

Care Quality Commission

Inspection Evidence Table

Ponteland Medical Group (1-1989483037)

Inspection date: 03 July 2018

Date of data download: 21 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead members of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
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.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
Explanation of any 'No' answers: N/A	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any 'No' answers: N/A</p> <p>Leaders maintained a log of staff's current immunisation history and were able to demonstrate this on the day of the inspection.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test:</p> <p>Ponteland Medical Group: 31/10/2017</p> <p>Darras Clinic: 31/10/2018</p> <p>Dinnington Surgery: 31/10/2018</p>	Y
<p>There was a record of equipment calibration</p> <p>Date of last calibration:</p> <p>Ponteland Medical Group: 01/11/2017</p> <p>Darras Clinic: 01/11/2017</p> <p>Dinnington Surgery: 01/11/2017</p>	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills taken place	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
<p>Fire risk assessment</p> <p>Date of completion:</p>	Y

Ponteland Medical Group: 23/02/2018 Darras Clinic: 07/08/2017 Dinnington Surgery: 10/01/2018	
Health and safety Health and safety risk assessment: Ponteland Medical Group: 23/02/2018 Darras Clinic: 07/08/2017 Dinnington Surgery: 21/02/2018 Any actions identified had been addressed with the following exceptions: <ul style="list-style-type: none"> Some of the consultation rooms at the Ponteland Medical Group site were carpeted. The assessment indicated these were to be replaced as part of the next refurbishment of the premises. 	Y
Additional comments: <ul style="list-style-type: none"> The provider had a comprehensive risk management and incident reporting policy, which set out how risk should be handled. This included maintaining a risk register to help identify, assess, manage and monitor risk. The risk register for this location was reviewed monthly during the provider's management executive meeting, to make sure practice staff had taken appropriate action to address risk. The practice utilised the Safeguarding and Incident Risk Management System, to report significant events and incidents externally, to help promote learning across the local wider healthcare system. The practice's overall risk assessment covered areas such as fire, the premises, substances hazardous to health and first aid. Additional risk assessments had also been completed as necessary. 	

Infection control	Y/N
Risk assessment and policy in place: Date of last infection control audit: 03/05/2018 Ponteland Medical Group: 03/08/2018 (This audit covered all three sites) An infection control statement had last been completed in May 2018.	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any 'No' answers: N/A	

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management	Y

plans were developed in line with national guidance	
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y
<p>Explanation of any 'No' answers:</p> <p>The practice had devised a Sepsis protocol, to help them identify and manage patients at risk from developing this condition. A Sepsis audit tool had been completed to help assess the practice's arrangements against the Royal College of General Practitioners' Sepsis recommendations. All staff had recently completed training in sepsis relevant to their role at the practice. However, although a record of the delivery of this training had been noted in the minutes of a team meeting, the practice's training matrix had not been updated to reflect this. (The practice leader told us they would address this following the inspection.) There was equipment at the practice, such as blood pressure and temperature monitors and a pulse oximeter, to help staff manage Sepsis. One of the GPs had created a Sepsis template, based on NICE guidance, to help clinical staff recognise symptoms, assess presenting risks and take appropriate action.</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.	Y
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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y

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	1.09	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)	11.9%	7.1%	8.9%	Comparable to other practices

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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	11
Number of events that required action	11

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.)	No
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	Partial
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
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/partial' answers:	

- The practice managed controlled drugs safely and securely. However, they did not always follow their policy in relation to carrying out stock checks.
- The local clinical commissioning group monitored the practice's prescribing of controlled drugs. The practice received feedback via periodic reports. The practice team leader confirmed there were no concerns regarding the practice's controlled drugs prescribing.

Dispensing practices only	
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack. Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians	Partial
Explanation of any 'no/partial' answers: <ul style="list-style-type: none"> • Due to the location of the dispensary (located in the reception area), there was no facility for dispensers to speak to patients in confidence. However, the practice operated a confidentiality card system that dispensers could pass to a patient should they prefer to speak in private. 	

