

Care Quality Commission

Inspection Evidence Table

Haydon Bridge and Allendale Medical Practice (1-569346038)

Inspection date: 6 September 2018

Date of data download: 02 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.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Not known*
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	
*A system was in place to ensure staff had appropriate vaccinations when they were employed by the service in line with their recruitment and selection and immunisations and screening policies. If not, they were referred to occupational health. The practice provided us with a document confirming that existing staff had been 'cleared by occupational health' and told us that this included ensuring that they had the full range of vaccinations appropriate to their role and maintaining a record of staff immunity status. The provider was unable to provide further details to confirm this as it was felt this	

would be a breach of individual staff members confidentiality under data protection legislation.	
Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes Haydon Bridge – Dec 17 Allendale – 13.9.17
There was a record of equipment calibration Date of last calibration:	Yes Between Dec 17 and Jul 18 – rolling programme
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Haydon Bridge – weekly fire drill, fire evacuation drill to be planned. Allendale – 6.7.
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes Haydon Bridge – 19.7.18 Allendale – 14.8.17
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes Haydon bridge - June 15 Allendale – 4.7.18
Health and safety risk assessment and actions Date of last assessment:	Yes As above
Additional comments:	
The Allendale Surgery premises was managed by NHS Property Co. The premises at Haydon Bridge Medical Centre was managed inhouse/by Northumbria Primary Care Partnership	
The Legionella risk assessment for Haydon Bridge dated 13.7.18 recommended that taps that were not being used were either disconnected or removed. Action to complete this work was pending.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit:	Yes July 2018
The practice acted on any issues identified	Yes

Detail:	
The provider had undertaken an infection control audit of both premises in July 2018. As a result, they had developed a 36-point action plan for completion. Most of the identified actions had been completed by August 2018 with plans in place to address the other issues identified.	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers:	
The provider ran a daily situation report (SitRep) which they used to assess whether individual practices needed additional support. If so staff from other practices managed by the provider were asked to provide cover. In times of pressure GPs were able to get GPs from the providers other practices to assist with triage for home visit and urgent appointment requests.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

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) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.82	1.10	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). (01/04/2017 to 31/03/2018) (NHSBSA)	7.3%	7.0%	8.8%	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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	No

Explanation of any answers:

A standard operating policy and flowcharts were in operation to govern the prescribing and monitoring of high risk drugs, including warfarin, methotrexate and lithium. However, only one of the five patient records we reviewed where a patient had been prescribed methotrexate had an alert placed on their patient record in line with best practice guidance to prevent contraindicative prescribing.

We were told that GPs were responsible for checking the contents and expiry dates of medicines they carried in their doctor's bags for use on home visits. However, although all the medicines in the doctor's bags that we checked were in date there was no central or individual log of expiry dates. There was a log and system in place to check the expiry dates of emergency medicines held for use on both premises. However, they were not conveniently stored together which could present a problem if staff needed to obtain them quickly during an emergency. Neither did the medicines held for use in emergencies at the Haydon Bridge surgery contain all recommended medicines and there was no risk assessment in place to stipulate why this was not felt to be necessary

When we looked at the refrigerator use to store medicines requiring refrigeration at the Allendale Surgery we noticed that there were numerous occasions when the refrigerator temperature had exceeded the recommended maximum temperature of 8°C. However, there was no record of what action the provider had taken in relation to this despite their own cold chain policy giving clear guidance on what action should be taken in the event this happened. When we checked the refrigerator at the Haydon Bridge Surgery we found that there were a few days when the temperature had not been recorded so were not assured that necessary checks had been undertaken in line with policy. When we highlighted this issue the provider immediately took the appropriate action and recorded and investigated the matter as a significant event.

