and streamline some their internal systems and processes, using the Productive General Practice programme improvement tool. The practice had agreed to participate in a pilot to trial on-line consultations.
- The practice made use of internal of incidents and complaints. Learning was shared and used to make improvements.
- Leaders encouraged staff to take time out to review individual and team objectives, processes and performance at practice meetings and in individual annual appraisals.

Please refer to the Evidence Tables for further information.