

Newcastle Medical Centre

Quality Report

Boots the Chemist
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Tyne and Wear
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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 service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement.

(Previous inspections December 2016 and July 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Requires Improvement

We carried out an announced comprehensive inspection of this practice on 8 December 2016 when the practice was rated as being inadequate overall (inadequate for providing effective and well-led services; requires improvement for providing safe; caring and responsive services). As a result the practice was placed into special measures.

We carried out a further announced comprehensive inspection on 6 July 2017 when the practice continued to be rated as inadequate overall (inadequate for providing effective and well-led services; requires improvement for providing responsive services; good for providing safe and caring services). The practice remained in special measures. The full comprehensive reports on the December 2016 and July 2017 inspections can be found at: <http://www.cqc.org.uk/location/1-3017488527>

This announced comprehensive inspection was carried out on 20 March 2018 to follow up on breaches of regulations identified at previous inspections.

At this inspection we found:

- The practice had taken steps to address the majority of concerns identified during previous inspections and were able to demonstrate improvement.
- A business manager had been appointed to oversee and monitor improvement.
- The practice was able to demonstrate some improvement in Quality and Outcomes Framework

Summary of findings

(QOF) attainment. They provided as yet unpublished or verified data to show they had achieved 79.1% of the points available to them for 2017/18 compared to 65.5% for 2016/17 and 76.3% for 2015/16.

- Staff had undertaken all mandatory training at a level relevant to their roles. A training matrix had been developed to ensure training updates were completed when required.
- From the sample of eight clinical records we reviewed we saw information recorded was detailed and comprehensive. There was evidence of peer review of clinical records and consultations.
- There was evidence of quality improvement and clinical audit activity that could demonstrate improvement to patient care and outcomes.
- Patients reported that they were happy with the services provided and felt they were treated with kindness, dignity and respect
- The practice had developed a range of information for patients whose first language was not English.
- They were being more proactive in their approach to caring for and treating students who made up a large majority of their patient population.
- Staff reported that they felt leadership at the practice had improved and that they felt more supported in their roles
- The practice was assessing the impact of their recent improvement through a rolling programme of patient surveys which were analysed and acted upon. They

had appointed members to their patient participation group (PPG). PPG members who we spoke with stated they felt engaged and involved in the running of the practice.

There were areas where the provider should still make improvements. The provider should:

- Ensure that recent improvements are embedded into the practice culture to ensure sustainment.
- Take steps to maintain an establish an adequate and sustainable level of clinical staffing.
- Continue to take steps to increase uptake of cervical screening.
- Continue to improve Quality Outcomes Framework (QOF) attainment.
- Continue to take steps to improve their identification of carers registered at the practice
- Update the practice complaints policy so that staff are aware of a patient's right to escalate their complaint to the Parliamentary and Health Service Ombudsman should they remain dissatisfied with the practice's response.

I am taking this practice out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

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

Newcastle Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. A GP specialist adviser was also in attendance.

Background to Newcastle Medical Centre

Newcastle Medical Centre provides care and treatment to approximately 13,958 patients from the Fawdon, Kingston Park, Gosforth, Kenton, Kenton Bar, Cowgate, Fenham, Spital Tongues, Jesmond, West Jesmond and Heaton areas of Newcastle Upon Tyne. The vast majority of patients are students who are studying at local universities and residing in nearby student accommodation.

Newcastle Medical Centre provides services from the following address, which we visited during this inspection:

Boots the Chemist

Hotspur Way, Intu Eldon Square

Newcastle Upon Tyne, NE1 7XR

The surgery is located in Boots the Chemist in Eldon Square shopping centre, Newcastle City Centre. All consultation rooms are on the lower ground floor which can be accessed by stairs, lift or escalator. On-site car parking is not available due to the practice's city centre location but numerous car parks and good transport links are available nearby.

The practice population consists of a higher than average proportion patients who are students or of working age. 93.3% of patients were reported as being in paid work or full time education (CCG average 60.6% and England average 61.9%).

The surgery is open from 8am to 6.30pm on a Monday to Friday (GP, nurse and health care assistant appointments available) and from 8.30am to 5pm on a Saturday (nurse and healthcare assistant appointments only).

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

The appointment system operated by Newcastle Medical Centre ensures that patients have access to pre-bookable, telephone and same day or urgent appointments..