Dispensing practices only	Y/N
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.	Yes
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).	Yes
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.	Yes
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Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded since December 2017	9
Number of events that required action	9

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

Event	Specific action taken
Missed diagnosis of sepsis resulting in delayed admission to hospital	The practice had reviewed and reinforced national guidance in the identification of sepsis. They also advised clinical staff that more emphasis should be placed on considering cognitive state in young adults and raised awareness of the condition with staff. A toolkit to aid identification was placed on the practice computer system and algorithms to aid diagnosis placed in all clinical rooms.
Breach of cold chain when dispensary refrigerator was recorded as being 11°C following a weekend	The practice immediately quarantined all stock held in the refrigerator before subsequent disposal. They purchased a 'tiny tag' to enable continual monitoring of refrigerator temperatures.
Dispensary error – patient had received medicines that had not been prescribed	Dispensary staff were reminded of the importance of being vigilant when filling prescriptions. The decision was taken to close the dispensary for two days per week due to staff shortages until another member of staff could be trained as a dispenser.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Then provider had a safety alert policy which all their practices adhered to. A member of staff was identified as the Central Alerting System (CAS) officer and a deputising arrangement was in operation. The CAS officer ensured all alerts were disseminated to relevant staff and actioned appropriately. A log was kept of the alerts and action taken.	

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) (01/04/2017 to 31/03/2018) (NHSBSA)	0.47	0.62	0.84	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)	81.5%	83.7%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (15)	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)	77.0%	80.7%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (8)	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)	81.9%	81.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.6% (30)	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	76.2%	75.7%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (2)	8.1%	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)	88.5%	91.7%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (5)	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	87.8%	84.8%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (23)	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)	91.5%	82.7%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.4% (15)	9.2%	8.2%	
Any additional evidence or comments				
<p>The information above is the latest published data that was available at the time of the inspection and relates to the period 1 April 2016 to 31 March 2017. The practice was able to provide as yet unpublished or verified data relating to the period 1 April 2017 to 31 March 2018 which showed that:</p> <ul style="list-style-type: none">• The practice had attained 97.6% of the total points available to them• They had attained 100% for 14 of the 19 separate clinical indicators. We had no concerns about the attainment rate for the other five indicators• The overall clinical exception rate was 7.78%. This was higher than the clinical exception rate for 2016/17 which was 3.6%				

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)	42	49	85.7%	Below 90% minimum (variation negative)
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)	41	43	95.3%	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)	41	43	95.3%	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)	41	43	95.3%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				
The data above relates to the period 1 April 2016 to 31 March 2017. The provider was able to provide unverified data relating to the period 1 April 2017 to 31 March 2018 which showed that they had met the 95% World Health Organisation (WHO) target for all four indicators.				

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)	82.0%	78.1%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.5%	76.6%	70.3%	N/A

Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.9%	63.8%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	91.3%	71.6%	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)	58.8%	47.0%	51.6%	Comparable with other practices

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)	88.0%	92.6%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (1)	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)	88.0%	94.4%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (1)	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)	81.5%	83.7%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (2)	6.9%	6.8%	

Any additional evidence or comments

The data above is the latest published data that was available at the time of the inspection and relates to the period 1 April 2016 to 31 March 2017. The provider was able to provide us with as yet unpublished or verified data relating to the period 1 April 2017 to 31 March 2018. This showed that the practice had attained 100% of the points available to them for the dementia, depression and mental health indicators.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	553	539
Overall QOF exception reporting (all domains)	3.6%	5.6%	5.7%

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with 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)	95.6%	95.5%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (4)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

The clinicians understood the requirements of legislation and guidance when considering consent and decision-making. The practice recorded verbal/implied consent on a patient's record when required. Written consent was obtained for minor surgical procedures.

