

Care Quality Commission

Inspection Evidence Table

St George's Medical Practice (1-3984456520)

Inspection date: 4 September 2018

Date of data download: 23 August 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.	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.	Y
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 22/11/2017	Y
There was a record of equipment calibration Date of last calibration: 25/6/2018	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 and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion 28/8/2018	Y
Actions were identified and completed. For example; an internal door was removed to ensure ease of evacuation in the event of a fire.	Y
Additional observations: Training due for Fire Marshalls 5/9/2018 Emergency lighting inspection certificate dated 4/8/2018.	Y
Health and safety Premises/security risk assessment? Date of last assessment: 9/8/2018	Y
Health and safety risk assessment and actions Date of last assessment: 9/8/2018	Y
Additional comments: The practice had been in a temporary building since 01/2018. No legionella risk assessment done yet but this was arranged for October 2018.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 29/8/2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>Items were identified stored at a floor level and removed.</p> <p>An action plan was in place for identified risks; for example fabric seating in the reception areas.</p>	<p>Y</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any answers:</p> <p>The practice had arranged a large clinical waste bin to be stored in a lockable area outside the practice due to lack of storage space in the temporary building.</p>	

Any additional evidence
<p>Cleaning schedule and monitoring records seen.</p> <p>Equipment cleaning records seen.</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Y
<p>Explanation of any answers:</p> <p>Staff rota with skills matrix seen.</p> <p>On the day of the inspection we saw staff respond to an emergency situation appropriately.</p> <p>There was a pathway available on the clinical system to enable assessment of patients with presumed sepsis.</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
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
<p>Explanation of any answers:</p> <p>The practice used a clinical computer system that enabled appropriate sharing of records. The clinical computer system had links to current guidance and relevant legislation incorporated into it.</p>	

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.86	1.04	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	6.8%	6.2%	8.7%	Comparable with 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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y

Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>PGD's were not currently in use as the Nurse Practitioner was a prescriber and the Health Technician used PSD's.</p> <p>No controlled drugs were kept on the premises.</p> <p>Prescription pads were kept in a locked cupboard and the practice operated a sign out sheet to ensure safe storage.</p>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Y
Access to the dispensary was restricted to authorised staff only.	Y
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Y
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Y
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.	Y
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.	N/A
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.	Staff were aware but did not provide blister packs – these were provided from another pharmacy.
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.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Y
Explanation of any answers	
<p>Any other comments on dispensary services:</p> <p>Dispensary staff had received appropriate training and recent updates.</p> <p>The dispensary staff had a good relationship with the pharmacy in the village and shared information about medicines and best practice with them.</p>	

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.	13
Number of events that required action	13

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

Event	Specific action taken
A clinician had prescribed the wrong eye drops	The practice contacted the hospital who had originally prescribed the medication to ensure that both primary and secondary care were prescribing in the same way (by using either the brand name or the generic name of the medicine)

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> <p>Safety alerts were dealt with by the reception staff, logged on to a spreadsheet and forwarded on to the relevant person to deal with. There was no system in place to check that the person allocated the task had dealt with it. This assurance was put into place on the day of the inspection.</p>	

Any additional evidence
Significant events were logged on to the safeguard system and discussed at the weekly partners meeting. Changes or learning resulting from this was cascaded to administration staff and clinical staff by the Practice Manager.

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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.54	0.86	0.83	Comparable with 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)	86.1%	83.6%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (13)	13.1%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	83.8%	76.4%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (19)	10.6%	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)	85.6%	84.1%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (31)	14.6%	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	85.5%	79.2%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (9)	12.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, 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)	92.7%	91.7%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.5% (20)	12.3%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) <small>(QOF)</small>	92.2%	86.1%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (20)	3.5%	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) <small>(QOF)</small>	98.1%	91.1%	88.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (3)	6.9%	8.2%	
Any additional evidence or comments				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	51	52	98.1%	Met 95% WHO based target (significant variation positive)
The percentage of 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)	59	60	98.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	59	60	98.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	59	60	98.3%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				
Appointments for baby immunisations were available at any time to make it easier for families.				

