

Widdrington Medical Practitioners

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as good overall. (Previous inspection – 9 July 2015 – rating – good).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Widdrington Medical Practitioners on 24 April 2018, as part of our planned 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.
- Staff had the skills, knowledge and experience to carry out their roles.
- The practice routinely reviewed the effectiveness and appropriateness of the care and treatment they provided. Staff ensured that care and treatment was delivered in line with evidence-based guidelines.
- The practice organised and delivered services to meet patients' needs. They took account of patient needs and preferences.

- Overall, patients found the appointment system easy to use and reported that they were able to access care and treatment when they needed it.
- There was a very strong focus on continuous learning and improvement at all levels of the organisation.
- Staff involved patients in decisions about their care and treatment and treated them with compassion, kindness, dignity and respect.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- Governance processes and systems for business planning, risk management, performance and quality improvement operated effectively

We also saw an area of outstanding practice:

- One of the GP partners had devised a clinical system safety algorithm to help ensure that, following any type of contact with a patient, the practice's IT system automatically identified any outstanding clinical tasks or overdue reviews. The algorithm provided staff with access to an appropriately worded letter which they were then able to issue to the patient. In addition, they had also devised other algorithms to carry out automatic searches to check whether patients prescribed high-risk medicines had received appropriate monitoring and if patients had any overdue blood tests that needed to be carried out. This had helped the practice to achieve their very good Quality and Outcomes Framework (QOF) results.

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 and an expert by experience.

Background to Widdrington Medical Practitioners

Widdrington Medical Practitioners is located in the Widdrington area of Northumberland and provides care and treatment to 2676 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of the NHS Northumberland clinical commissioning group (CCG). A dispensing service is provided for patients who live further than one mile away from the practice. We visited the following location as part of the inspection:

Widdrington Surgery, Grange Road, Morpeth, Northumberland, NE61 5LX.

The practice serves an area where deprivation is lower than the England average. Information supplied by Public Health England places the practice in the fourth least deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Widdrington Medical Practitioners has fewer patients aged under 18 years of age, and more patients over 65 years, than the England averages. The percentage of patients with a long-standing health condition is above the England average, and the percentage of patients with caring responsibilities is lower than the England average.

Life expectancy for women (80.5 years) and men (78.9 years) is similar to the England averages of 83.1 years and 79.4 years respectively. National data showed that 1.3% of the population are from non-white ethnic groups.

The practice is located in a modern, purpose built, single-storey building. The premises include on-site parking, disabled parking, a disabled WC and step-free access. A dentist and an optician are also based in the building and provide surgeries once a week.

The practice has two GP partners (one male and one female), two associate GPs (male), a nurse practitioner and a practice nurse (female), a practice manager, a pharmacist and four dispensing staff, and a small team of reception and administrative staff. The practice is a teaching practice and provides training placements for final year medical students.

When the practice is closed patients can access out-of-hours care via Vocare, known locally as Northern Doctors, and the NHS 111 service.

Are services safe?

We rated the practice 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 had received up-to-date safeguarding and health and safety training appropriate to their role. They knew how to identify and report concerns. Reports about any safeguarding incidents, including what had been learnt from them, were available to all staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate checks on staff when they were recruited and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were appropriate 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, and busy periods.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, including sepsis.

- When there were changes to how the service was delivered, the practice assessed and monitored the impact on safety. For example, the implementation of the new appointments system had involved the whole staff team in preparing for the change, reviewing the effectiveness of the new system and addressing issues and concerns as they arose during the period of implementation.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

The practice had reliable systems that ensured medicines were handled safely.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered and 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. Publicly available data demonstrated the practice was performing well against national targets aimed at reducing inappropriate prescribing of antimicrobials.
- A system was in place to monitor patients' health in relation to their use of medicines and to take follow up where appropriate. The practice's pharmacist ensured patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.

Track record on safety

The practice had a good track record on safety.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed the arrangements they had in place to promote patient safety. This helped to give staff a clear, accurate and current picture of safety issues and any risks. This helped the practice identify and implement any improvements that were needed.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were safe and effective systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Please refer to the Evidence Tables for further information.