At the time of our inspection the practice consisted of:

- One lead GP (male)
- Four locum GPs (one male and three female)
- A nurse practitioner and a practice nurse (both female)
- One healthcare assistants (female)
- 13 non-clinical members of staff including a business manager, practice manager, data administrator, data input clerk, medical records summariser and receptionists

The average life expectancy for the male practice population is 74 (CCG average 77 and national average 79) and for the female population 81 (CCG average 81 and national average 83). Less than 1% of the practices' patient population are in the over 65 age group.

At 30.3%, the percentage of the practice population reported as having a long standing health condition was lower than the CCG average of 54.2% and national average

Detailed findings

of 53.7%. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services. 29.8% of patients registered with the practice are from ethnic minority groups.

The practice area is in the fifth most deprived decile. Deprivation levels affecting children and adults were higher than local and national averages.

Are services safe?

Our findings

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

When we inspected this practice in December 2016 it was rated as requires improvement for the provision of safe services. When we inspected again in July 2017 we found that the practice had addressed the concerns identified at the previous inspection and rated the practice as good for the provision of safe services. However, some improvement was still required in the way in which they recorded significant events and incidents. During this inspection we found that the provider had made improvements and that the practice was providing safe care and treatment.

Safety systems and processes

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

- The practice had safeguarding policies which were regularly reviewed and accessible to all staff, including locums. The policies outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients, including carers, patients with a learning disability and palliative care patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. All staff had undertaken chaperone training and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).

- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

Systems were in place to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis and a poster displaying the red flag symptoms of sepsis was displayed in all of the consultation rooms. Training for non-clinical staff on sepsis had been arranged.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- As well as having their own disaster handling and recovery plan the practice also retained a copy of Boots the Chemist operating manual so they were aware of actions required if an emergency affected the entire building rather than their own premises.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all necessary information.

Are services safe?

Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice had reviewed their processes to ensure prescription stationery was monitored and kept securely. Staff had received training to ensure they were aware of their responsibilities in relation to this.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines.
- The practice compared to local and national averages in relation to the prescribing of antibiotics and hypnotics. Their prescribing of antibacterials was lower than local and national averages.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, including fire safety and legionella.
- The practice monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The practice had enlisted the services of a health and safety consultant on a five year contract to help them ensure that they had an effective system to identify, capture and manage issues and risks.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- When we inspected in July 2017 we found that the provider had a system in place to record, investigate and learn from significant events and incidents. However, we also found that they were not consistent in their approach to recording information in significant event records or minutes of meetings where significant events were discussed. During this inspection we found the significant event process had improved. The practice had reviewed their significant event policy to provide guidance on recording 'near misses' as well as significant events and a flowchart for staff was in operation. Significant events and near misses were discussed and reviewed as a standing agenda item at monthly clinical and practice meetings.
- There was evidence of learning and changes being made as a result of significant events. For example, a significant event had been recorded where a clinical room containing emergency medicine and the computer in the room had been left unlocked. As a result the practice had implemented a secure room policy linked to prescription security. In addition, all staff were instructed to familiarise themselves with the practice smartcard policy and sign to say they had read and understood this.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and the population groups of families children and young people; working age people (including students and those recently retired); people with long term conditions and people experiencing poor mental health as requiring improvement for providing effective services.

When we inspected this practice in December 2016 it was rated as inadequate for the provision of effective services. When we inspected again in July 2017 we were not assured that the practice had addressed all of the concerns identified at the previous inspection and continued to rate the practice as inadequate for the provision of effective services. This was because:

- The practice overall attainment rate in the Quality Outcomes Framework (QOF) Scheme for 2016/17 was lower than it had been for 2015/16 and lower than local and national averages. In addition the attainment rates for individual indicators including atrial fibrillation, stroke, diabetes and mental health were also lower than they had been the previous year.
- Clinical records we viewed were not comprehensive and did not contain detail of repeat prescriptions being reviewed when altering or adding medicines or of follow up arrangements felt to be clinically necessary.
- Not all non-clinical staff had undertaken mandatory child safeguarding training at a level appropriate to their role.

In addition, although the practice had taken steps to improve their cervical screening uptake rate following the inspection in December 2016 there was no data available during the inspection in July 2017 to determine whether this had resulted in an improvement.

During this inspection we found that although QOF attainment was improving and the practice now had a more effective approach to the management of long term conditions QOF and cervical cancer screening attainment was still below local and national averages. We reviewed the records of eight randomly selected consultations that had taken place since the previous inspection and found they were more detailed and contained all relevant information. All staff had completed mandatory training, including child safeguarding. The practice was rated as requiring improvement for providing effective services.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had recently become involved in a pilot scheme called Campus Doctor which allowed students to register with the practice via an application which they could download to their mobile device.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

When we inspected in December 2016 the practice was rated as inadequate for the care of older people. When we inspected again in July 2017 the practice was still rated as inadequate for the care of older people. This was because there was no evidence of any quality improvement work targeted at older people, the practice did not maintain a palliative care register and there was no lead GP for older people.