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

Event	Specific action taken
A request for a swab test, to check for the presence of bacteria/infection, had been missed. A paper record requiring	<ul style="list-style-type: none"> • As soon as the concern was identified, all members of staff were sent an email reminding them of the correct process to be followed.

that action be taken by reception staff had been mistakenly placed in the scanning tray, rather than in the reception in-tray indicating that further action was required. This resulted in a delay.	<ul style="list-style-type: none"> The patient was booked into the next available appointment, so a swab could be taken.
A referral sent from the practice to a hospital clinic, requesting a check of a patient's Warfarin levels, was not received.	<ul style="list-style-type: none"> The practice contacted the hospital to make sure that the clinic had received the referral. They were informed it had not been received due to a problem with the clinic's fax machine. The referral was re-sent. Practice staff contacted the clinic to obtain and confirm the fax details. These were then circulated to relevant staff.
Incorrect prescribing of a medicine by a locum GP.	<ul style="list-style-type: none"> The GP contacted the patient and apologised. Following the error, the practice reviewed GPs' prescribing in relation to the medicine concerned and presented the findings at a practice meeting to promote shared learning.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <ul style="list-style-type: none"> The provider had a policy which clearly set out how safety alerts were to be handled. A designated clinician was responsible for receiving safety alerts and disseminating these to relevant staff. Information about alerts and resulting actions was shared at practice team meetings and placed on a noticeboard in the meeting room. Any alerts requiring substantive change were reviewed at the provider's executive management meetings. The practice did not always document when no action was required following a review of a safety alert. Leaders agreed to review the process to take account of this. The practice's systems and processes for the safe dispensing of high-risk medicines were robust. 	

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)	0.58	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 (01/04/2016 to 31/03/2017) (QOF)	86.6%	83.7%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (60)	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 (01/04/2016 to 31/03/2017) (QOF)	81.0%	80.7%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.3% (68)	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 (01/04/2016 to 31/03/2017) (QOF)	81.8%	81.3%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.6% (75)	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. (01/04/2016 to 31/03/2017) (QOF)	70.6%	75.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (45)	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 (01/04/2016 to 31/03/2017) (QOF)	95.5%	91.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.7% (29)	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 (01/04/2016 to 31/03/2017) (QOF)	85.2%	84.8%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (44)	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. (01/04/2016 to 31/03/2017) (QOF)	88.8%	82.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (13)	9.2%	8.2%	

Any additional evidence

- We identified that the exception reporting rate for the COPD clinical indicator was much higher than the local CCG and England averages. Also, for some of the clinical indicators, the numbers of patients excepted was high.
- Leaders told us they had rigorous exception reporting processes in place. All patients received three letters inviting them to attend for a healthcare review and patients were only excepted by a GP when no response was received.

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)	85	102	83.3%	Below 90% Minimum (variation negative)
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)	73	77	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)	73	77	94.8%	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)	73	77	94.8%	Met 90% Minimum (no variation)

Any additional evidence

- The practice demonstrated they had a rigorous system in place to facilitate their child immunisations programme. Recent improvements included the identification of:
 - A lead GP to provide leadership and oversight in this area.
 - A dedicated member of staff who had been given responsibilities for booking all childhood immunisation appointments and identifying those patients who had not attended. Information about non-attendance was shared with the relevant member of the nursing team so appropriate action could be taken.

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)	77.0%	78.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	79.5%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	69.3%	63.8%	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)	75.4%	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 (01/04/2016 to 31/03/2017) (QoF)	92.9%	92.6%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.8% (11)	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 (01/04/2016 to 31/03/2017) (QoF)	90.5%	94.4%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.8% (11)	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 (01/04/2016 to 31/03/2017) (QoF)	76.8%	83.7%	83.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (4)	6.9%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	557	553	539
Overall QoF exception reporting	5.0%	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. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice such as the nurse practitioners.	Y
If no please explain below:	

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)	95.1%	95.5%	95.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (12)	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) (01/04/2016 to 31/03/2017) (PHE)	51.4%	47.5%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

A comprehensive protocol was in place covering all aspects of consent issues likely to arise in general practice. Where appropriate, patients were asked to sign a consent form to confirm they were happy to go ahead with a procedure.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	20
Number of CQC comments received which were positive about the service	13
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
CQC comment cards	<ul style="list-style-type: none"> Most patients commented they had received good care and treatment during their appointment.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
10,072	221	2.1%	113	51.13%