Are services effective?

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

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed individual 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 care and treatment decisions were made.
- Staff used technology to help them provide a better service to their patients. For example, mobile blood pressure monitors had been purchased, so patients could undergo monitoring in their own home, rather than having to go to hospital.

Older people:

- The practice had actively focussed on the identification and management of older patients living with frailty. For example, patients identified as being severely frail had undergone a face-to-face assessment, to check their diagnosis, susceptibility to falling and ensure they were receiving appropriate care and treatment.
- Patients aged over 75 were invited for a health check with a named GP.
- There were suitable arrangements in place to ensure that, when older patients were discharged from hospital, their care plans and prescriptions were updated, to reflect any extra or changed needs.
- Clinical staff had appropriate knowledge and understanding of how to treat older patients and meet their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions (LTCs) had a structured annual review, to check their health and medicines needs were being met.

- Staff who were responsible for carrying out reviews of patients with LTCs had received specific training. For example, the practice nurse had completed diabetic and asthma masterclasses.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease, atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for three of the four vaccines given were above the target percentage of 90%. However, the practice was below the national average for the childhood vaccine given to children under the age of one. We explored this with the practice. They were aware of this and provided a reasonable explanation for those children who had missed this vaccination.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. For example, patients registering their pregnancy during a GP consultation received a medication review as part of their appointment.
- The practice had arrangements for following up failed attendance of children's appointments such as appointments for immunisations.

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

- The practice's uptake for cervical screening was 73%. This was below the local clinical commissioning group (CCG) average of 78%, but above the national average of 71%.
- The practice's uptake for breast cancer screening was 76%. This was the same as the local CCG average, but above the national average of 70%.
- The practice's uptake for bowel cancer screening was 58%. This was below the local CCG average of 63%, but above the national average of 54%.
- The practice had systems to inform eligible patients, such as students attending university for the first time, to have the meningitis vaccine.
- Patients had access to appropriate health assessments and checks, including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks, where abnormalities or risk factors were identified.

Are services effective?

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 who had an underlying medical condition according to the recommended schedule. As part of the practice's preparation for the influenza season, searches were carried out to identify and then target 'at-risk' patients. In addition, patients with a LTC received vaccination advice during their annual review.

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

- The practice's performance in relation to the mental health indicators was comparable to the local CCG and national averages.
- The practice assessed and monitored the physical health of people with mental illness, by providing access to health checks, interventions for obesity, diabetes, heart disease, cancer, and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- Patients at risk of dementia were identified and offered an assessment, to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered comprehensive annual health checks to patients with a learning disability.

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.

- The practice had carried out clinical audits, to help them improve outcomes for their patients. The practice manager maintained a detailed audits log that included links to the completed audits and the minutes of meetings at which they were discussed. The sample of clinical audits we looked at were relevant, showed learning points and evidence of planned changes to practice. For example, a clinical audit had been carried out to check that patients prescribed Amiodarone (a

high-risk medicine), had undergone a regular thyroid function test (TFT). Following completion of the audit, the practice introduced a formal recall system to ensure TFTs were carried out within the recommended timescale, for patients prescribed this medicine. A follow-up audit showed there were no patients receiving this medicine who had not undergone a TFT.

- Other audits completed included checking that: the cold-chain was being maintained for medicines requiring cold storage; sharps were being disposed of appropriately, staff were carrying out their roles and responsibilities in line with the practice's systems and processes.
- Clinical staff took part in local and national improvement initiatives. For example, the practice participated in the local CCG's medicines optimisation programme. The practice also contributed to a demand and access review carried out by their local CCG, to help improve appointment availability in and outside of normal surgery hours. Extended hours appointments were provided in collaboration with other local practices.
- The practice used information about care and treatment to make improvements.

Effective staffing

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

- Staff had the knowledge they needed to carry out their role, for example, in relation to meeting the needs of people with LTCs.
- Staff whose role included immunisation and taking samples for the cervical screening, programme had received appropriate training. Clinical audits were carried out to help maintain staffs competence and the delivery of a safe service.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles, by reviewing their performance.

Are services effective?