During this inspection we have rated the practice as good for providing effective services to older people:

- All patients over the age of 75 had a named GP
- The practice maintained a palliative care register and had identified a member of staff as a palliative care lead to ensure end of life patients were receiving appropriate and coordinated care and support.
- The practice had developed a register of older people living with frailty and one of the GPs was allocated as the lead. Patients who fell into this category had their frailty assessed as being either mild, moderate or severe and supported accordingly.
- Patients aged over 75 who had not had contact with the practice for a period of 12 months were invited into the surgery for a review.
- The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

Are services effective?

(for example, treatment is effective)

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

When we inspected in December 2016 the practice was rated as inadequate for the care of people with long term conditions. When we inspected again in July 2017 the practice was still rated as inadequate for the care of older people. This was because there was little evidence that the practice worked to improve the care of people with long-term conditions.

During this inspection we have rated the practice as requiring improvement for providing effective care to people with long term conditions:

- A clinical lead had been appointed to lead on long term conditions and ensure patients with long-term conditions were coded correctly and offered regular reviews.
- A member of the administration team had been identified to support the work to improve QOF attainment and ensure the long-term condition recall system was working effectively.
- At 79.1% as yet unpublished or verified data for 2017/2018 provided by the practice confirmed that QOF attainment had improved (this had been 65.5% for 2016/17). However, this was still lower than local and national averages and we were unable to ascertain the clinical exception rate.
- The sessional pharmacist who worked with the practice had been involved effectively in overseeing repeat prescribing for patients with long term conditions.
- A practice nurse was available during extended hours on a Saturday to facilitate easier access to long term condition reviews for patients who worked or were students
- Nursing team members had received training in long term conditions and managing QOF areas.

Families, children and young people:

When we inspected in December 2016 the practice was rated as inadequate for the care of families, children and young people. When we inspected again in July 2017 the practice was still rated as inadequate for the families,

children and young people. This was because there had been little evidence that the practice worked to improve care for this group. In addition childhood immunisation uptake was low.

During this inspection we have rated the practice as requiring improvement for providing effective service to families, children and young people:

- When we inspected the practice in December 2016 the practice uptake rate for childhood immunisations fell below local and national averages. More up to date data was not available for the inspection that took place in July 2017. Data available for this inspection relating to the period 1 April 2016 to 31 March 2017 showed that the practice had only met the 90% minimum standard for one of the four national indicators.
- The practice was hosting monthly multi-disciplinary safeguarding meetings. These meetings included discussion of children who failed to attend childhood immunisations appointments and those who had attended A&E.
- The practice was running health promotion campaigns. This included sexual health, chlamydia and cervical screening campaigns.

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

When we inspected in December 2016 the practice was rated as inadequate for the care of working age people (including those recently retired and students). When we inspected again in July 2017 the practice was still rated as inadequate for the care of this group of patients. This was because there had been little evidence that the practice worked to improve care for this group. Cervical screening uptake was low and there was no evidence of the practice tailoring the services they offered to meet the needs of working age people who accounted for the majority of patients registered with the practice.

During this inspection we have rated the practice as requiring improvement for providing effective services to working age people (including those recently retired and students):

- The practice's uptake for cervical screening for the period 2016/17 was 22.8% which was below the local CCG average of 71% and national average of 72.1%. For the previous year (2015/16) this had been 26.4% compared to the CCG average of 81% and national

Are services effective?

(for example, treatment is effective)

average of 84.1%. Following our inspection of the practice in December 2016 the practice had implemented an action plan to improve uptake. This included running a smear campaign in the practice and on their website, contacting eligible patients by sending them three letters then following non-attenders up with a phone call and producing smear information leaflets in other languages including Spanish and Chinese. In addition, as the practice attributed their low attainment rate to their transient female student patient population who preferred to attend cervical screening appointments at their home surgery, they had sourced training on a computer system which would enable them to ascertain when patients registered with the practice had obtained their smear test elsewhere so their records could be updated accordingly.

- The practices' uptake for breast and bowel cancer screening was comparable with local and national averages.
- The practice offered online services to book appointments, order repeat prescriptions and view summary care records.
- The practice had reviewed their appointment system and moved away from offering a walk in service. Pre bookable appointments, telephone consultations and same day telephone triage for urgent appointment requests were available.
- Appointments were available with a nurse or healthcare assistant on a Saturday. Appointments with a GP were not available on a Saturday.