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)	41.8%	81.4%	78.9%	Significant Variation (negative)
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)	92.4%	92.9%	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)	95.9%	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 (01/01/2017 to 31/03/2017) (GPPS)	93.5%	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 (01/01/2017 to 31/03/2017) (GPPS)	91.1%	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 (01/01/2017 to 31/03/2017) (GPPS)	82.7%	92.6%	90.7%	Comparable to other practices

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

Date of	Summary of results
---------	--------------------

exercise	
14 August 2017 to 29 April 2018	<p data-bbox="304 230 1543 338">On the 14th of August 2017, the practice launched a Patient Experience Survey, to help leaders judge whether the improvements they were making were having a positive impact on patient satisfaction levels.</p> <p data-bbox="304 376 1543 483">Surveys were distributed randomly via text, to patients who had attended an appointment at the practice. The survey ran for 38 weeks and 364 returns were received. A summary of the key results were as follows:</p> <ol style="list-style-type: none"> <li data-bbox="352 521 1543 555">1. Reception Helpfulness: <ul style="list-style-type: none"> <li data-bbox="352 562 1543 629">- In April 2018, the percentage of respondents who found the reception team helpful showed an increase compared to March 2018 and August 2017. <li data-bbox="352 636 1543 743">- In April 2018, 80% of the 50 respondents reported that they found the reception team helpful. This was a 3% increase on March 2018, where 77% of 31 respondents indicated they found the reception team helpful. <li data-bbox="352 750 1543 817">- In April 2018 the percentage of respondents reporting the reception team as being helpful was 31% which was higher than August 2017 (49%). <li data-bbox="352 824 1543 891">- In April 2018, 80% of respondents described the reception team as helpful, this was the highest percentage since the survey commenced. <li data-bbox="352 929 1543 963">2. Telephone Experience: <ul style="list-style-type: none"> <li data-bbox="352 969 1543 1037">- In April 2018, 50% of respondents described contacting the practice by telephone as easy. <li data-bbox="352 1043 1543 1077">- When compared with March 2018, April 2018 showed a 1.6% decrease. <li data-bbox="352 1084 1543 1117">- When compared with August 2017, April 2018 showed a 28.4% increase. <li data-bbox="352 1155 1543 1189">3. Appointment Booking Experience: <ul style="list-style-type: none"> <li data-bbox="352 1196 1543 1263">- In April 2018, the percentage of respondents who described the booking experience as poor was 30%. <li data-bbox="352 1270 1543 1408">- In April 2018, there was a 3% decrease in the number of respondents who described the booking system as poor, when compared to the responses received in March 2018 and an 11% decrease when compared to the responses received at the beginning of the survey in August 2017. <li data-bbox="352 1447 1543 1480">4. Seen within 15 minutes: <ul style="list-style-type: none"> <li data-bbox="352 1487 1543 1554">- In April 2018, 68 % of respondents indicated that they felt they had to wait less than 15 minutes after their appointment time to be seen. <li data-bbox="352 1561 1543 1668">- This was an 11.2% increase when compared to the feedback received in August 2017. However, the percentage for 2018 showed a 5.3% decrease when compared to the feedback received during the preceding four months. <li data-bbox="352 1706 1543 1740">5. Able to get an appointment or speak to someone for advice: <ul style="list-style-type: none"> <li data-bbox="352 1747 1543 1814">- In April 2018, 68% of respondents indicated that the last time they tried they were able to get an appointment or speak to someone for advice. <li data-bbox="352 1821 1543 1888">- In comparison to March 2018 this was a 7% positive increase, whilst in comparison to August 2017; this was a 17% positive increase. <li data-bbox="352 1926 1543 1960">6. Overall experience: <ul style="list-style-type: none"> <li data-bbox="352 1966 1543 2033">- In April 2018, 22% of respondents described their overall experience of the practice as poor.