- There was a clear approach for supporting and managing staff when their performance was poor or variable. The practice manager was clear about how they would handle such concerns.
- Dispensary staff were appropriately qualified and their competence was assessed regularly.

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 clinical staff, including community based healthcare professionals, were involved in assessing, planning and delivering care and treatment.
- When providing care and treatment for patients with LTCs, staff actively collaborated with relevant health and social care professionals. The information they shared with them was clear and accurate.
- Patients received coordinated and person-centred care. This included when they moved between services and when they were referred, or were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way, which took into account the needs of different patients.

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 LTC and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example, by encouraging their involvement in their LTCs review.
- Staff discussed any changes to care or treatment with their patients and, where appropriate, their carers.
- The practice supported initiatives to improve the health of their patients, for example, by providing patients with access to a smoking cessation service and dietary advice provided by a visiting dietician.

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.
- As part of their audit of the minor surgery carried out by clinical staff, the practice also monitored the process for seeking consent.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Overall, feedback from patients was positive about the way staff treated them.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Data from the NHS National GP Patient Survey of the practice, published in July 2017, showed patient satisfaction levels regarding the quality of GP and nurse consultations, were comparable to the local clinical commissioning group (CCG) and national averages.

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 (AIS) and had taken action to comply with this. (The AIS requires providers to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand. For example, staff were able to access easy-to-read materials for use with patients.
- The practice proactively identified carers and supported them. However, some patients told us on the day of the inspection that they had not been asked about their caring status. We shared this with the practice who told us they would give this further consideration.
- The results from the National NHS GP Patient Survey of the practice showed patient satisfaction levels, regarding involvement in decision-making and how clinical staff explained tests and treatments, were comparable to the local CCG and national averages.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues, they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its patient population and tailored services in response to those needs. For example, by providing online services which allowed patients to request repeat prescriptions and book appointments in advance. Extended opening hours were provided one evening a week, to offer patients greater flexibility when booking 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 their lives was coordinated with other services.
- The practice's dispensary provided a dosette box service for patients with memory difficulties, to help promote personal safety, support their carers and improve medicines compliance.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The introduction of the 'Doctor First' appointment system had enabled clinicians to assess older patients' need for care and treatment much earlier in the day, thereby helping to avoid busier periods in the local accident and emergency department for patients who needed to be referred.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or a supported living scheme.

People with long-term conditions:

- Performance data indicated that the practice ensured patients with long-term conditions (LTCs) received

effective, high quality care. The practice provided a range of nurse-led clinics focussing on the lifestyle management and monitoring of patients with LTCs. The practice had a rigorous patient recall system, which helped to ensure patients had their needs reviewed on a regular basis.

- The introduction of the 'Doctor First' appointment system had benefitted this group of patients as it always meant they could see their GP on the day they became unwell.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Contraceptive and family planning services were provided for those who needed them.
- Women were able to access midwife-led ante-natal and post-natal care, with support from the GPs.
- The 'Doctor First' appointment system meant that children could be seen outside of school hours, to minimise any impact on their school attendance. Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice premises were suitable for children and babies.

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

- The practice's uptake for cervical screening was in line with the local and national averages.
- The uptake of screening services for bowel and breast cancer were in line with the local and national averages.
- The 'Doctor First' appointment system meant that working age patients could be seen outside of normal working hours, to minimise any impact on their employment.
- NHS health checks were offered to eligible patients and the practice provided written advice about the results.
- Extended hours appointments with a GP were provided once a week as part of the local clinical commissioning group (CCG) hub working arrangements.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.

Are services responsive to people's needs?

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Patients with learning disabilities had access to an annual healthcare appointment, where their needs were reviewed to ensure they were being met. Staff told us they had identified that the number of patients assessed as having a learning disability was below the national average. The practice had developed an action plan to establish whether their register of patients who had a learning disability was accurate.
- All consultation and treatment rooms were accessible to patients with physical disabilities. Staff had access to a telephone translation service and interpreters should they be needed.