People whose circumstances make them vulnerable:

When we inspected in December 2016 the practice was rated as requires improvement for the care of people whose circumstances make them vulnerable. When we inspected again in in July 2017 the practice was rated as inadequate for the care of vulnerable people. This was because we were not assured that the practice was proactively identifying or supporting carers and the practice did not have a palliative care register.

During this inspection we have rated the practice as being good for providing effective service for people whose circumstances make them vulnerable:

- The practice had identified a safeguarding lead and all staff were up to date with child and adult safeguarding training at a level appropriate to their role.

- The practice had also identified a lead member of staff for patients with a learning disability and ensured patients with a learning disability were offered an annual health check
- The practice had introduced a register of vulnerable patients to ensure they were being supported appropriately. This included palliative care patients.
- A representative from a mental health charity had attended the practice to ensure the practice was accessible for patients with a learning disability
- A member of staff had been identified to act as a carers champion and support carers in accessing support services. They had identified 11 patients as having caring responsibilities which represented approximately 0.07% of the practice patient population. We would normally expect to see between 2-5% dependent on the practice patient demographics.

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

When we inspected in December 2016 the practice was rated as inadequate for the care of people experiencing poor mental health (including people with dementia). When we inspected again in in July 2017 the practice was still rated as inadequate for this group of patients. This was because attainment rates for QOF mental health indicators were low and had declined since the previous year. In addition, despite the practice reporting that they had a high proportion of student patients who presented with mental health issues the practice had achieved 0% of the QOF points available to them in relation to depression for the previous three years.

During this inspection we have rated the practice as requiring improvement for providing effective services to people experiencing poor mental health, including dementia:

- When we inspected the practice in July 2017 practice staff told us that although not published or verified at the time QOF attainment for 2016/17 in relation to mental health indicators had improved from the previous year. We were told that they had attained 68% of the points available to them for the mental health indicator and 57% for depression. However, the published figures show they had attained 68% for the mental health related indicator but 0% for depression. QOF data for 2017/18 provided by the practice during this inspection suggest that attainment for depression

Are services effective?

(for example, treatment is effective)

had improved to 74.1% but had decreased to 60.2% for the mental health indicator. However, this data has not yet been published or verified and the clinical exception rate for these indicators was not available.

- The practice was working closely with a primary care support worker for dementia from a local mental health trust.
- They hosted counsellors from local mental health services and regularly signposted and referred patients to local support agencies, including talking therapy providers.
- Patients experiencing poor mental health who had attended A&E were reviewed at regular practice meetings.
- The lead GP was involved in the development of a mobile device application which would provide health related advice on issues such as depression, mental health and exam stress for students.
- There was evidence of a completed two cycle audit looking specifically at depression. Practice staff told us that this had led to an improvement from 24% to 71% in ensuring patients newly diagnosed with depression had a follow up review within four months of 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 provided. For example:

- The lead GP reviewed a random selection of five consultations per month per locum GP using a recognised review tool.
- The lead GP and long term locum GP carried out quarterly peer reviews of each other which involved being present at a random selection of each other's patient consultations.
- As a result of these reviews a protocol for clinical record keeping and review sheet had been developed.
- There was evidence of completed two cycle clinical audits which could demonstrate an improvement to patient care and outcomes. An audit schedule was in operation to govern future audit activity.

The most recent published QOF results (relating to 2016/17) showed that the practice had obtained 65.5% of the total number of points available compared with the clinical

commissioning group (CCG) average of 97.7% and national average of 95.5%. This was less than they had achieved for the previous year (2015/16) when they had obtained 76.3% of the points available to them.

The overall exception reporting rate for 2016/17 was 16.1% compared with the local CCG average of 10.1% and national average of 9.9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) Although this was an improvement on the previous year when the clinical exception rate had been 25.7% it was still higher than local and national averages.

The 2016/17 results showed that the practice had obtained 100% and above local and national averages for six of the 19 QOF clinical conditions including asthma, chronic kidney disease, epilepsy, heart failure, learning disability and peripheral arterial disease. However, for the other 13 conditions the practice had scored below local and national averages, particularly in relation to diabetes, depression, mental health issues, hypertension, osteoporosis and palliative care.

Practice staff told us that they had been actively engaged in improving QOF attainment through the implementation of a QOF improvement plan, allocation of lead members of staff to specific QOF conditions, an audit of patient records to ensure long term conditions were coded correctly and the introduction of long term condition reviews. As a result they were able to show us as yet unpublished or verified QOF data for 2017/18 which showed that QOF attainment had improved and was showing as being 79.1% for 2017/18 on the date of our inspection (previous year 65.5%) However, this is still lower than local and national averages and the clinical exception rate was not available.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included taking samples for the cervical screening programme had received training to enable them to do so competently.