Caring

Kindness, respect and compassion

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

Examples of feedback received:

Source	Feedback
CQC comment cards	We received two CQC comments cards. Both were very complementary about the standard of care they received, the premises and the staff. However, they did express concern about the length of time they had to wait for a routine appointment.
Interviews with patients	We spoke with six patients during the inspection, two of whom were members of the practice patient participation group. All said they felt they were treated with kindness, respect and compassion.
NHS Choices website	<p>There were 2 reviews of the surgery on the NHS choices website:</p> <ul style="list-style-type: none"> July 2017 (prior to new provider registration) – 5/5 stars - excellent care Aug 2018 (after new provider registration) – 1/5 stars. Unfriendly/unwelcoming GP's; poor patient online facilities; unfriendly/defensive receptionists; delay in being able to get an appointment.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,390	229	129	56.33%	Approximately 2.4%

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)	93.9%	81.4%	78.9%	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 GP,	96.2%	92.9%	88.8%	Comparable with other practices

the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)				
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	97.4%	97.1%	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)	95.0%	89.6%	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)	96.2%	93.5%	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)	93.6%	92.6%	90.7%	Comparable with other practices

Any additional evidence or comments

The data above relates to the GP patient survey results published in July 2017. Relevant results published in July 2018 are as follows:

Indicator	Practice value %	CCG average %	National average %
Satisfaction with appointment times available	66	66	66
Ease of getting through on the phone	91	72	70
Helpfulness of reception staff	94	90	90
Experience of making an appointment good	81	71	69
Offered choice of appointment	73	63	62
Satisfaction with type of appointment offered	82	78	74
Took the appointment offered	99	94	94
Usually get to see or speak to preferred GP	84	55	50
Waiting time: less than 15 mins	89	76	69
Healthcare professional:			
Giving patient enough time	98	91	87
Listening to patient	95	92	89
Involving patient in decisions about care	97	92	87
Treating patient with care and concern	97	96	93
Confidence and trust in healthcare professional	98	97	96
Felt mental health needs were recognised and understood	93	90	87
Felt their needs were met	99	97	95
Felt they have had enough support during previous 12 months to manage long term conditions	89	81	79

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

Date of exercise	Summary of results
May to July 2018	The practice has provided friends and family test result for May to July 2018. Of the 60 respondents, 57 (95%) stated they would be extremely likely to recommend the practice to friends and family. The other 5% stated they would be likely to recommend the practice to friends and family.

Any additional evidence
The patient participation group were in the process of determining areas to cover for a future patient survey that they hoped would commence soon.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Of the six patients we spoke with during the inspection (which included two members of the practice patient participation group) all said they felt involved in decisions about their care and treatment.
CQC comments cards	The two CQC comment cards we received indicated that the patients were satisfied with the care and treatment they received.

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)	88.9%	89.8%	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)	91.6%	86.7%	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)	94.4%	91.2%	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)	86.3%	87.6%	85.4%	Comparable with other practices
Any additional evidence or comments				
The data above relates to the GP patient survey results published in July 2017. Results published in July 2018 are as follows:				
Indicator	Practice value %	CCG average %	National average %	
Satisfaction with appointment times available	66	66	66	
Ease of getting through on the phone	91	72	70	
Helpfulness of reception staff	94	90	90	
Experience of making an appointment good	81	71	69	
Offered choice of appointment	73	63	62	
Satisfaction with type of appointment offered	82	78	74	
Took the appointment offered	99	94	94	
Usually get to see or speak to preferred GP	84	55	50	
Waiting time: less than 15 mins	89	76	69	
Healthcare professional:				
Giving patient enough time	98	91	87	
Listening to patient	95	92	89	
Involving patient in decisions about care	97	92	87	
Treating patient with care and concern	97	96	93	
Confidence and trust in healthcare professional	98	97	96	
Felt mental health needs were recognised and understood	93	90	87	
Felt their needs were met	99	97	95	
Felt they have had enough support during previous 12 months to manage long term conditions	89	81	79	

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers	108 carers – 1.9% of the practice patient population

identified	
How the practice supports carers	Carers are offered an annual health check and influenza immunisation. They are also signposted to relevant support and advice agencies.
How the practice supports recently bereaved patients	Practice staff told us that bereaved patients received a phone call and offer of a visit the day after the bereavement by either their usual GP or the duty GP.