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

- Staff we interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice had a dedicated lead GP for patients with dementia and two members of the staff team had completed 'dementia friends' training.
- Clinical staff actively carried out opportunistic dementia screening, to help ensure patients were receiving the care and support they needed to stay healthy and safe. Alerts had been placed on the clinical system to 'flag' patients with dementia, so clinicians could take this into account during a consultation.
- Patients experiencing poor mental health had access to information about how to access various support groups and voluntary organisations. Patients were able to access on-site talking-therapies, which enabled them to receive more care and treatment in a local setting.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Access to care was managed to take account of people's needs, including those with urgent 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.

Results from the National NHS GP Patient Survey of the practice carried out in July 2017, showed that patient satisfaction levels with appointment access were above most of the local clinical commissioning group (CCG) and national averages. In particular, patients showed high levels of satisfaction with telephone access to the practice and being able to access an appointment. Patients were less satisfied with being able to see or speak with their preferred GP.

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 in the practice and on their website.
- The complaints policy and procedures were in line with recognised guidance.
- The practice learned lessons from individual concerns and complaints as well as from their annual analysis of trends. They used these to improve the service and the quality of care provided to patients. For example, following their last analysis of trends, the practice had made a decision to include details of all the 'soft' concerns they received, to help them address minor issues before they became formal complaints.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and a supporting business plan to help staff achieve priorities. The practice developed their vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy took account of local challenges and priorities within the region. The practice planned their services to meet the needs of their patient population.
- The practice monitored their progress in delivering their strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work at the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated by the practice 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, including a policy informing clinicians and managers how to promote candour in their day-to-day work.
- 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. All staff had received an annual appraisal during the previous year which included work related development plans. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered to be valued members of the practice team.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. For example, they had completed a disability awareness audit to promote better access for patients and staff. Staff had received equality and diversity training.
- There were positive working relationships between leaders and staff.

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 joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear about their roles and accountabilities, including those in relation to safeguarding and infection prevention and control.
- Practice leaders had established effective policies, procedures and activities, to help ensure safety, and to assure themselves they were operating as intended. For example, the practice had very strong and effective audit arrangements in place, covering all key aspects of their day-to-day work.

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 those relating to patient safety.
- The practice had processes to manage current and future performance. For example, the referral decisions

Are services well-led?

made by clinicians were monitored, to help ensure they supported the practice to meet targets set by the local clinical commissioning group. 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 develop practice to improve quality.
- The practice had plans in place for handling emergencies and had trained staff in how to implement them.
- Over the preceding 24 months, the practice had implemented significant changes to how patients accessed appointments and same-day care. Staff had been involved in discussions about these changes and improvements, to help practice leaders understand any potential impacts on the quality of care provided and on the staff delivering them.

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 considered alongside the views of patients, to help improve the services the practice delivered.
- Where appropriate, performance data and notifications were shared with external bodies, so the practice's performance against local and national priorities could be monitored.
- Quality and sustainability were discussed in relevant meetings.
- Systems were in place that helped ensure the information used to monitor performance and the delivery of quality care was accurate.
- The practice used information technology systems to monitor and improve the quality of care. For example, the practice had devised algorithms, which they had integrated with their clinical system, to help improve patient safety.
- Arrangements had been made to ensure the confidentiality of patient identifiable data and patient records.

Engagement with patients, the public, staff and external partners

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

- Patients, staff and external partners, were encouraged to share their views and any concerns they had regarding the services the practice provided. These were listened to and used to help plan and implement improvements to the services they provided. There was also an active patient participation group to help the practice achieve this.
- The practice was transparent, collaborative and open with stakeholders about their performance.

Continuous improvement and innovation

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

- There was a strong focus on continuous learning and improvement. For example, the practice had participated in a local pilot to roll out an electronic system, to enable healthcare professionals to view a summary of the medical records held by GPs.
- Staff knew about improvement methods and had the skills to use them.
- Learning was shared and used to make improvements. For example, the practice had adopted the use of a clinical decision support tool, to help clinical staff provide care and treatment that was consistent with the latest evidence-based guidelines. The practice had then shared learning locally about the benefits of using such a tool.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance, through their attendance at staff meetings.

Please refer to the Evidence Tables for further information.