	<ul style="list-style-type: none"> - This showed a 10.3% decrease compared to March 2018, where 32.3% of respondents described their overall experience of the practice as poor. - The responses received in April 2018 indicated a 26.8% decrease when compared to the feedback received in August 2017 when 48.6% of respondents described their overall experience of the practice as poor. - In April 2018, 56% of respondents rated the practice as good, very good or excellent. Compared to March 2018, this was a 2.1% decrease, but in comparison to August 2017, it was a 20.9% increase. <p>7. Recommend the practice:</p> <ul style="list-style-type: none"> - In April 2018, 60.0% of respondents said they would recommend the practice to friends and family. - In comparison to March 2018 (54.8%), this was a 5.2% increase. - In comparison to August 2017 (37.8%), this was a 22.2% increase.
--	--

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC Comment Cards	Where patients commented about their involvement in decisions about their care and treatment, the feedback provided was positive.

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)	87.0%	89.8%	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)	86.7%	86.7%	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)	83.2%	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 (01/01/2017 to 31/03/2017) (GPPS)	75.5%	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.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	N

Carers	Narrative
Percentage and number of carers identified	There were 354 carers on the carers register. This equated to 3.5% of the practice's population.
How the practice supports carers	<ul style="list-style-type: none"> Staff had been provided with training about how to support carers by the local carers' group. Packs, including social prescriptions, had been placed in all consultation and treatment rooms, to encourage clinicians to refer to locally available support resources and organisations. The practice carers' lead carried out a monthly check of the carers' register, to make sure patients who were also carers were offered the opportunity of a health check. An average of 35 carers' healthcare checks had been completed annually. A carers' support letter and a range of information/leaflets could be used by staff to support the carers.
How the practice supports recently bereaved patients	<ul style="list-style-type: none"> Following notification of a patient's death, administrative staff emailed all team members to inform them. If appropriate, the relevant GP would call the patient's family to offer condolences and support.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	<ul style="list-style-type: none"> There was a screen between the reception desk and the office area behind it, to reduce noise levels and improve privacy. Seating for patients in the reception area was set back from the main reception desk. Patients were actively encouraged to stand back from the desk to help promote greater privacy. The practice operated a confidentiality card system that enabled patients to relay personal or sensitive information, or request a private conversation, without needing to speak at reception. Staff had received information about how to implement this system. Clear signage had been placed in the reception area informing patients they could request a private conversation.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Source	Feedback
CQC comment cards	Where patients commented, the feedback provided was positive.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday: Ponteland Medical Group: Dinnington Surgery Darras Clinic	8am to 6:30pm 8am to 12:15pm 8am to 5pm
Tuesday Ponteland Medical Group: Dinnington Surgery Darras Clinic	8am to 6:30pm 8am to 12:15pm 8am to 8:30pm
Wednesday Ponteland Medical Group: Dinnington Surgery Darras Clinic	8am to 6:30pm 8am to 12:15pm 8am to 5pm
Thursday Ponteland Medical Group: Dinnington Surgery Darras Clinic	8am to 6:30pm 8am to 12:15pm 8am to 8:30pm
Friday Ponteland Medical Group: Dinnington Surgery Darras Clinic	8am to 6:30pm 8am to 12:15pm 8am to 5pm

Appointments available	
Ponteland Medical Group: Dinnington Surgery	<p>Monday to Friday 8:30am to 5:30pm</p> <p>Monday 8:30am to 11:20am</p> <p>Tuesday 9:15am to 11:20am</p> <p>Wednesday 8:30am to 11:20am</p> <p>Thursday 9:15am – 11:20am</p> <p>Friday 8am to 11:20am</p>
Darras Clinic	<p>Monday 8am to 12:20pm and 1:30pm to 4:50pm</p> <p>Tuesday 8:30am to 11:20am and 2:45pm to 5:40pm</p> <p>Wednesday 8am to 12:20pm and 1:30pm to 4:50pm</p> <p>Thursday 8am to 12:20pm, 1:30pm to 4:40pm and 6:30pm to 8:20pm</p>

	Friday 8am to 12:20pm and 1:30pm to 4:50pm
Extended hours opening	
Darras Clinic Tuesday Thursday	Until 8:30pm Until 8:30pm
In addition, patients could access out-of-hours appointments, via the local Cramlington Hub.	Monday to Friday: 5:30pm to 8pm Saturday: 8am to 4pm.

