

Northpoint Medical Practice

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.

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 Northpoint Medical Practice on 30 May 2018 as part of our inspection programme.

At this inspection we found:

- 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 had systems in place to minimise risks to patient safety.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The new provider had thoroughly reviewed the effectiveness and appropriateness of the care it provided. They ensured that care and treatment was delivered according to evidence-based guidelines and best practice.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had an established and engaged Patient Participation Group (PPG) who were integral to the development of the practice.
- The practice organised and delivered services to take account of individual and cultural patient needs and preferences.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a strong focus on improvement at all levels of the organisation.

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

- Improve the system for checking and recall for patients that are on high risk medication.
- Implement in-depth clinical outcome based audits to improve to patient care.

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 adviser.

Background to Northpoint Medical Practice

Northpoint Medical Practice is located at Goodhart Road, Bransholme, Hull, North Humberside, HU7 4DW. The practice is situated in the middle of a large inner-city housing estate in Hull. It has approximately 3,279 patients mainly from a white British background. Approximately 13% of the practice population are over the age of 65. The practice is in an area measured as having high levels of deprivation and is scored as one on the indices of deprivation. Practices with high levels of deprivation typically have more need for health care services. The location provides accessible facilities and have several public car parking spaces.

The practice website can be found at <http://>

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and family planning.

Northpoint Medical Practice is situated within Hull Clinical Commissioning Group (CCG) and provides services under the terms of an alternative personal medical services (APMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has three full time GPs (two male) and one (female). The practice has a Practice Manager, Practice

Nurse, Advanced Care Practitioner (ACP), Health Care Assistant (female) and six administration and reception staff. The practice also has employs a Clinical Pharmacist who assists with the prescribing workload.

The practice is open between 8am to 8pm on Monday to Friday and 9am to 1pm on a Saturday.

GP appointments are from 8.15am to 12pm and 2.10pm to 7.20pm Mondays to Friday. Saturday GP appointments are from 9.15am to 12.25pm. Nurse appointments are from 8.15am to 12pm and 1.30pm to 4.30pm Tuesday to Friday. Health Care Assistant (HCA) appointments are from 8.15am to 1pm Monday to Friday except Thursday. HCA alternates appointments from 2pm to 6pm on a Thursday and Saturday from 9.15am to 12.30pm. Advanced Care Practitioner (ACP) appointments are 8.15am to 12pm and 2pm to 3.30pm on a Monday, Wednesday and a Thursday.

When the practice is closed patients are advised to contact the Out of Hours service (111) provided by City Health Care Partnership CIC.

The provider registered with the CQC in May 2017. There was however, continuity of leadership and staffing between the previous and current provider at the time of inspection. Unless stated, results used throughout the report relate to the previous provider.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

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

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis; this was supported by alerts on the computer systems if 'red flag' symptoms were suspected.
- When there were changes to services or staff the practice assessed and monitored the impact on safety and discussed these with their patient participation group (PPG).

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw evidence of a co-ordinated approach between the practice and community nurses to support provision of safe care and treatment for patients.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The new provider had made several changes to the delivery of care and treatment. This had ensured that staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. We saw that there was an informal system for reviewing and recalling patients that were taking 'high' risk medicines. These were medicines that required closer monitoring. The records we looked at were all up to date in respect

Are services safe?

of their appropriate recall dates. We discussed this with the provider and they assured us that they would implement a more formal system to ensure the review and recall system was consistent.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. Risk assessments were up to date and reviewed regularly.
- The practice monitored and reviewed safety using information from a range of sources.
- Staff were encouraged to raise any areas of concern relating to safety.

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. They told us that they felt supported to do so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw evidence that when necessary they would liaise with stakeholders such as the CCG 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 good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems and processes in place to keep clinicians up to date with current evidence-based practice. We saw that the new provider had re-assessed patient needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. There was evidence of monitoring and improvement in performance of Quality and Outcomes Framework (QOF) achievement. The new provider had reviewed the QOF outcomes and prioritised areas for improvement. Unverified data for 2017/2018 showed improved outcomes for patients. For example, 2017/18 data showed the provider had achieved 94.2% which was comparable to the CCG average of 93.5% and England average of 96.4%.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. All practice staff were aware of the benefits of social prescribing and had numerous links to community groups and support networks.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Clinical templates were used where appropriate to support decision making and ensure best practice guidance was followed.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice held memory clinics with the health care assistant for patients at risk of dementia.
- The practice supported and provided a range of services for a significant number of patients living in a care home and they were running a care home scheme which

supported local care homes. This involved the practice supporting patients in local care homes across the city and as a consequence admissions to hospital for these patients had reduced.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicine needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Clinical staff would opportunistically offer reviews if patients had failed to attend previous appointments.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- The ACP carried out reviews at patients own homes for patients on the frailty register.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

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

- The practice's uptake for cervical screening was 77% which was comparable with other practices nationally but was below the 80% coverage target for the national screening programme. The practice's uptake for breast and bowel cancer screening was in line with the local CCG average but also lower than national averages. The

Are services effective?

practice was aware of the need to improve screening uptake and had implemented a recall system for overdue screening. Where patients had been recalled for their first time, the practice sent a detailed leaflet to the patient giving them step by step advice on what to expect.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely 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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks. This included interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long term medication. When people experiencing poor mental health failed to attend for their appointments or collect their prescriptions the practice would contact them. For example, a text reminder message was sent to the patient if they failed to turn up for their appointment or collect their prescription. The practice would contact the patient by telephone if they persisted in no contact.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

- 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

- A number of audits had been undertaken including review of cancer diagnosis, compliance of retinal screening and a blood results audit. However, only one data collection was undertaken, thus not resulting in changes to clinical management and medicines for individuals. We discussed this with the provider and they assured us that more in-depth clinical outcome based audits would be completed to improve patient care.