- 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.

Are services effective?

(for example, treatment is effective)

- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation.

In addition, when we had inspected in July 2017 we found that not all non-clinical staff had completed mandatory child safeguarding training to an appropriate level. During this inspection we found that this issue had been addressed and staff were up to date with all mandatory training. The practice had an effective training matrix in operation to help them identify when training updates were required. They had also implemented an additional training schedule to complement mandatory training. This included inviting consultants from a local private hospital into the practice on a monthly basis to deliver talks and presentations.

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 that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had identified a member of staff as a palliative care lead to ensure palliative care patients were being cared for and supported appropriately.
- We reviewed eight randomly selected patient records of consultations that had taken place since the previous inspection. We found these were of a good standard and contained all relevant information. A process had been implemented where the lead GP reviewed a random selection of five consultations per locum GP per month to ensure record keeping was consistent and of a good standard. The lead GP and senior locum GP also peer reviewed each other's consultations on a quarterly basis.

Helping patients to live healthier lives

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

- When we inspected the practice in December 2016 we found that the practice uptake of cervical screening had not been in line with local and national averages. When we inspected again in July 2017 more recent data regarding performance in these areas had not been available. However, the practice had implemented a comprehensive action plan to drive improvement as previously detailed in this report. Data for the period 2016/17 which has been published since the July 2017 inspection shows that the practice uptake rate for cervical screening was 22.8% (CCG average 71% and national average 72%). This was lower than the previous year (2015/16) when the practice had achieved 26.4% (CCG average 81% and national average of 84%).
- When we inspected in December 2016 the practice's uptake of childhood immunisations was below local and national averages. When we inspected again in July 2017 we found that work had been initiated by the practice to improve uptake. This included displaying information in the practice waiting room advising parents/carers to have their children vaccinated, clinical staff checking a child's immunisation record when they attended for other appointments and ensuring the practice held the correct immunisation records. However, no up to date data had been available to show that this had resulted in an uptake in the childhood immunisation programme. Data available for this inspection relating to the period 1 April 2016 to 31 March 2017 showed that the practice had only met the 90% minimum standard for one of the four national indicators:
 - Booster immunisation for Pneumococcal infection for children aged 2 – 81.8%
 - Haemophilus Influenza type b and Meningitis C for children aged 2 – 86.4%
 - Measles, mumps and rubella – 81.8%
 - The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Are services effective?

(for example, treatment is effective)

- At 60% the percentage of new cancer case patients who were referred to secondary care using the urgent two week wait referral pathway was higher than the CCG average of 48% and national average of 52%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

When we inspected this practice in December 2016 it was rated as requires improvement for the provision of caring services. When we inspected again in July 2017 we found that the practice had addressed the concerns identified at the previous inspection and rated the practice as good for the provision of caring services. During this inspection we found that the provider was still providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 26 of the 28 (93%) patient Care Quality Commission comment cards we received were positive about the service experienced. Two contained negative feedback in relation to a delay in being referred to secondary care and delays in being able to get an appointment.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 338 surveys were sent out and 31 were returned. This represented about 0.2% of the practice population. The practice was either comparable with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 89%; national average - 86%.

- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Some practice information was available in Spanish and Cantonese and the practice information leaflet and information on cervical screening was available in Chinese.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Members of staff had been identified as waiting room owners whose role entailed ensuring information in the waiting areas was relevant and up to date.
- The practice had identified a member of staff to act as a carers champion and assist carers in finding further information and accessing community and advocacy services. The practice computer system alerted clinicians if a patient was a carer. The practice had identified 11 patients as having caring responsibilities which represented 0.07% of the practice patient population.
- As a high proportion of the practice's patient population were students the practice had identified a member of staff as a student champion. Their role had involved making contact with local universities to introduce themselves, the practice and their remit. This included ensuring students were appropriately supported and given relevant information and advice on a range of information including contraception, sexual health, cervical screening and mental health related issues. The practice was intending on developing a student information pack which they could give to patients during the next fresher's week.

Are services caring?

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.

- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 79% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and the population groups of people with long term conditions; working age people (including students and those recently retired) and people experiencing poor mental health as requiring improvement for providing responsive services.