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	Signs were displayed in the waiting rooms of both surgeries advising patients that they could request a conversation in private should they wish to do so.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times – Haydon Bridge Surgery	
Day	Time
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm*
Friday	8am to 6pm

Practice Opening Times – Allendale Surgery	
Day	Time
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 12.30pm
Thursday	8am to 6pm*
Friday	8am to 6pm
Extended hours opening	
<p>The practice was open until 8pm on alternative Thursday evenings at both surgeries.</p> <p>Patients registered with the practice are also able to access pre-bookable appointments with a GP at a local extended access hub (the Hadrian Extra Care Hub) based in a GP practice in nearby Corbridge. Appointments are available from 6pm to 8pm on a Monday to Friday and from 9am to 5pm on a Saturday. They can also access GP appointments on a bank holiday at a practice based in Cramlington.</p>	

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
All home visit requests were triaged by a duty doctor.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,390	229	129	56.33%	Approximately 2.4%

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)	80.3%	78.9%	80.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	93.7%	75.9%	70.9%	Comparable with other practices

The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	93.2%	79.0%	75.5%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	86.9%	74.3%	72.7%	Comparable with other practices
Any additional evidence or comments The data above relates to the GP patient survey results published in July 2017. Relevant results published in July 2018 are as follows:				
Indicator	Practice value %	CCG average %	National average %	
Overall experience				
Satisfaction with appointment times available	66	66	66	
Ease of getting through on the phone	91	72	70	
Experience of making an appointment good	81	71	69	
Offered choice of appointment	73	63	62	
Satisfaction with type of appointment offered	82	78	74	
Took the appointment offered	99	94	94	
Usually get to see or speak to preferred GP	84	55	50	
Waiting time: less than 15 mins	89	76	69	

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Both CQC comment cards we received expressed dissatisfaction with delays of up to two weeks in being able to get a routine appointment. However, they also both said that they could get an urgent appointment when they needed one.
Interviews with patients	Of the six patients we spoke with, two stated that there was sometimes a delay in being able to get a routine appointment. All stated they could get an urgent appointment when they needed one.
NHS Choices website	One of the two reviews on the NHS website dated August 2018 complained of a delay in being able to get an appointment

Listening and learning from complaints received

Complaints	
Number of complaints received since November 2017	9
Number of complaints we examined	9
Number of complaints we examined that were satisfactorily handled in a timely way	9
Additional comments:	
There was evidence of complaints and learning from complaints being shared with staff at regular staff meetings. The practice complaints leaflet contained appropriate information to advise complainants on how to escalate their concerns should they remain dissatisfied with the practice response.	

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
<ul style="list-style-type: none">• The lead GP and practice team leader could demonstrate that they had the experience and capability necessary to help improve the quality of the care and treatment they provided.• Staff we spoke with told us leaders were supportive and approachable.• Leaders at both practice and provider level were active in addressing the challenges they faced and had undertaken business planning activity to help them identify and drive improvements.

Vision and strategy

Practice Vision and values
<p>The practice vision was to provide safe, high quality, patient centred care which is well led by doctors and supported by managers. This was underpinned by several core values including:</p> <ul style="list-style-type: none">• To value and respect staff and patients• To value everyone's contribution• To ensure they are responsible and accountable as individuals, a team and the wider Northumbria Primary Care Partnership (NPC) organisation• To put patients first• To provide safe and high-quality care <p>The NPC mission was to revolutionise the relationship between primary, secondary and community care and to deliver high quality, innovative and seamless care to their patients. Their vision was to be recognised and respected as the leading provider of primary care and associated services throughout Northumberland and North Tyneside.</p>

Culture

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

We spoke to several members of clinical and non-clinical staff during the inspection. All reported that they felt well-supported and had access to the training and equipment they needed to help them perform their roles. All staff had the opportunity of an annual appraisal during which mandatory and non-mandatory training needs and requirements were identified and acted upon. Clinical staff had regular meetings and had access to a provider wide social media group where they could discuss and share best practice guidance with clinicians from other practices managed by Northumbria Primary Care Partnership.