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 at a given point in time who were screened adequately within a specified period (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)	82.8%	75.2%	72.1%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.0%	74.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	65.1%	59.1%	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)	83.1%	69.1%	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)	46.7%	47.9%	51.6%	Comparable with other practices
Any additional evidence or comments				

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)	100.0%	93.7%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.7% (5)	22.0%	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)	100.0%	91.9%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.2% (4)	16.5%	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)	92.1%	86.9%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (7)	5.8%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	554	539
Overall QOF exception reporting (all domains)	3.6%	5.8%	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)	Y

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.4%	96.3%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (6)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Evidence seen of consent forms for patients undergoing minor surgery.

Any additional evidence
The practice provided evidence of effective prescribing and referrals to outpatients.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	21
Number of CQC comments received which were positive about the service	21
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	Comments included patients felt treated with respect, professionalism and courtesy. Patients commented that GP's were excellent and the nurses and all staff were caring and friendly. Patients commented that they felt the practice was well-run.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,519	227	106	46.70%	Approx. 2%

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)	95.7%	79.4%	78.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	91.1%	90.5%	88.8%	Comparable with 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)	98.4%	95.6%	95.5%	Comparable with 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)	89.9%	88.9%	85.5%	Comparable with 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)	95.4%	92.3%	91.4%	Comparable with 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)	94.7%	92.0%	90.7%	Comparable with other practices
Any additional evidence or comments				

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

Any additional evidence
<p>The practice told us that due to extensive Stakeholder work they have been engaged in with trying to secure a New Surgery in Middleton St George, they decided not to carry out a formal survey in last 12 months. The GPs did do patient surveys on their own performance for their appraisal. The practice used results from Friends and Family Test, feedback from PPG meetings and comments from NHS Choices to monitor our performance. They also look at comments and reviews posted on our Facebook page.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients commented that they felt listened to and involved in decisions about their care.

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)	92.3%	89.3%	86.4%	Comparable with 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)	90.2%	85.1%	82.0%	Comparable with 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)	89.5%	90.3%	89.9%	Comparable with 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)	87.7%	86.2%	85.4%	Comparable with other practices
Any additional evidence or comments				

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.	Y

Carers	Narrative
Percentage and number of carers identified	1.2% (67) of the practice population had been identified as carers
How the practice supports carers	Carers are identified when they register with the practice and opportunistically and are made aware of services through a carers noticeboard in the waiting room which is kept up to date by Darlington Carers Support. Carers are referred to Darlington Carers Support if they require this and the practice told us they would liaise with the support service to attend flu clinic to raise awareness of services available to carers. Carers are offered health checks and flu vaccinations. The practice told us they would offer to accommodate the person cared for if necessary for the carer to be seen themselves and would offer home visits if they were needed.
How the practice supports recently bereaved patients	Recently bereaved patients are sent a condolence card and contacted by telephone to be offered support after 1 month. If a patient has suffered a miscarriage or stillbirth all of the staff in the practice are notified so that they are aware if they speak to the family. This is in response to learning from a significant event.

Any additional evidence
The practice had set up a book table whereby patients could bring used books to sell to raise funds for the local hospice.

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	The practice had a small glass window at reception to help maintain confidentiality.

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

Examples of specific feedback received:

Source	Feedback
Comment cards	Patient feedback included that the staff are very caring and treat patients with dignity and respect.
Friends and Family	Patients comments included they had been unfailingly treated with respect, professionalism and courtesy. In June/July 2018 11 out of 13 patients said they were likely or extremely likely to recommend the practice.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am – 6pm
Tuesday	8.30am – 6pm
Wednesday	8.30am – 6pm
Thursday	8.30am – 6pm
Friday	8.30am – 6pm

Appointments available	
	8.30am – 5.30pm
Extended hours opening	
	Thursday 6pm – 8pm Patients can also book an appointment at Dr Piper House as part of a federation Monday to Thursday 6.30pm – 9pm Friday 6.30pm – 8.30pm Saturday 8am – 2pm Sunday 9am – 1pm

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	Y
If yes, describe how this was done	
Patients who request a home visit are added to the clinical computer system by reception staff who add details of the problem. The duty GP then assesses and prioritises visits which are shared out between the GPs.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,519	227	106	46.70%	Approx. 2%