When we inspected this practice in December 2016 it was rated as requires improvement for the provision of responsive services. When we inspected again in July 2017 we found that the practice had not addressed the concerns identified during the previous inspection and rated the practice as still requiring improvement for the provision of responsive services. This was because:

- National GP Patient Survey scores published in July 2017 were lower than local and national averages in relation to ease of access to care and treatment were below local and national averages.
- The practice did not have a record of discussing or reviewing complaints, or trends and themes and lessons learning arising from complaints with the entire staff group.

During this inspection we found that the practice had taken some steps to improve. They had reviewed their appointment system and changed it to reflect patient preference and demand and had introduced a schedule of staff meetings where complaints were reviewed and discussed as a standing agenda item. However, as only 23 patients had responded to their in-house patient survey we were unable to see any real evidence of increased patient satisfaction in relation to ease of access to care and treatment. The provider was rated as requiring improvement for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. They had an atypical patient population due to:

- A high volume of students from local universities being registered with the practice
- A high number of patients for whom English was not their first language
- The vast majority of their patients were in the 20-29 age groups.

The practice had responded to the needs of these patients. This included:

- Introducing a range of information to support patients whose first language was not English
- The lead GP had visited several other practices whose patient population consisted of a high majority of students to share best practice. As a result they had suspended their walk in surgery and introduced a telephone appointment triage system with an advanced nurse practitioner for urgent or same day appointment requests. They had also introduced a student book exchange to enable students to swap text and reference books.

They practice had recently reviewed and changed their appointment system. Previously the appointment system operated by a the practice had been the provision of a walk in surgery where any patient who attended the practice between 8am and 9am was guaranteed to see a GP the same day. In addition they also offered some pre bookable appointments. The practice has suspended the walk in surgery and now operate an advanced nurse practitioner triage system. They were in the process of educating patients on the new system via their website, social media and posters in the reception area. Patients were now asked to telephone the practice between 8.30am and 10am for same day appointment requests and after 10am for pre bookable appointment requests. Requests for same day appointments were then triaged by an advanced nurse practitioner with support from one of the GPs. Patients were then either offered a same day appointment with a nurse or GP, pre bookable appointment or directed to a pharmacy as necessary. The practice was committed to auditing appointment availability on a quarterly basis.

The facilities and premises were appropriate for the services delivered. Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

When we inspected in December 2016 the practice was rated as inadequate for the care of older people. When we inspected again in July 2017 the practice was still rated as inadequate for the care of older people. This was

Are services responsive to people's needs?

(for example, to feedback?)

because there was no evidence of any quality improvement work targeted at older people, the practice did not maintain a palliative care register and there was no lead GP for older people.

During this inspection we have rated the practice as good for providing responsive services for older people:

- All patients had a named GP
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

When we inspected in December 2016 the practice was rated as inadequate for the care of people with long term conditions. When we inspected again in July 2017 the practice was still rated as inadequate for the care of older people. This was because there was little evidence that the practice worked to improve the care of people with long-term conditions.

During this inspection we have rated the practice as requiring improvement for providing responsive care to people with long term conditions:

- The practice had made improvements to ensure that patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met and were working to improve uptake. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. However, QOF attainment rates were still lower than local and national averages.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

When we inspected in December 2016 the practice was rated as inadequate for the care of families, children and young people. When we inspected again in July 2017 the practice was still rated as inadequate for the care of families, children and young people. This was because there had been little evidence that the practice worked to improve care for this group.

Following this inspection we have rated the practice as being good for providing responsive services to families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had attended A&E or those who had missed routine childhood immunisations.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

When we inspected in December 2016 the practice was rated as inadequate for the care of working age people (including those recently retired and students). When we inspected again in July 2017 the practice was still rated as inadequate for the care of this group of patients. This was because there had been little evidence that the practice worked to improve care for this group. There was no evidence of the practice tailoring the services they offered to meet the needs of working age people who accounted for the majority of patients registered with the practice.

Following this inspection we have rated the practice as requiring improvement for providing responsive services to working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments. However appointments with a GP were not available on a Saturday and the practice had not implemented their plan to deliver Saturday morning cervical screening clinics to encourage uptake.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was using social media, which was updated on a daily basis, to communicate more effectively with patients and provide general health related and other advice and information.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had recently become involved in a pilot screen called Campus Doctor which allowed students to register with the practice via an application which they could download to their mobile device.
- The practice had identified a member of staff as a student champion and had become a member of the Student Health Association to help promote good health to students.

People whose circumstances make them vulnerable:

When we inspected in December 2016 the practice was rated as requires improvement for the care of people whose circumstances make them vulnerable. When we inspected again in July 2017 the practice was rated as inadequate for the care of vulnerable people. As previously stated this was because we were not assured that the practice was proactively identifying or supporting carers and the practice did not have a palliative care register.