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	Y
If yes, describe how this was done	
<ul style="list-style-type: none"> Patients contacting the practice were asked if their request for an appointment was urgent or routine. Patients requesting a same-day appointment were added to the urgent triage list which was reviewed by the triage doctor. Following triage of those patients requesting a same-day appointment, the nurse practitioners or the triage doctor would contact them to assess the urgency of their need and decide whether a telephone or a face-to-face appointment was required. Patients assessed as requiring an urgent face-to-face appointment were booked into an appointment slot with either the duty doctor or a nurse practitioner. Telephone triage of home visits took place, to enable an appropriate response to patients presenting with greater risks. 	

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)	63.5%	78.9%	80.0%	Variation (negative)
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)	25.2%	75.9%	70.9%	Variation (negative)
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)	59.6%	79.0%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall	37.9%	74.3%	72.7%	Variation (negative)

experience of making an appointment (01/01/2017 to 31/03/2017)				
--	--	--	--	--

Examples of feedback received from patients:

Source	Feedback
NHS Choices	<p>Patients had awarded the practice an overall rating of two stars. During the last 12 months, the practice had received 34 reviews on this website. Of the reviews received:</p> <ul style="list-style-type: none"> • Five patients had awarded a rating of five stars. These patients reported they had received a very good quality of care and treatment. • One patient had awarded a rating of four stars. • Two patients had awarded a rating of three stars. • Three patients had awarded a rating of two stars. • Twenty-three patients had awarded a rating of one star due to their dissatisfaction with telephone access to the practice and routine appointment availability.
Feedback from patients on the day of the inspection	We spoke with two members of the practice's patient participation group about access to appointments. Both members acknowledged that whilst improvements were being made, there was still some way to go.
CQC Comment Cards:	<p>We received 21 patient comment cards. Of the patients who commented:</p> <ul style="list-style-type: none"> • One patient said they had difficulty getting through to the practice on the telephone. • Three patients said it was not always easy to obtain an appointment. • Two patients said that the appointment system had improved.

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>)	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	67

Number of complaints we examined in more detail with the practice leader	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	1

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
<ul style="list-style-type: none"> • There was compassionate, inclusive and effective leadership at all levels. • Leaders demonstrated they had high levels of experience and capability, which they used to improve the quality of the care and treatment they provided. • Leaders were active in addressing the challenges they faced and had strong and effective strategies in place, to help drive improvements in patients' satisfaction with telephone access and appointment availability.

Vision and strategy

Practice Vision and values
<p>The provider's high-level strategic mission statement was: 'To revolutionise the relationship between primary, secondary and community care in order to deliver high-quality, innovative and seamless care to our patients'. Their vision is to be: 'Recognised and respected as the leading provider of primary care and associated services throughout Northumberland and North Tyneside'. The provider's mission statement and vision was underpinned by six strategic goals which set out what they hoped to achieve, including details of what improvements they intended to implement during 2018/19.</p>

Culture

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

Source	Feedback
Interviews with staff	<p>The following is a summary of comments made by staff:</p> <ul style="list-style-type: none"> • The practice had a good team where everybody was willing to help. • The working environment had improved now the provider no longer operated a central hub from which access to appointments was managed across the group. More staff were now available at the practice to manage patient demand for appointments. Patients seemed more positive now the practice was managing their own appointments. • They were clear about their roles and responsibilities. • It was a lovely practice where the practice manager and senior staff were very approachable.

	<ul style="list-style-type: none"> • Staff enjoyed being on the front-desk, and seeing and helping patients. • Staffing levels were better now. There were times when the practice had struggled. More reception staff now at busier times. • They could access policies and procedures if they needed to.
--	---

