

Care Quality Commission

Inspection Evidence Table

Deerness Park Medical Group (1-540657643)

Inspection date: 05 April 2018

Date of data download: 04 April 2018

Safe

Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:	

Any additional evidence
The practice's lead for safeguarding had reviewed the practice safeguarding processes and developed a more responsive meeting structure that ensured information was more effectively shared for vulnerable patients. Staff were able to describe their role in the safeguarding process and we heard of several examples of staff raising safeguarding concerns.

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers:	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 06/12/2017
There was a record of equipment calibration Date of last calibration:	Yes 08/09/2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 13/05/2017
Actions were identified and completed. The practice completed fire training in line with the report's recommendations	Yes
Additional observations: The risk assessment was regularly reviewed by the practice manager.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 10/07/2017
Health and safety risk assessment and actions Date of last assessment:	Yes 10/07/2017
Additional comments: NA	

Infection control Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified	Yes 11/04/2017 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	No
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers: The reception staff were not aware of the 'red flag' sepsis symptoms. However, the reception staff we spoke to were aware of the steps to take if they were presented with a very poorly patient or one who appeared to be deteriorating. They were clear of the actions they would take to ensure clinical care was provided promptly. The practice was able to tell us of two examples of when the practice had identified patients with sepsis and the actions they had taken. Shortly after the inspection, the practice completed a risk assessment on the recognition of sepsis by reception staff. Following this, the lead nurse completed additional sepsis training and used this training to brief receptionists on the 'red flag' symptoms of sepsis. Sepsis guidance for non-clinical staff was produced and patient information posters were displayed in the waiting area.	

Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers:	

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) _(NHSBSA)	1.08	1.16	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) _(NHSBSA)	12.7%	10.3%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of	NA

these medicines in line with national guidance.	
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	

Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	17
Number of events that required action	17

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Request of medication for a patient who was not eligible for medication due a temporary absence	A system was put in place to ensure administrative staff were aware of how to manage temporary patient absences when medication was requested.
Oxygen cylinder found to be empty	Daily checks of the oxygen cylinders were introduced.
Test results not reported to a GP	Staff made aware of correct process to follow when test results were outside of set parameters.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice had an effective system that ensured action was taken to support patient safety. For example, patients were contacted promptly when medication required changing. The practice manager and the clinical pharmacist ensured the system worked effectively.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.24	0.81	0.90	Significant Variation (positive)

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	66.5%	79.7%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (32)	15.1%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	68.6%	81.2%	78.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (44)	9.4%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	73.9%	83.0%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (59)	12.4%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	55.2%	75.4%	76.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (141)	10.2%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	72.5%	88.8%	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.9% (75)	13.3%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	77.9%	83.5%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (49)	3.7%	4.0%	

Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	90.0%	88.5%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (7)	6.4%	8.2%	

The practice were aware of the QOF performance and were working to become more effective in this area, we saw that they were undertaking quality improvement work in a wide range of areas including diabetes, antibiotic prescribing and work that ensured prescribing was in line with local and national guidance.

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	175	178	98.3%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	127	134	94.8%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	128	134	95.5%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	128	134	95.5%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	74.0%	75.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.1%	75.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.4%	54.8%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	67.2%	71.1%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	79.4%	88.1%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (11)	13.9%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	76.5%	89.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (10)	10.3%	10.3%	
Indicator	Practice	CCG	England	England

		average	average	comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	79.7%	81.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (5)	6.3%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	482	539	539
Overall QOF exception reporting	6.5%	6.2%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>Staff were proactivity supported and encouraged to acquire new skills, use their transferable skills and share best practice. Two healthcare assistants had recently started training that would allow them to qualify as an assistant practitioner; this more advanced role would be used by the practice to provide more effective care for patients with dementia or who were frail.</p> <p>The practice had introduced the role of a supervising GP to support the clinical staff working at the practice. The supervising GP had time available each day so that the nursing staff, the advanced paramedic and nurse practitioner had access to clinical support at all times. Staff feedback on this role was very positive.</p> <p>All of the staff spoke positively of the support for training and development offered by the practice.</p>	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QoF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	89.2%	95.3%	95.3%	Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (19)	0.6%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	40.0%	45.5%	51.6%	Comparable to other practices

