

Care Quality Commission

Inspection Evidence Table

South Hylton Surgery (1-545517138)

Inspection date: 15 June 2018

Date of data download: 12 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	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.	Yes
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (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 answers:	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:</p>	<p>Yes Oct 2017</p>
<p>There was a record of equipment calibration Date of last calibration:</p>	<p>Yes May 2018</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment Date of completion</p>	<p>Yes May 2018</p>
<p>Actions were identified and completed. The risk assessment highlighted the need for weekly fire alarm testing to be restarted and the need for an appropriate level of fire warden training to be completed. We saw records that confirmed that weekly fire alarm testing had restarted in May 2018 and that two members of staff had now completed online fire warden training.</p>	<p>Yes</p>
<p>Additional observations: The fire risk assessment noted a low overall risk. A fire drill and evacuation had been completed on 04/05/2018.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment:</p>	<p>Yes Nov 2017</p>
<p>Health and safety risk assessment and actions Date of last assessment:</p>	<p>Yes Nov 2017</p>
<p>Additional comments:</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: The infection control audit was reviewed each month by the infection control lead.	Yes April 2018
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Any additional evidence
A legionella risk assessment had been completed in November 2017, it was due for renewal in November 2019. The practice had taken steps to comply with the assessments recommendations.

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
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 National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers:	

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
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 answers:	

Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	1.49	1.16	0.98	Variation (negative)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	11.2%	10.3%	8.9%	Comparable to other practices

Medicines 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 Patient Group Directions or Patient Specific Directions).	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 Controlled Drugs 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.	NA

Up to date local prescribing guidelines were in use.	Yes
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 General Medical Council guidance.	NA
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.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	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 answers:	

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.	17
Number of events that required action	14

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

Event	Specific action taken
Patient unhappy with the content of a letter received by the practice.	The practice developed a standard template letter to be used when patients complained, this ensured a consistent and responsive tone in response to letters of complaint.
Clinical event	The practice's process that managed changes to medicines was updated to ensure all changes to medicines were reviewed by a GP.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes

Staff understand how to deal with alerts	Yes
Comments on systems in place: The practice demonstrated that they had an effective system in place. This information was cascaded electronically. Their system ensured that alerts were communicated to relevant staff and that the practice could be sure that staff were both aware of alerts and would take appropriate action.	

Any additional evidence
The practice ensured they prescribed antibiotics appropriately. For example, they had completed an antibiotic audit in May 2016. The second cycle of the audit in March 2017 showed that the practice had reduced the use of some antibiotics and that they were prescribing these medicines in line with guidance. The practice is now actively used the NE and Cumbria antibiotic prescribing guidance.

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)	0.64	0.81	0.90	Comparable to other practices

People with long-term conditions

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)	82.2%	79.7%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.3% (53)	15.3%	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)	77.8%	81.2%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.8% (71)	9.3%	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)	94.7%	83.0%	80.1%	Significant Variation (positive)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.6% (49)	12.6%	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)	94.9%	75.4%	76.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.4% (90)	10.3%	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)	98.3%	88.8%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (29)	13.1%	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)	81.8%	83.5%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (33)	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.	96.4%	88.5%	88.4%	Comparable to other practices

(01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (3)	6.5%	8.2%	
Any additional evidence or comments				
The practice demonstrated that they had an effective system in place to invite patients for review appointments, we saw that they sent three letters to each patient before they exception reported the patient. We spoke to the practice about their clinical exception rate for patients with diabetes, asthma, COPD and dementia. On the day of the inspection they told us that they would review their exception reporting process to ensure it was effective and that it complied with current best guidance for managing QOF exceptions.				

Families, children and young people

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)	40	40	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) (01/04/2016 to 31/03/2017) (NHS England)	36	39	92.3%	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)	36	39	92.3%	Met 90% Minimum (no variation)
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)	35	39	89.7%	Below 90% Minimum (variation negative)
Any additional evidence or comments				
We spoke to the practice about their childhood immunisation performance. They assured us that they had acted to improve their childhood immunisation rates since this childhood immunisation data had been published and that the MMR rate at the age of 2 now achieved over 90%.				

Working age people (including those recently retired and students)

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)	77.7%	75.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.3%	75.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	60.0%	54.7%	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)	78.3%	70.7%	71.2%	N/A
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)	40.5%	45.5%	51.6%	Comparable to other practices
Any additional evidence or comments				
The practice promoted the update cancer screening programmes. They took cervical screening tests opportunistically when appropriate. A good range screening information was available.				