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 practice opening hours (01/01/2017 to 31/03/2017)	92.6%	84.9%	80.0%	Variation (positive)
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)	97.4%	67.6%	70.9%	Variation (positive)
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)	88.1%	73.6%	75.5%	Comparable with 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)	93.1%	74.1%	72.7%	Variation (positive)
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, Patient questionnaires	<p>Patient feedback included that there was timely access to appointments, even with a GP of choice.</p> <p>Some patients had previously commented that it was difficult to make a GP appointment and the practice had responded by recruiting another GP.</p>

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	7
Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The complaints policy did not have the details of the Parliamentary and Health Service Ombudsman, but we saw that written responses to patients included the details of the Parliamentary and Health Service Ombudsman.</p> <p>Following the inspection the practice added the details of the Parliamentary and Health Service Ombudsman to the practice policy.</p>	

Example of how quality has improved in response to complaints

A complaint was received from a patient about receiving a text message from the practice on a Friday afternoon asking them to make a routine appointment. This had been received too late for the patient to ring the practice and they had worried all weekend. Following this, the practice had changed the policy so that text messages do not go out to patients on a Friday afternoon.

Any additional evidence

We saw evidence of Patient Participation Group (PPG) meetings where the focus of discussion had been collaboration between the PPG and the practice regarding the temporary building and the new building plans.

Well-led

Leadership capacity and capability

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

The practice provided leadership and support to other practices in the area with regard to a pre-diabetic scheme.

Any additional evidence

The practice planned to go live with online consultations the week after the inspection.

Vision and strategy

Practice Vision and values

To provide an excellent standard of practice and care for all patients irrespective of age, race or gender.

Culture

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

The practice had participated in the Productive General Practice scheme in order to listen and collaborate with staff and improve efficiency.
The practice was part of a hub of three practices which enabled sharing of ideas and back office functions. It was also part of a wider federation, Primary Healthcare Darlington Ltd. This enabled their patients wider access to nurse, health care assistant and GP appointments at Dr Piper House in extended hours. The federation also provided essential training for staff at the practice.

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

Source	Feedback
Non-clinical staff questionnaires	10 questionnaires received from staff – all positive stating staff felt supported by the GPs and management. Staff stated they would not hesitate to make suggestions for improvement.
Staff questionnaire	A recent staff questionnaire had indicated that some staff would value improved communication in the team.

Any additional evidence

A member of staff had suggestion a task board to indicate which tasks were still outstanding in the day and this had been adopted by the practice.

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 range of practice specific policies that were regularly updated.
Other examples	Collaboration with other practices and the federation to sustain general practice.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
There was a strong focus on support for the team. We were told that the practice had away days for the staff.

Managing risks, issues and performance

Major incident planning	Y/N
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
Temporary building/premises	The practice had ensured all risk and health and safety assessments were completed on the temporary building and was engaged in discussions with the clinical commissioning group to obtain a new building.
Staff training/staff competencies	The practice used a software system to ensure that all staff were up to date with essential training.
Fire safety/patient safety	There was evidence of fire drills and a fire policy at the practice. Staff were aware of procedure or role in case of a fire.
Nurse shortage	The practice had recruited a practice nurse and were planning a period of training and mentorship.

Any additional evidence
The practice supported sustainability of the primary care workforce. They had successfully participated in the apprentice scheme which had led to the offer of a permanent job for the member of staff and intended to do so again.

Appropriate and accurate information

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

Any additional evidence
We were given an example of a safeguarding referral made for a vulnerable adult.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice had regular meetings with the Patient Participation Group, discussions have included asking for their views on a new building.

Any additional evidence
At a recent meeting the group have suggested that the practice look at commencing a survey in the near future to see what patients think of the new location.

Continuous improvement and innovation

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

Audit area	Improvement
Re-audit of patients who take diuretics and need a blood test	The practice did a follow up audit and found that the % of patients who had a blood test for kidney function had improved since the last audit
Patients who take high risk medication	An improvement in monitoring of these patients following introduction of a monitoring protocol.

Any additional evidence
The practice were one of the first in the area to identify patients at risk of developing diabetes. They had set up a system that had been rolled out to other practices to enable identification and engagement of patients to a new service which aimed to help prevent development of the disease.

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" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar

across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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](#)).