Any additional evidence
<p>We reviewed the exception reporting and recall process in the practice and found there were effective measures in place. The practice ensured appropriate recall had taken place.</p> <p>The practice had undertaken a wide range of work to ensure they provided effective care. For example, the practice had recently reviewed the end-of-life care they provided to ensure it met the needs of their patients. Monthly palliative care meetings were held that had an educational focus. These meetings also discussed deaths of patients that had not been on the palliative care register. The practice had a system that ensured all clinical staff were made aware of the notes made on each patients record following the meeting.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	8
Number of CQC comments received which were positive about the service	6
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
CQC comments cards	Patients said they received very good care and that the practice was caring.
Friends and Family Test	Data from the most recent NHS Friends and Family Test survey carried out by the practice showed that between December 2017 and January 2018, of 408 respondents, 94% of patients would recommend the service to family and friends.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
13,852	264	1.9	107	40.53%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	69.1%	78.7%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	84.8%	88.3%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	95.6%	95.4%	95.5%	Comparable to other practices

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	84.8%	85.6%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	97.5%	92.5%	91.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	96.7%	92.2%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
June 2017	The practice had carried out their own patient survey of patient's thoughts on the waiting room. Fifty responses were received. Patients were happy with the waiting room area; however, 28% were not aware that the practice had private area where they could discuss their needs.
October 2017	The practice had carried out their own survey with the help of their patient participation group (PPG) on patient's experience of the practice. One hundred responses were received. Patients were positive about the practice. 66% of those that responded said that they did not have to wait very long for their appointment, 31% said that they waited between 5 and 10 minutes before their appointment.
October 2017	The practice carried out their own patient survey to identify what patients would like to have included in the new telephone system they planned to introduce. One hundred responses were received. The practice took this feedback into account, and planned to demonstrate the new telephone system to the patient participation group to get additional feedback.
On-going	The practice provided an INR service for patients on warfarin that could be accessed by any patient in the local CCG area. (INR is a blood test that needs to be performed regularly on patients who are taking warfarin to determine their required dose). The practice carried out an on-going patient satisfaction survey of the patients who attended this service. Between April 2017 and December 2018, 182 responses were received. Most patients were happy with the services provided.
On-going	The practice used their own 'tell us how we made you feel today' comments cards. Cards were available on the reception desks, patients were asked to provide feedback on their visit to the surgery. The operations manager reviewed these regularly and discussed with the practice team. If patient's comments related to a clinical issue, the practice manager discussed the issue with the clinical team.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	The patients we spoke with told us they were involved with decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	86.0%	86.6%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	83.1%	83.3%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	96.5%	92.3%	89.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	95.0%	88.9%	85.4%	Variation (positive)

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 195 (1.4% of the practice population) patients who were also carers.
How the practice supports carers	<p>The practice proactively identified patients who were carers, for example, when patients registered at the practice. They were also identified opportunistically. There was information for carers in the waiting areas and the practice's computer system alerted staff if a patient was a carer.</p> <p>Carers were referred to a local carers centre if they wished to be and the practice had a young carers policy. The practice promoted carers week during March 2016. Information and advice for patients was available on the practice's website. The practice had a carers lead who ensured they had affective process to identify and support carers.</p>
How the practice supports recently bereaved patients	Recently bereaved patients were sent a sympathy card; the practice offered support as required. An alert was added to the clinical system so that all staff were aware of the recent bereavement if they had contact with the patient. The practice signposted relatives to other support services where appropriate.

Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Deerness Park Medical Centre</p> <p>Notices were displayed saying patients could request private room and requesting that patients do not stand near the reception desk. A television was used to ensure that patients could not be easily overheard in the reception area.</p> <p>Bunny Hill Health Customer Services and Primary Care Centre</p> <p>The reception desk area was based in a shared area of the building; we did not hear any confidential conversations in the reception desk area.</p>

Consultation and treatment room doors were closed during consultations. Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues. Yes

Examples of specific feedback received:

Source	Feedback
Patient interview	The patients we spoke to raised no concerns about the arrangement to ensure they were treated with privacy and dignity.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:00
Tuesday	08:00-18:00
Wednesday	08:00-18:00
Thursday	08:00-18:00
Friday	08:00-18:00
Appointments available	
Deerness Park Medical Centre Monday to Friday	08:00-18:00
Bunny Hill Health Customer Services and Primary Care Centre Monday to Friday	08:00-18:00
Extended hours opening	
The practice was part of a scheme that provides extended hours appointments in the area. The practice was able to book extended hours appointments for patients at four local health centres between 6pm and 8pm each weekday, between 9am and 5:30pm on weekends and between 10am and 2pm on bank holidays.	