People experiencing poor mental health (including people with dementia)

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)	94.1%	88.1%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.1% (6)	13.8%	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	95.2%	89.5%	90.7%	Comparable to other practices

31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (2)	10.2%	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 (01/04/2016 to 31/03/2017) (QOF)	100.0%	81.1%	83.7%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.6% (6)	6.2%	6.8%	
Any additional evidence or comments See comments on page 10.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	539	539
Overall QOF exception reporting	8.9%	6.2%	5.7%

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)	98.4%	95.3%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (5)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

The practice ensured that clinicians understood the requirements of legislation and guidance when considering consent and decision-making.

Any additional evidence

NA

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	30
Number of CQC comments received which were positive about the service	30
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
CQC comments cards	All the CQC comments card we received were very positive about the practice. The cards used words such as caring, helpful, excellent and excellent. They said that that staff listened to concerns, all groups of staff were praised by patients.
Patient interviews	We spoke with five patients. All the patients we spoke to said that the practice was caring, they also told us that treatment and medication was explained to them and that their privacy and dignity was respected.
Friends and Family Test	Data from the most recent NHS Friends and Family Test survey carried out by the practice showed in April 2018, of 19 respondents, 79% of patients would recommend the service to family and friends.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,058	280	104	37.14%	2.56%

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)	86.6%	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)	95.3%	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)	97.5%	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)	95.3%	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)	96.8%	92.5%	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 (01/01/2017 to 31/03/2017)	97.9%	92.2%	90.7%	Comparable to other practices
Any additional evidence or comments Results for the national patient survey in relation to consultations with doctors and nurses was consistently higher than the local and national averages				

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

Date of exercise	Summary of results
July 2017	One hundred responses were received. 91% of those who responded found the clinician they saw to be sympathetic and understanding and 89% of patients were happy with the waiting times in the surgery. 76% of those who responded were satisfied with the ease of booking a GP appointment in person at the surgery. As 63% of patients preferred to book an appointment this way the practice had added this point to their patient feedback action plan for review with their patient participation group.

Any additional evidence
NA

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us practice involved them in decisions about their care and treatment and that treatment and medicines were fully explained to them.

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)	95.8%	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)	93.1%	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)	96.8%	92.3%	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 (01/01/2017 to 31/03/2017)	96.2%	88.9%	85.4%	Variation (positive)
<p>Any additional evidence or comments</p> <p>Results for the national patient survey in relation to involvement in decisions about care and treatment was consistently higher than the local and national averages.</p>				

Question	Y/N
Interpretation services were available for patients who did not have English as a first	Yes

language.	
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 identified 143 (1.9% of the practice population) patients who were also carers.
How the practice supports carers	<p>The practice proactively identified patients who were also carers, for example, when patients registered at the practice. Carers were also identified opportunistically. There was information for carers in the waiting area and the practice's computer system alerted staff if a patient was a carer. The healthcare assistant was the carers lead and provided support for patients and their carers.</p> <p>The practice had introduced health checks for carers in January 2018. Carers were invited to attend for a health check in the month of their birthday. Since January 2018, the practice had completed ten health checks.</p>
How the practice supports recently bereaved patients	The practice offered patients support as required. For example, GPs referred patients to the counselling service available at the practice.

Any additional evidence
The practice offered the option for health checks for patients with dementia to be carried out at home. If this option was accepted the practice completed a carers health check at home at the same time.

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	The use of a radio ensured that patients could not be easily overheard in the waiting area.

at the reception desk	
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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

Examples of specific feedback received:

Source	Feedback
Patient interviews	The patients we spoke with raised no concerns to the arrangements 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 to 18:00
Tuesday	08:00 to 18:00
Wednesday	08:00 to 18:00
Thursday	08:00 to 18:00
Friday	08:00 to 18:00

Appointments available	
	A range of appointments were available when the practice was open.
Extended hours opening	
The practice was part of a scheme that provided extended hours appointments in the local area. The practice could book extended hours appointments at five 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	Y/N
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	
Home visits were allocated to a home visits list and GPs assessed if the home visit was clinically necessary. The practice had a list of patients who were unable to visit the surgery, these patients were offered a home visit on request with no GP review.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,058	280	104	37.14%	2.56%

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)	81.0%	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)	94.6%	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)	75.7%	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)	74.8%	73.7%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Two reviews had been placed on NHS Choices in the last year. Both reviews were negative, one patient was unhappy with the wait for an appointment and one patient was unhappy at having been removed from the practice's list. The practice had not responded these reviews.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	8
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
Additional comments:	
The practice had received three written and five verbal complaints. Verbal complaints were recorded by the practice as significant events and managed in line with this policy. The practice had completed an annual review of complaints that looked at themes and trends. The practice planned to share this annual review with the whole practice team.	