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

Source	Example
Patient complaint	A patient expressed concern that they had not received feedback following a swab being sent to the laboratory for testing. The matter was investigated and verbal and written feedback was provided to the patient. A new protocol was put in place to help prevent this from happening again. An apology was offered and the patient was provided with information about what to do if they were dissatisfied with the practice's response.
Complaints log	The log provided evidence that where the practice did not get things right, they contacted the patient and offered an apology and, where appropriate, shared information about what they had done to improve the care and treatment they provided.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Increasing minor surgery list	The practice nominated a member of staff to oversee the practice's minor surgery list. This member of staff reported they were concerned the list was proving difficult to manage and was increasing. As a result, all patients were invited to attend a review with one of the two minor surgery doctors, to help make sure being on the list is the most appropriate way to meet their needs. In addition, any referral for inclusion on the list is now reviewed by a minor surgery doctor.
Management of phlebotomy bloods	The member of staff nominated to provide this service reported that some patients were being placed on the list for reasons other than those intended. They reported this was impacting on their workload. As a result, the protocol was revised and staff were reminded of the importance of following the correct procedure.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
Y	

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

Source	Example
Practice's improvement plan	<p>Following our last inspection, leaders at the practice had:</p> <ul style="list-style-type: none"> • Completed a stress risk assessment, to help them identify risk and put arrangements in place to support staff. • Introduced a weekly GP catch-up meeting, to enable clinicians to provide support to each other, and review any issues and concerns that have arisen during the day. • Supported and encouraged social events, to help improve staff morale. For example, a staff barbeque and bake-off had been held. • Recently introduced an award initiative to recognise and acknowledge staff's achievements.

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

Source	Example
Training matrix	Most staff had completed equality and diversity training.

Examples of actions to improve quality in past 2 years

Area	Impact
Patient dissatisfaction with the length of appointments	<p>In response to patient dissatisfaction with the length of appointments, the practice had implemented the following actions since our last visit:</p> <ul style="list-style-type: none"> • The practice had developed guidance for patients about how to make the most of a ten-minute appointment. The guidance had been placed on the information board in the reception area. • Staff had completed an audit of appointment waiting times and the average length of appointments, to help them monitor the effectiveness of the improvements they had made in this area. • A protocol had been placed on the practice's clinical records system, to alert staff to patients who may require longer appointment times.
Patient dissatisfaction with telephone access to the practice	<p>In response to patient dissatisfaction with appointment access, the practice had implemented the following actions since our last visit:</p> <ul style="list-style-type: none"> • Staff had made daily contact with their telephone provider to make them aware of the difficulties patients were experiencing trying to get through to the practice on the telephone. • Concerns about patient safety, resulting from difficulties experienced by patients trying to contact the practice, were shared with senior staff, so remedial action could be taken to minimise risks. • Leaders carried out an audit of telephone waiting times and maintained a log of these, so they had hard evidence they could share with their telephone provider regarding the difficulties patients were experiencing. The log detailed any calls where patients had waited over 30 minutes to get through to the practice. Following the practice's contact with their telephone provider, there had been a reduction in the call wait time and waits of 30 minutes were no longer happening. • Information relating to telephone and appointment access issues was placed on the practice's website, to help keep patients up-to-date with issues and what action staff were taking. • Forms were placed in the reception area to enable patients to directly raise concerns about the practice's telephone system. • Staff were provided with formal training relating to the practice's appointment arrangements. • In July 2017, the rotas for reception staff were adjusted to provide increased staffing during the times of greatest demand. • The arrangements for improving telephone access were

	shared with the practice's patient participation group.
Patient dissatisfaction with appointment waiting times	<p>In response to patient dissatisfaction with appointment waiting times, the practice had implemented the following actions since our last visit:</p> <ul style="list-style-type: none"> • An audit of appointment waiting times was carried out and the outcome was shared with staff. • Following the first cycle of the audit, 'catch-up-slots' were introduced. The second cycle of the audit showed an increase in consultation length and a reduction in appointment waiting times. <p>Audit results demonstrated actions being taken by the practice were resulting in improvements:</p> <ul style="list-style-type: none"> • The median waiting time was nine minutes in the first cycle with an interquartile range (IQR) of three to 17 minutes and a median time of 8.5 seconds in the second cycle, with an IQR of between four to 14 minutes. <p>The average length of consultations had increased from 12 minutes in the first cycle to 13 in the second cycle.</p>