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Requests for home visits were added to the home visit list and a GP determined whether the visit was necessary and the urgency if required. Palliative care and house bound patients were immediately added to the home visit list.	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	75.4%	83.5%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	43.9%	75.0%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	66.2%	74.3%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	54.9%	73.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient interview	The patients we spoke to told us that it was not always possible to get an appointment with a GP in a timely manner.
NHS Choices	Recent comments on NHS Choices mentioned that it was difficult to get through to the practice by telephone. The practice had not replied to these comments.

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.
Yes

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	11
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice had a designated responsible person who managed complaints.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
<p>The practice had an effective strategy and supporting objectives and plans that were stretching, challenging and innovative. The practice plans were developed in line with local and national strategies. Plans were consistently implemented and had a positive impact on the quality and sustainability of services.</p> <p>The practice's mission statement was "Committed to providing Better Health & Better life for our Patients".</p>

Culture

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	Very supportive of learning and development, the practice ensured support was provided for clinical staff. Staff felt they were supported by the practice.
Staff interviews	The practice was very supportive of learning and development.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff interviews	The practice had reviewed their telephone triage system following feedback from the receptionist that the previous system was not efficient. Clinical staff were now able to book their own appointments directly and receptionists could book appointments with the advanced nurse practitioner or paramedic if appropriate.
Staff interviews	Nursing staff had developed lead roles, for example in diabetes and heart failure.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Complaint	Patient had expected a visit by a GP instead of an advanced nurse practitioner. The practice manager met with the patient's family and explained the new roles, apology given to the patient and their family. The complaint was discussed at the practice's clinical forum to share learning.
Complaint	A patient was unhappy with a change to their medication. The practice manager spoke with the patient and explained why this was necessary. The patient was happy with the explanation and the outcome of the complaint.

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Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff interviews	The practice had responded to staff concerns about their workload. Small tasks were being allocated to members of the administration team by GPs that overall created a great deal of additional work. The practice responded to this and ensured GPs were aware of how to carry out some of these tasks without creating extra work for the GPs'
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
Yes	

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Records	The practice appraisal process supported the well-being of staff.
Staff interviews	Staff we spoke with told us that the practice was supportive and that there were very good working relationships.
Staff interviews	Staff we spoke with told us that the practice supported them in the management of aggressive behaviour towards staff.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Records	The practice's recruitment process supported and promoted equality and diversity for staff.
Training records	Training records confirmed that staff had completed equality and diversity training.

Examples of actions to improve quality in past 2 years

Area	Impact
As part of a national pilot the practice employed a clinical pharmacist, the practice had provided additional support for the clinical pharmacist by enabling them to undertake a course that allowed them to prescribe medications for patients.	Medication queries and patient safety alerts were more effectively and promptly managed reducing risks to patients. The practice estimated this role had reduced the workload of each GP by 30 minutes each day.

Medicines Optimisation	The lead GP and the clinical pharmacist worked together to support a CCG scheme that reduced prescribing costs at the practice. Data provided by the practice showed an estimated reduction of £150,904 for 2017/2018. This data also showed that the practice had saved £26,476 between October 2017 and December 2017.
Work to reduce accident and emergency attendance and emergency admissions to hospital.	The practice took part in clinical commissioning group (CCG) led work to reduce the number of accident and emergency (A&E) attendances and emergency admissions to hospital. Data provided by the practice showed that they had reduced the percentage of patients who attended A&E and emergency admission to hospital who were part of a multi-disciplinary team (MDT) process. These reductions were comparable to the reductions achieved across the locality and the CCG. For the whole population of patients, the practice had reduced the number of patients admitted to hospital as an emergency by 5.78% (compared to a locality reduction of 2.35% and an overall CCG increase of 1.35%). The practice told us that they attributed these improvements, in part, to the new clinical skill mix model they had introduced.