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

Source	Feedback
Staff interviews	Staff we spoke with during the inspection stated that they felt well supported, were able to raise concerns and were confident that concerns raised would be investigated appropriately and had access to the equipment and training necessary to enable them to carry out their roles.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	The provider (Northumbria Primary Care Partnership) had a range of standard policies and procedures to govern activity across all their locations. These were amended to reflect local arrangements and priorities as necessary (for example safeguarding referral routes). Staff could access the policies via an intranet system.
Other examples	<p>There was a schedule of regular structured meetings to share information, discuss concerns and share best practice. This included monthly practice, clinical and multi-disciplinary team meetings; six weekly nursing team meetings and six weekly GP/senior management team meetings. Regular management meetings were also held at provider level.</p> <p>Since the change in provider the practice was able to access clinical and non-clinical cover, including assistance with GP triage from other NPC practices or locums employed by NPC. NPC also provided the practice with pharmacist support to aid medicines optimisation and medical technicians (med techs) who were able to review hospital discharge information, repeat prescription requests and ensure patients were receiving appropriate medication reviews. It was envisaged that this would free up GP time to be able to concentrate on appointments</p>

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	No
Some staff we spoke with during the inspection were not aware of the practice business continuity plan. There was no evidence of major incident training.	

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Staff sickness/appointment demand/pressures	The provider ran a daily situation report (SitRep) which they used to assess whether individual practices needed additional support. If so staff from other practices managed by the provider were asked to provide cover. In times of pressure GPs were able to get GPs from the providers other practices to assist with triage for home visit and urgent appointment requests.
Risk register	The provider maintained a RAG rated risk register for all of their locations

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We spoke with two members of the practice patient participation group. The group consisted of approximately 10 core members who met on a quarterly basis. They had developed terms of reference and their main activity was to develop and analyse inhouse patient surveys. They were also consulted on how any money donated to the practice should be spent and this had included automated blood pressure machines for use by patients in the surgery foyers, spirometers and hip protection chairs for the waiting rooms. Both of the members we spoke with stated they felt their views on the development of the practice were encouraged and that they felt listened to.

Any additional evidence
<u>Feedback from attached staff</u> We spoke with a community matron and a health visitor who are attached to the practice in advance of the inspection. Both reported that they had a good relationship with the practice and staff and experienced no problems in being able to speak with a clinician when they needed to do so. The community matron confirmed that minuted palliative care meetings took place on a monthly basis and the health visitor confirmed that monthly child safeguarding meetings were held.

Continuous improvement and innovation

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

Audit area	Improvement
Use of inhaled corticosteroids in patients with chronic obstructive pulmonary disease (COPD)	<p>The aim of audit was to ensure that only patients with severe COPD or those with a lack of response to other therapies were prescribed inhaled corticosteroids (ICS).</p> <p>A search during the 1st cycle of the audit (August 2017) revealed that 37 COPD patients had been prescribed ICS. 16 patients were excluded from the audit as there was a valid reason for their exclusion. Of the remaining 21 patients included in the audit, only 5 met the criteria for ICS (19%).</p> <p>A search during the 2nd cycle of the audit (April 2018) revealed that 10 patients had been prescribed ICS inhalers for COPD. Of these, 4 (40%) met the criteria. The audit therefore showed an improvement of 21%.</p>
Sepsis audit - August 2018	<p>The aim of the audit was to review all patients with a code of sepsis either as a consultation code or from a hospital discharge summary on their records to see if the desired standard had been met re the identification of sepsis. The audit identified 3 patients who had all been assessed using the 6 indicators (pulse rate, blood pressure, respiratory rate, temperature, oxygen saturation level and consciousness level) before being sent to hospital.</p>

Any additional evidence
<p>The practice had recognised that elderly patients often wished to discuss more than one concern during their appointment. As elderly patients represented the majority of the practice patient population they were trialling longer 15-minute appointments. They were also trialling the allocation of an increased number of telephone appointment slots.</p>

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 practices 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](#)).