Examples of service developments implemented in past 2 years

Development area	Impact
Action taken to improve the delivery of care and treatment to patients with long-term conditions (LTCs)	<ul style="list-style-type: none"> • The practice had recently implemented the Year of Care (YoC) approach, a personalised care planning model where staff work in partnership with patients to help them play a more active role in managing their LTCs using shared action planning. Systems and processes had been put in place to enable patients with more than one LTC to have all their needs reviewed during one appointment. One of the nurses we spoke with told us all staff had worked very hard to make this happen and there was a planned meeting with the nursing team to address any concerns regarding the implementation of the YoC model. As part of the YoC approach, patients received an initial appointment to undergo annual review tests, followed by a second care planning appointment with a practice nurse. Standardised YoC e-templates were being used to help ensure the key areas were covered during a consultation. YoC clinics were provided at all three sites.
Improve the continuity of care and treatment provided to patients living in local care homes and help manage patient demand	<ul style="list-style-type: none"> • A designated GP undertook a time-protected, weekly ward round at two local care homes. Six-weekly multi-disciplinary meetings were held to review the needs of the care home residents, in collaboration with care staff, the community matron and a Care of the Elderly Consultant. A system had been set up that helped ensure any communication received from the care homes was reviewed by the duty doctor, to help ensure an appropriate response. The practice had received positive feedback from the

	local clinical commissioning group regarding this service.
--	--

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	The practice had an effective system in place to learn from complaints and significant events.
Practice specific policies	Yes
Other examples	The practice had a structured meetings schedule in place which they followed in practice. A full practice meeting was held monthly with standing agenda items covering areas such as progress against the Quality and Outcomes Framework targets, and changes to policies and procedures. Meetings were clearly minuted. A weekly GP meeting addressed business and operational issues. All meetings had clear terms of reference, to help define their purpose and structure, to help make them more effective.
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Insufficient clinical staff to cover required clinical sessions	<ul style="list-style-type: none"> The practice completed a daily 'SITREP' risk assessment, to help leaders assess whether there were sufficient clinical staff to meet patient demand. The risk assessments identified how many patients had been care-navigated and placed on the urgent care triage list. Leaders identified whether there were any issues/risks that needed to be included on the 'SITREP' assessments, such as a backlog of patient documents needing to be scanned and coded. Each practice was given a daily score to help assess levels of risk. The practice manager told us this enabled the provider to highlight practices in their portfolio that were struggling to cope with demand, so decisions could be made about how to best distribute clinical staff.
Risk of harm to vulnerable patients	<ul style="list-style-type: none"> The provider had developed an effective template which supported clinicians to actively identify 'at-risk' children and adults. The template enabled clinicians to highlight their concerns in such a way that supported the weekly, automatic searches that were carried out, to help make sure all

	vulnerable patients were reviewed at the practice's weekly multi-disciplinary team meeting. Six-weekly 'Supporting Families' meetings took place, involving a health visitor, the school health adviser and a midwife, where the needs of vulnerable families were reviewed and information shared about risk. Reports about any safeguarding incidents, including what had been learnt from them, were made available to staff.
Patients and staff at risk of harm	<ul style="list-style-type: none"> The practice had completed various risk assessments, to help keep patients safe.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	The practice had an active patient participation group (PPG)	<ul style="list-style-type: none"> During the May 2018 PPG meeting, leaders provided a detailed and comprehensive overview of how the practice's appointment system worked, and an outline of the competing demands faced by clinical staff each day. The chair of the group told us this had helped members to understand how things worked and why they worked in a particular way. PPG meetings provided members with opportunities to obtain updates on the issues that were important to them and other patients such as: the number of appointments provided; the average time taken to make an appointment; the failure to attend appointment rate; the number and content of complaints received.
Staff	Daily 'SITREP' risk assessment	There was an agreed structure in place to support staff to raise concerns. The practice was expected to carry out a daily risk assessment of areas of risk, so high levels of patient demand could be more effectively managed.
	Introduction of an organisation-wide newsletter	The provider had just issued their first organisation-wide education newsletter to help keep clinical staff up-to-date with developments

	Closed Facebook staff group	and changes. The provider supported the operation of a closed Facebook group, to deliver educational sessions, to help promote staff learning and skill development.
External partners	Local clinical commissioning group medicines optimisation meetings	The practice's medicines manager attended these meetings to: <ul style="list-style-type: none"> • Obtain feedback about the practice's medicines performance so this could be shared with leaders and action taken to address any concerns. • Help keep the practice up-to-date with the latest developments in medicines management.

