

# Care Quality Commission

## Inspection Evidence Table

### Greystoke Surgery (1-923097621)

Inspection date: 8 June 2018

Date of data download: 18 May 2018

## Safe

### Safety systems and processes

Source	Y/N
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:	

Recruitment Systems	Y/N
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.	No
Staff who require medical indemnity insurance had it in place	Yes
<p data-bbox="70 689 539 723">Explanation of any 'No' answers:</p> <p data-bbox="70 779 1439 851">The practice did not carry out regular checks to ensure clinical staff remained registered with the relevant professional bodies.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 23 April 2018
There was a record of equipment calibration Date of last calibration:	Yes 23 April 2018
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	No
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 23 May 2018
Actions were identified and completed.	Yes
Additional observations: Some staff had not received training on fire safety; this included clinical and non-clinical staff.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes May 2018
Health and safety risk assessment and actions Date of last assessment:	Yes May 2018
Additional comments:	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit:	Yes N/A
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any 'No' answers:</p> <p>The practice had an infection control policy in place. The policy stated that staff should receive annual training on infection control and that audits of aspects of infection control should be carried out.</p> <p>We found that infection control audits had not been carried out and some staff had not received infection control training within the previous two years.</p>	

Any additional evidence
<p>We found some unopened food had been stored in a specialist medicines refrigerator.</p>

## Risks to patients

Question	Y/N
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.	In part
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
<p>Explanation of any 'No' answers:</p> <p>Staff knew how to respond to emergency situations but some staff had not received CPR training. Managers told us they were in the process of commissioning an external consultant to deliver this training within the following months.</p> <p>Clinicians did not know whether reception staff were aware of red flag sepsis symptoms. The reception staff we spoke with said they had not received any training but if a patient looked poorly they would alert a clinician.</p>	

## Information to deliver safe care and treatment

Question	Y/N
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)	0.84	1.09	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)	5.4%	7.1%	8.9%	Comparable to other practices

Medicine Management	Y/N
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 these medicines in line with national guidance.	N/A
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.	N/A
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

**Track record on safety and lessons learned and improvements made**

Significant events	Y/N
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.	29
Number of events that required action	18

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

Event	Specific action taken
Missed appointment - a patient had attended for an appointment in the evening. The reception area appeared closed so the patient left.	Action was taken and a receptionist is now in post at all times when the practice is open.
Sharps box handed in by a patient - found in the dirty utility room, no details on the label and the lid was not closed.	Guidance issued to remind staff to ensure that any boxes handed in should be labelled and locked before they are accepted.
Home visit cancelled by clinician, but patient unaware.	Revised protocol implemented; responsibility of the clinician who cancels an appointment to let the patient/relative know.

Safety Alerts	Y/N
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 a system in place and took action on any relevant safety alerts. Staff were aware of their responsibilities in dealing with the alerts.</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). <b>(01/07/2016 to 30/06/2017)</b> (NHSBSA)	0.50	0.65	0.90	Comparable to other practices

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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	83.8%	83.7%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (25)	13.2%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	84.5%	80.7%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (10)	9.7%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	77.7%	81.3%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.1% (52)	15.5%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	81.6%	75.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (14)	8.1%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	93.1%	91.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (4)	11.5%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	91.9%	84.8%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (29)	3.6%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	82.9%	82.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5% (19)	9.2%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	54	54	100.0%	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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	58	60	96.7%	Met 95% WHO based target Significant Variation (positive)
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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	58	60	96.7%	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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	59	60	98.3%	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 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	85.0%	78.1%	72.1%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	83.1%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	66.5%	63.8%	54.5%	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)	73.1%	71.6%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	95.0%	92.6%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (3)	16.2%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	97.6%	94.4%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (2)	12.0%	10.3%	
Indicator	Practice	CCG average	England average	England 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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	80.0%	83.7%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (9)	6.9%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	553	539
Overall QOF exception reporting	3.4%	5.6%	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.	No
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.	No
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>If no please explain below:</p> <p>Some staff training was incomplete; this included training on infection control, fire safety and CPR updates. Managers told us they were aware that staff training had not been prioritised following the implementation of a new appointment system in 2017.</p> <p>Some staff had not had an appraisal within the last 12 months. This was in part due to the restructuring of the staff teams. We saw dates had been arranged for these to take place over the following three months.</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 <b>(01/04/2016 to 31/03/2017)</b> (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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	97.2%	95.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (14)	0.5%	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) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	44.3%	47.5%	51.6%	Comparable to other practices

Any additional evidence
As part of a national drive to ensure appropriate prescribing of antibiotics, a review of antibiotic prescribing had been carried out. Since 2015 an ongoing monthly audit of prescribing has been carried out. All GPs see their own and each other's results. This resulted in antibiotic prescribing rates being below local and national averages (see page 8 of this evidence table).