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

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The practice told us they benchmarked their performance against other practices in the Hull GP Collaborative grouping and if appropriate implemented new ways of working to achieve results.
- The provider told us that they were shortly implementing a joint working service where they would undertake blood tests for patients on behalf of the oncology service at the acute hospital. Following our inspection visit the practice manager told us that the practice had now started hosting these clinics at the practice to reduce the burden of patients having to travel to the hospital.

Effective staffing

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

- Staff had a wide range of knowledge and skills appropriate to their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had

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received specific training and could demonstrate how they stayed up to date. Clinical and managerial staff regularly attended CCG update meetings and met with peers.

- The practice understood the learning needs of staff and provided regular 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 a documented induction process, one-to-one meetings, appraisals, regular staff meetings and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Care was co-ordinated between services and patients, who received 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 co-ordinated way which took into account the

needs of different patients, including those who may be vulnerable because of their circumstances. The practice held meetings with the palliative care team every four to six weeks.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice worked closely with the PPG and had established links within the local community.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported local and national priorities and initiatives to improve the population's health, for example, social prescribing and financial advice, stop smoking campaigns and 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. We saw that consent was recorded.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. All staff had received training on the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLs) and the staff we spoke with understood their responsibilities.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All the seven CQC patient comment cards and the 12 patient questionnaires we received on the day of inspection were positive about the service. Staff were described as professional, respectful and caring. Patients also said that receptionists at the surgery were very helpful.

Involvement in decisions about care and treatment

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

- Staff were kind and respectful and communicated with people in a way that they could understand.

- We saw that an electronic appointment screen was available for patients in languages other than English.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them. 1.4% of the practice population had been identified as carers. We saw that Advanced Care Practitioners sign-posted carers to appropriate services.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- We spoke with two members of the PPG and feedback from patients told us their dignity and privacy was respected.

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. It took account of patient individual and cultural needs and preferences.

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

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.

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 a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of five could attend the practice or by a telephone appointment system irrespective of appointment availability.
- The practice held two childhood immunisation clinics a week run by the Practice Nurse.
- Additional nurse appointments were also available on a Saturday morning.

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 practice was open until 8pm Monday to Friday and to 1pm on Saturday.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those who have substance misuse problems through information sharing with the local drug and alcohol services.

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

- Priority appointments would be allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to care and treatment

Are services responsive to people's needs?

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Those patients who had registered their mobile telephone numbers were sent text messages to remind them of their appointments. The practice was also considering implementing a two-way text system where text messages could also be returned to the practice.

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. Staff told us that when language was a barrier they would assist patients with this.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and an analysis of trends and discussed these at staff meetings. It acted as a result to improve the quality of care. For example, after a patient complained about their repeat prescription not being available, staff were reminded about their duties in relation to how a patient's prescription requests have been originally set up.

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services and had worked to address these since the new provider registered with the CQC in May 2017. The practice demonstrated improvement in delivering improved levels of service in some significant areas to patients. For example, patients asked for more access to female GPs and this was completed. A pharmacist was employed to ease the workload for GPs and 15 minute patient appointments were introduced as a result of GPs time being freed up by this.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- The provider was aware of the need to plan for the future leadership of the practice and develop leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice discussed all aspects of practice development with the PPG and liaised with the CCG regularly.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The practice planned its 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. They were proud to work in the practice and felt the transition to the new provider had been positive.

- Leaders and managers acted on any behaviour and performance which was inconsistent with the vision and values of the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of staff and patients.
- The practice actively promoted equality and diversity.

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 joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear and knowledgeable regarding their roles and responsibilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw that policies and procedures were regularly reviewed and available to staff.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit and quality improvement activity 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. For example, a computer virus had caused computers to fail for 24-hours and the practice resorted to a paper system in-line with their business disaster planning.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. Issues and changes were discussed regularly with the PPG.
- Quality, sustainability and recent changes made by the new provider were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account. Staff were allocated specific roles to ensure quality was maintained.
- 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 submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We saw evidence that changes were made to services as a result of patient feedback.
- There was a well-established, active, engaged and diverse PPG. This group was involved in the management of the practice and felt respected and valued by the practice staff.
- The practice 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 renewed focus on continuous learning and improvement.
- The PPG told us of a number of improvements which had been made by the new provider.
- The practice benchmarked their performance against other practices in the Hull GP Collaborative grouping and used the knowledge of their peers to improve services where possible.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.