Following this inspection we have rated the practice as being good for providing responsive services for people whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those receiving end of life care.

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

When we inspected in December 2016 the practice was rated as inadequate for the care of people experiencing poor mental health (including people with dementia). When we inspected again in July 2017 the practice was still rated as inadequate for this group of patients. As previously stated this was because attainment rates in relation to Quality Outcomes Framework (QOF) mental health indicators were low and had declined since the previous year. In addition, despite the practice reporting that they had a high proportion of student patients who presented with mental health issues the practice had achieved 0% of the QOF points available to them for depression for the previous three years.

Following this inspection we have rated the practice as requiring improvement for providing responsive services to people experiencing poor mental health, including dementia:

- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- QOF attainment for some mental health related indicators had improved. When we inspected the practice in July 2017 practice staff told us that although it had not been published or verified at the time QOF attainment for 2016/17 in relation to mental health indicators had improved from the previous year. We were told that they had attained 68% of the points available to them for the mental health indicator and 57% for depression. However, the published figures show they had attained 68% for the mental health related indicator but 0% for depression.
- The practice discussed patients who had attended A&E with mental health related issues at regular clinical meetings to ensure appropriate support was in place.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. The practice had taken steps to ensure patients were informed of recent changes to the appointment system.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages and in some areas lower than the previous year.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%. Attainment during the July 2016 survey had been 51%.
- 69% of patients who responded said they could get through easily to the practice by phone; CCG – 77%; national average – 71%. Attainment for July 2016 had been 58%.

Are services responsive to people's needs?

(for example, to feedback?)

- 78% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%. Attainment for July 2016 had been 62%.
- 34% of patients who responded described their experience of making an appointment as good; CCG - 74%; national average - 73%. Attainment for July 2016 - 46%.
- 40% of patients who responded said they don't normally have to wait too long to be seen; CCG - 60%; national average - 58%. Attainment for July 2016 - 43%.

The practice was aware of low satisfaction in this area and had changed their appointment system as a result of this. They had previously offered a walk-in surgery on a daily basis for patients seeking urgent or same day appointments. They were now promoting pre bookable appointments and all requests for urgent or same day appointments had to be made over the phone and triaged by an advanced nurse practitioner with support from one of the GPs. Pre-bookable extended hours appointments were available with a nurse or a health care assistant on Saturdays from 8.30am to 5pm. The lead GP told us that they were in the process of offering some of their locum GPs positions as salaried GPs and their contract would include offering GP appointments on a Saturday morning on a rota basis.

It was too early for these changes to be reflected in national GP patient survey satisfaction levels. However, the practice had carried out their own survey in March 2018 which looked at access, ease of making an appointment, opening hours and getting through to the surgery by phone. The vast majority of the 23 responses received had been positive. However, this was a very small representation of patients registered with the practice (approximately 0.16% of the patient population). As a result of the survey the practice had displayed information in their waiting room

promoting online services, explaining the new appointment triage system and explaining difficulties experienced by receptionists when dealing with a high volume of calls.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The practice complaint leaflet was in line with recognised guidance. However, their complaint policy for staff did not include details of a patient's right to escalate their concerns to the Parliamentary Health Service Ombudsman should they remain dissatisfied with the practice response. The practice had recorded four complaints between 1 January 2018 and the date of our inspection. We reviewed these complaints and found that they were satisfactorily handled in a timely way.
- During the previous inspections we did not find any evidence of complaints and trends and themes or lessons learned arising from complaints being discussed with staff. During this inspection we found that complaints were discussed at minuted monthly practice meetings as a standing agenda item. Quarterly complaints trend analysis meetings were also scheduled and outcomes fed back to the team during the practice meetings. There was evidence of action being taken as a result of complaints. For example, all staff were reminded of their roles and responsibilities in relation to issuing prescriptions and asked to re familiarise themselves with the practice prescription policy as a result of a complaint regarding a prescription error.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice and all of the population groups as requires improvement for providing a well-led service.