Example of how quality has improved in response to complaints
The practice reviewed clinical complaints with the relevant clinician and ensured that the care provided was reviewed to ensure it had been effective.

Any additional evidence
NA

Well-led

Leadership capacity and capability

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

The practice had a clear leadership structure and staff were all aware of the leads in place for each area.

There was a practice development plan in place for 2017-2020. The plan stated the purpose of the practice. It also included practice objectives, achievement against these objectives was monitored by the practice.

Any additional evidence

NA

Vision and strategy

Practice Vision and values

The practice had a mission statement:

The mission and values of South Hylton Surgery are to provide the delivery of compassionate and respectful patient and family centred care.

We believe each person had the right to high quality care that acknowledges one unique physical, social, mental, social, emotionally and spiritual needs.

We believe in teamwork, effective communication, collaboration and education with all members of the health care team, patient and family to foster understanding and encourage planning and participation across the continuum of care; recognising the need for confidentiality privacy and ethical care delivery in a friendly and relaxed environment.

Staff were aware of the practice's vision and values.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

For one of the significant events (in March 2018) that we reviewed with the practice they were unable to provide any record that they had contacted the affected patient to make them aware of the error that had occurred. The practice told us they would review this event and contact the patient to explain what had went wrong and what they had done to prevent the error occurring again. We identified no concerns about the management of any of the other significant events that we reviewed.

The practice had reviewed their nursing appointment system. This had reviewed the clinics provided, the time allocated and the responsibilities of the nurse and the healthcare assistant. Appointment times

as been changed and reception teams had been given additional guidance on how the appointment system worked for the nurse and healthcare assistant. Plans were put in place to carry out home visits for patients with learning disabilities with the nurse and the lead GP to ensure consistency of care for these patients in a setting that reduced anxiety for patients.

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

Source	Feedback
Staff interviews	All the staff we spoke told us that they were well supported by the practice.
Staff interviews	Staff told us that the practice was responsive to suggestions that they made and they were comfortable in raising any concerns that they had.

Any additional evidence
NA

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a suite of policies that they adapted so that they were specific to the practice. Staff were made aware of the new policies and asked to read them.
Other examples	The practice had a clear governance structure.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
NA

Managing risks, issues and performance

Complaints	Y/N
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
Infection control	The practice had implemented an effective infection prevention and control process. This reduced the risks to staff and patients of acquiring preventable infections.
Practice management	The practice found that they needed additional practice management support, they arranged for the local clinical commissioning group to provide additional support. The practice told us this additional support had been useful.

Any additional evidence
At our previous inspection in 6 April 2015 we told the provider that they should make improvements in some areas. These included the need to complete a legionella risk assessment, comply with NHS Protect guidance regarding the security of prescriptions and to evaluate and improve the systems in place for recalling patients experiencing mental health problems for their annual healthcare review. The practice had acted to address these areas of improvement.

Appropriate and accurate information

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

Any additional evidence
NA

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The PPG told us that the practice was open and honest with the group, they also shared information about changes at the practice. The practice organised for the PPG meeting include talks on health advice, for example, mental health on a regular basis.

Any additional evidence
The appraisal process and staff meetings 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. The practice met regularly with the CCG, this provided support for the practice.

Continuous improvement and innovation

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

Audit area	Improvement
Antibiotic Audit	In May 2016 the first cycle of this audit had identified 49 patients with acute prescriptions for three types of antibiotics that the practice had been identified as prescribing higher than average numbers of. 45% of these prescriptions had been prescribed appropriately. The second cycle in March 2017 identified 40 patients (a reduction of 18%) prescribed these medicines. Of these, (55%) had been now appropriately prescribed. The practice is continuing work to ensure GPs are aware prescribing guidance for antibiotics and are using the NE and Cumbria antibiotic prescribing guidance.
Dual antiplatelet audit	In June 2017 the first cycle of this audit had identified 7 patients who were currently prescribed dual antiplatelet therapy. For 100% of these patients the practice had correctly recorded and monitored the treatment required. The second cycle in October 2017 identified 9 patients, following review 2 (22%) patients subsequently had a medicine stopped as they had completed the required course. Further audits (in January and April 2018) showed that for 100% of patients the practice had correctly recorded and monitored the treatment required

Any additional evidence
NA

DO NOT DELETE THE NOTES BELOW

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).