Feedback from Patient Participation Group;

Feedback

We spoke with the two members of the practice's patient participation group who told us:

- The group usually met bi-monthly, with an agenda that was agreed up to three weeks in advance. The agenda included regular standing items such as appointment access and complaints. Minutes were uploaded onto the practice's website.
- Meetings were attended by one of the GPs and a free and open discussion was encouraged.
- The practice was on an 'improvement journey' and moving the appointment system back to the practice was helping with this. One person commented that staff sickness levels had the potential to impact on appointment access, if not actively managed. They said the practice's journey was trending upwards and this was to be welcomed.
- The practice had performed well during the winter crisis.
- They felt the practice was now listening to them, valuing their input and taking their feedback seriously.
- There were still areas where the practice needed to make further improvements, such as:
 - developing a better communication strategy, so patients get to know promptly what is happening at the practice and why.
 - taking steps to improve the practice's website.
 - using social media to keep patients better informed.
 - maintaining the improvements staff have made in the dispensary.
 - taking steps to reduce patient expectations so they are at a more reasonable level.
 - improving continuity of care, telephone access to the practice and appointment availability.
 - developing the practice's use of 'care navigation', to help improve patients' experience of using the practice.
 - Improving the GP Patient Survey results.

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

Examples	Impact
Empowering patients to make the most of their GP appointment	The practice had consulted their patient participation group regarding the content of their leaflet, 'How to Make the Most of your Appointment.' The revised

	leaflet was available in the practice's reception area.
Seeking patient views	Members of the PPG interviewed patients in the reception area, to obtain feedback about their experiences of using the practice. This information was fed-back to the practice.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Telephone access to the practice	Following feedback from patients and the PPG, the practice made changes to their telephone system menu, to help avoid patients' calls not being answered because they had chosen a defunct option.
Patient triage system	Since the last inspection, leaders had improved the systems and processes they had in place for triaging the needs of patients requesting appointments or home visits. Any patient contacting the practice now has their needs triaged by a dedicated doctor or nurse practitioner to determine the urgency and clinical priority of their request. The patient is then contacted by the duty doctor or nurse practitioner to determine whether a telephone or face-to-face consultation is the most appropriate way of meeting their needs. They then determine whether a telephone or face-to-face consultation is the most appropriate way of meeting their needs.

Examples of improvements demonstrated because of clinical audits in past 2 years

Audit area	Impact
Audit of the treatment of patients with Otitis Externa	The purpose of this audit was to assess the practice's compliance with the NICE guidelines relating to the treatment of this condition. The results of the first cycle of the audit demonstrated a 46.4% compliance with the NICE guidelines. Following a multi-disciplinary team meeting, it became clear that most clinical staff were not aware of the recommended first line of treatment for this condition. Staff were provided with an opportunity to review and discuss the guidelines during a practice meeting. The second cycle of the audit demonstrated an improved compliance rate of 82%. Whilst improvements were seen in relation to recording and safety netting, there were still occasions when clinical staff had moved straight to prescribing the second line of preferred treatment.
Sepsis recognition and referral	<p>The purpose of this audit was to assess how well the practice's clinical records system Sepsis template helped clinicians identify and manage this serious condition. The records of nine patients with suspected Sepsis showed clinicians had correctly recognised they might have this condition and had arranged for them to be admitted into A&E. However, a review of the findings of the first cycle of the audit indicated that the tool had not always been triggered and, in one case, had incorrectly identified that Sepsis was unlikely.</p> <p>Following the first cycle of the audit the practice had created a new template tool, to help provide clinicians with better support to make more</p>

effective diagnoses. The tool also provided safety-netting advice regarding what actions a clinician could take should they decide that a hospital admission was unnecessary. Staff had also been provided with Sepsis training to help increase awareness, and an extra audit of the practice's compliance with the Royal College of General Practitioners' Sepsis Toolkit has also been carried out. A second cycle audit was planned for September 2018.

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>