When we inspected this practice in December 2016 it was rated as inadequate for the provision of well-led services. When we inspected again in July 2017 we found that the practice had not addressed the concerns identified during the previous inspection and continued to rate the practice as inadequate for the provision of well-led services. This was because:

- The practice did not have realistic plans in place to achieve their vision and strategy and had not taken into account their atypical patient population in developing their services
- The practice had developed an action plan to aid improvement following the December 2016 inspection but it had not been possible to determine if the action plan had been effective during the July 2017 inspection.
- The practice had not carried out any work to determine if the changes they had made to the appointment system had addressed patient dissatisfaction in relation to accessing care and treatment.
- We were not assured that the leadership and governance arrangements at the practice promoted the delivery of high quality care
- Some practice specific policies needed review.
- Quality Outcomes Framework (QOF) data available for the July 2017 inspection had showed a deterioration since the previous year
- There was little evidence of learning from significant events and complaints being discussed or shared with the entire staff group
- The practice did not have a patient participation group and engagement with people who used the service was limited

During this inspection we noted that there had been improvements. This included to the leadership of the practice through the appointment of a business manager experienced in practice management. However, we were not assured that the improvements had been fully embedded in the practice culture to ensure that improvement could be sustained. The practice's approach to service delivery and improvement was reactive and focused on short term issues.

Leadership capacity and capability

We were not assured that leaders had the capacity to deliver high-quality, sustainable care.

- Since the previous inspection the lead GP had appointed a Business Manager to help drive improvement in the practice. Changes had also been made to the management and staff structures to address performance issues.
- The lead GP and Business Manager were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were taking steps to address them.
- Staff told us that the Business Manager and Practice Manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The Business Manager had reviewed practice meeting arrangements. Minuted monthly clinical and full practice meetings were taking place which included standard agenda items such as health and safety; significant events and near misses, complaints, vulnerable patients, audits, QOF, coding, NICE updates and training. Monthly QOF meetings had also been established to monitor progress.
- GPs in the practice delivered a total of approximately 22 clinical sessions per week. This was relatively low given the size of the practice patient population. Practice management told us that as the vast majority of their patients are students who are only resident in the area during term time they felt they had adequate clinical cover. There was no evidence of sessions being tailored to meet fluctuations in demand.
- We were concerned about the repeated lengthy absence from the practice of the lead GP to carry out non NHS work. This had resulted in the need to rely almost solely on locum clinicians to deliver clinical services. There was therefore a risk of the practice not being able to maintain adequate and continual levels of clinical staffing.
- We were yet to see any real evidence of sustained positive outcomes for patients with long term conditions being embedded in the practice as a result of the recent changes made.

Vision and strategy

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

Are services well-led?

Requires improvement 

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

- There was a clear vision and set of values. The practice had developed a comprehensive business plan for 2018 to 2021 since the last inspection to help them identify and achieve priorities. This identified goals and objectives as well issues such as staffing, premises, IT, management and skill mix.
- The practice had reviewed their vision, values and strategy since the previous inspections and had notified their patients of this through their website and use of social media applications.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice was committed to planning its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice was working to create a culture of high-quality sustainable care.

- Staff we spoke with stated they felt the practice had improved since the previous inspections and felt better leadership and management arrangements were now in place.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. There had been a recent review of the staffing structure and performance issues had been addressed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included annual appraisals and six monthly appraisal reviews. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

- There was an increased emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff understood their roles and responsibilities in relation to raising concerns and in reporting incidents and near misses. There was evidence of these being investigated appropriately and trends and themes and lessons learned from significant events and complaints being shared with all staff.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- All policies and procedures had been reviewed and updated following the previous inspections and a schedule was in place to monitor when further review was due. Staff had been asked to confirm that they had read and understood the updated policies and procedures. This included the practice recruitment policy. However, although the practice complaints leaflet gave patients details on how they could escalate their complaint to the Parliamentary and Health Service Ombudsman their complaints policy did not include this detail.
- There was an increased focus on quality improvement and clinical audit activity which could demonstrate improvements to patient care and outcomes.

Managing risks, issues and performance

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

Are services well-led?

Requires improvement 

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

- There were some effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, the practice relied heavily on locum clinical staff which could not ensure stability.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. 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.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in departmental meetings which were held every three weeks where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to develop and support high-quality sustainable services.

- The practice had developed a schedule to carry out quarterly patient surveys. These surveys looked at customer service, the environment and appointment availability on a rolling programme.
- The practice had recruited a patient participation group since the last inspection consisting of approximately 11 core members. They had developed terms of reference and members were engaged in trying to recruit student representatives to the group. Members we spoke with stated they felt that practice management did take their views and suggestions into consideration and felt actively involved in the development of the practice.

Continuous improvement and innovation

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

- The practice had developed an action plan to aid improvement following our previous inspections and monitored their progress in relation to this
- A business manager had been appointed whose role included overseeing development and improvement activity
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There was evidence of quality improvement and clinical audit activity that led to improvements in patient care and outcomes.