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	7
Number of CQC comments received which were positive about the service	7
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.</p> <p>Patients described the practice as providing excellent support and staff as being caring and friendly.</p>

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9,358	224	119	53.13%	1.3%

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 <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	93.7%	81.4%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	98.6%	92.9%	88.8%	Variation (positive)
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?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	99.2%	97.1%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.8%	89.6%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.8%	93.5%	91.4%	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 nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	96.7%	92.6%	90.7%	Comparable to other practices

Question	Y/N
The practice carried out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
Sept – Oct 2017	<p>The practice carried out a patient survey on the appointment system. A total of 43 responses were received; of those 34 (79%) said they were either satisfied or very satisfied with the new system, six patients (14%) said they were neither dissatisfied or very dissatisfied.</p> <p>Action had been taken to address concerns raised; for example, some patients were concerned about being able to take a call when they were at work. The practice had made arrangements so that patients were able to ask for a specific time for the GP to call them back.</p>

Any additional evidence
<p>The practice scored very well in the National GP Patient Survey. Scores in all areas were above local and national averages. There was a section on the National Patient Survey website which stated there are no areas for improvement because 'This practice has scored higher than their CCG average in every question'.</p>



## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients reported that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by their clinician.

## 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	98.1%	89.8%	86.4%	Significant Variation (positive)
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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.9%	86.7%	82.0%	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 explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.3%	91.2%	89.9%	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 nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	89.7%	87.6%	85.4%	Comparable to other practices

Question	Y/N
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	<p>The practice had taken part in a pilot with a local carers organisation during 2016/2017; staff from the support group attended the practice and offered support for carers. In 2015, the number of carers identified was 60 (0.6% of the practice population); following the pilot this had increased to 82 (0.9%).</p> <p>However, normally we would expect to see a minimum of 1%.</p>
How the practice supports carers	<p>Carers were signposted to the local carers' network to obtain specialist advice and support.</p> <p>The practice offered health checks and influenza vaccinations for carers.</p>
How the practice supports recently bereaved patients	<p>If families had experienced bereavement, a GP or nurse contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.</p>

## Privacy and dignity

Question	Y/N
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>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.</p> <p>The reception desk was open and conversations could be potentially overheard. The practice had taken action to minimise the risks by putting a sign up asking patients to stand back if another patient was at the desk.</p>

Question	Y/N
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

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Days	Time
Monday to Friday	08:00 - 18:30
Appointments available	
Monday to Friday	08:00 – 18:25
Extended hours opening	
Monday to Friday	18:30 – 20:00

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	
All home visit requests were triaged by a doctor.	

## 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)	85.2%	78.9%	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)	95.8%	75.9%	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)	92.7%	79.0%	75.5%	Variation (positive)
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)	85.2%	74.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	The vast majority of feedback on the NHS Choices website reflected that patients were happy with the new 'same day access' appointment system.
CQC comment cards	Most patients commented positively about the appointments system and reported it was easy to get an appointment.

Any additional evidence
<p>The practice had carried out a review of their appointments system in August 2016; data showed that there was a four week wait for patients to see their named GP and a two week wait to see a salaried GP. This, coupled with a high DNA (did not attend) rate, patient feedback regarding waiting times and the inability to meet demand based on staffing resources led the practice to devise and implement a bespoke appointments system.</p> <p>The 'same day access' system delivered improvements in how patients could access the practice and efficiencies in how consultations were managed. Patients were able to contact the practice and request an appointment; a GP would then contact the patient and arrange an appointment for the same day if necessary. Appointment lengths were flexed to take into account patient need.</p> <p>Data showed that this approach increased the number of appointments available and reduced the DNA rate. For example; the total number of GP appointments in 2016 was 38,743, this had increased to 45,690 in 2017 (an increase of 18%). The DNA rate had reduced from 782 in 2016 to 132 in 2017 (a decrease of 83%).</p> <p>A patient survey had been carried out to determine whether patients were satisfied with the new system. Patient feedback was in the main very positive about the new system; 79% of (43) respondents said they were either satisfied or very satisfied with the new system.</p>

### Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i> )	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	9
Number of complaints we examined	3

Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
<p>Information on how to complain was available for patients.</p> <p>Practice complaints were discussed anonymously with the Patient Participation Group to enable them to offer feedback to the practice.</p>	

# Well-led

## Leadership capacity and capability

### Example of how leadership, capacity and capability were demonstrated by the practice

Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They 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 leadership of the practice.

## Vision and strategy

### Practice Vision and values

The practice's vision was 'to provide the patients of the practice with comprehensive and high quality medical services, and to make effective and economic use of both financial and clinical resources'. Staff we spoke to reflected the vision and values in what they told us.

## Culture

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

Source	Feedback
Staff	Staff told us they were well supported by managers at the practice. They said leaders encouraged them to raise issues.  Staff told us that the GPs and practice manager were approachable and helpful.

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

Source	Example
Records and interviews	The practice was open and honest with patients about complaints and significant events. We saw evidence of this in their responses to complaints and significant events and from feedback from the patient participation group.