Examples of service developments implemented in past 2 years

Development area	Impact
Introduction of a cancellation list to help clinicians 'safety-net' patients who were unable to obtain a same-day, urgent appointment.	Patients who requested a same-day, urgent appointment but were not offered one were added to this list and given guidance on what to do if their symptoms worsened. The GPs and advanced nurse practitioners (ANPs) regularly reviewed this list throughout the day and contacted patients if a consultation slot became available. Patients were then either offered a telephone consultation or a face-to-face appointment if this was judged clinically necessary. The practice had audited the effectiveness of this approach. This had showed that, over a period of four months, 820 patients had been placed on this list, of which 43% had subsequently been contacted by a GP or an ANP. Those contacted had been offered either a telephone consultation or an appointment at the practice.
Clinical lead roles	The practice's safeguarding and palliative care leads had recently reviewed their systems and processes to ensure they were effective, and supported vulnerable patients.
Hearing test service	The practice had introduced a dedicated hearing aid service that included testing and fitting of new hearing aids approximately 18 months ago. The practice told us that they had received excellent feedback from patients.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Patient surveys	The practice carried out regular an on-going patient surveys and acted on the feedback they provided, for example, reviewing the telephone system.
Patients	Patient comments cards created by the practice	Patients were able to provide quick informal feedback easily; the practice reviewed the comments and used patient's views to make improvements.
Staff	Annual appraisals and regular staff meetings	Staff meetings and appraisal gave staff the opportunity to support the development of the practice; staff told us they would be happy to raise any issues with the practice.
External partners	Engagement with the local clinical commissioning group (CCG)	The practice met regularly with the local CCG and had worked with the CCG to develop new ways of measuring and improving outcomes. For example, the practice manager and the local CCG had worked together to develop a local 'quality premium' that replaced the local enhanced services scheme. All of the practices in Sunderland now took part in this new quality improvement scheme.

Feedback from Patient Participation Group;

Feedback
The patient participation group (PPG) were positive about the practice, they told us the practice manager was very supportive of the work of the PPG and that they involved them in developments at the practice.

Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
Changes to the practice telephone system.	The practice had responded to patient concerns about the telephone system in use at the practice. They had consulted patients on what they would like to have included in the new system and had

	consulted the PPG further on the chosen system.
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Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice had introduced a new clinical skill mix model in August 2017.	Administrative processes were also streamlined, and the introduction of the role of a supervising GP ensured the new clinical team and the practice nurses always had clinical support. A newly developed acute access team provided the majority of same day appointments and home visits. In total, these initiatives saved 160 hours of time per week. This enabled the GPs to focus on patients that required more complex clinical care, and the introduction of longer face-to-face GP appointments for most of the GPs. GPs faced fewer interruptions to their work.
The practice participated in a 'boilers on prescription scheme' that aimed to improve the health of patients with some long-term conditions by providing warm homes.	Data provided by the practice showed in the last 18 months there had been a 60% reduction in the number of appointments needed by patients involved in this scheme. We also saw that attendances at A&E had reduced by 30% for patients involved in this scheme. Additionally patient's energy bills had reduced by an average of 14% because of the improvement work carried out in their homes.
Between November 2016 and March 2017, the practice took part in a CCG pilot to reduce antibacterial prescriptions by the introduction of an easy to use test for patients with a suspected lower respiratory tract infections.	Data provided by the practice showed a reduction of between 7% and 38% compared to the same month the previous year for antibacterial prescriptions.
The practice and the CCG had developed a digital version of the NEWS (National Early Warning Score).	This system was designed to spot the early signs of illness in patients who lived in care homes. The system tracked medical observations, the score generated allowed the user to determine the appropriate level of care required. Requests for home visits were now backed up by a clear record of observations. The tracked information was shared with other healthcare professionals such as ambulance teams. Feedback from care homes was very positive. The project team was awarded a Health Service Journal award for Value and Improvement in Telehealth in 2016. The system was implemented at all of the care homes in Sunderland.

Any additional evidence

The practice's registration with CQC was not up to date, only four of the practice's partners were included on their registration with CQC. The practice had notified the CQC of these changes but they had not submitted an application to update their registration when we inspected the practice.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>