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

Source	Example
Staff questionnaire	Staff gave feedback on the new prescribing processes; training was provided in areas where staff felt they needed further guidance.
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
Staff	Staff we spoke with said there was a supportive and no-blame culture throughout

	the practice.
Managers	Managers told us that team leaders had been appointed for each staff group, so there was always someone for staff to contact or go to for support.
Managers	A work life balance was promoted. Managers told us of instances when working patterns had been adjusted when necessary, for example, to fit around family commitments. Staff were also encouraged to attend their children's school events.
Staff	Panic alarms were available on all of the computers which enabled staff to call for help if required.

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

Source	Example
Policies and procedures	The practice's recruitment policy referred to the need to ensure recruitment arrangements reflected relevant equality and diversity requirements.

Examples of actions to improve quality in past 2 years

Area	Impact
Prescribing review	Following complaints from patients about medicines, a thorough review was carried out to determine the root cause of the issues and identify any necessary improvements. The practice closed for an afternoon and invited patients and local pharmacy staff to attend a multi-disciplinary team meeting. New protocols were devised and implemented. A small group continues to meet regularly to ensure they remain effective.
System for reviewing pathology results	A significant event was raised when a patient cancelled an appointment following an abnormal test result. This was not followed up so they did not receive appropriate monitoring of their condition. New guidance for staff was developed and staff received further training. Each staff group's roles were clarified to prevent the issue reoccurring.
Project to improve cervical screening uptake	The practice took part in a pilot to improve the uptake of the screening tests by 10%. This work included setting up systems to recall patients at regular intervals. As a result of this work the practice had the highest uptake rate in the CCG area (85%, compared to the average of 78%).

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	Learning from complaints and significant events was shared widely, both with staff and with the patient participation group (where appropriate).
Practice specific policies	The practice implemented and regularly reviewed policies and procedures. These were available for staff to access on the shared drive on the practice's computer system.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes



## Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Health and safety for staff and patients	A risk assessment had been carried out and regular checks of the premises were undertaken.
Fire	An annual risk assessment was carried out. This stated that staff should receive regular training. However, at the time of the inspection some training was incomplete (12 staff had no record of any fire safety training and 13 staff had last received training ranging from October 2015 to October 2016).

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes

## Engagement with patients, the public, staff and external partners

### Examples of methods of engagement

	Method	Impact
Patients	Practice Newsletter	A regular newsletter was published to keep patients informed about the practice; this included an update on staffing, self-help guidance and healthy living tips.
Public	Local high school	The practice had worked with the Patient Participation Group (PPG) to deliver sessions on managing exam stress at the local high school. These had been well received by pupils.
Staff	Regular staff meetings	Staff felt valued and treated equally.
External partners	Engagement	The practice had links to local carers groups and was part of a local 'hub' of practices which worked together to offer extended opening hours to patients.

## Feedback from Patient Participation Group;

### Feedback

We spoke with six members of the PPG. Feedback from the PPG was very positive. They told us that the practice was open and honest with them, that they sought their feedback and acted on any concerns or requests raised by the group.

## Examples of specific engagement with patients and patient participation group in developments

**within the practice;**

Examples	Impact
Patient Survey	The PPG was involved in developing the practice patient surveys; this ensured that the issues that mattered to patients were included in the survey questions.
Regular meetings with the team	Meetings were held bi-monthly. The PPG told us they felt well informed and supported by the practice.

**Continuous improvement and innovation**

Examples of innovation and improvements	Impact on patients
Contribution to local and national guidance	<p>The practice had developed a template for when GPs reviewed patients who had been prescribed medications for osteoporosis and similar diseases. This was shared across the Northumberland area as an example of good practice.</p> <p>One of the GPs had identified that nationally written searches for patients prescribed medicines for treating low thyroid hormones did not pick up all types of medication. This was fed back and searches were updated.</p>
Training practice	The practice was a teaching and training practice and two of the GPs were accredited GP trainers. At the time of the inspection there were two trainee GPs working at the practice.
New access system	Following the implementation of the new appointments system, additional staff were recruited and more telephone lines were installed. This improved the patient experience as more telephone lines were available, with more staff to answer calls at busy times.

**Examples of improvements demonstrated as a result of clinical audits in past 2 years**

Audit area	Impact
Paracetamol dosage in low weight adults	Prescribing of paracetamol in adult patients with a weight of below 50kg was reviewed as this should be on a reduced dosage. The first cycle showed that this had only been taken into account in 11% of prescriptions. A review was carried out and discussed with clinicians. A further audit showed an improvement in that 100% of prescriptions were appropriate.
Mirabegron and blood pressure recording	Following a patient safety alert which advised that the medicine could cause high blood pressure should not be prescribed for patients with severe untreated high blood pressure. An initial audit showed that only one patient (out of 12) had been recalled to check their blood pressure after being prescribed the medicine. Action was taken and an alert was added to the computer system to remind clinicians not to prescribe in those circumstances. A second audit cycle was completed; this showed

an improvement in that 9 of 13 patients had received a follow-up check. A further reminder was issued to staff to follow appropriate guidelines.

**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>