

Care Quality Commission

Inspection Evidence Table

THE HORDEN GROUP PRACTICE (A83044)

Inspection date: 30 August 2018

Date of data download: 18 July 2018

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data from external websites has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: N/A	

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

Explanation of any answers: N/A

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 January 2018
There was a record of equipment calibration Date of last calibration:	Yes January 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes June 2018
Actions were identified and completed.	Yes
Additional observations: In June 2018 the practice received a fire safety inspection from the local fire and rescue service. The inspection log stated they were happy with the inspection and one action of servicing of the fire extinguishers was carried out.	
Health and safety Premises/security risk assessment: for both surgeries. Date of last assessment: June 2018	Yes
Health and safety risk assessment and actions Date of last assessment: June 2018	Yes
Additional comments: N/A	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail: The practice had spent time in training staff on infection control. The lead infection control nurse had received infection control specific training. They had a comprehensive infection control policy.</p>	<p>Yes</p> <p>1 August 2018</p> <p>Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: N/A	

Any additional evidence
N/A

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: N/A	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes

Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers: N/A	

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)	1.11	1.18	0.95	No comparison available
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)	7.6%	5.2%	8.8%	No comparison available

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.	No
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.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any answers: The process for the prescribing and monitoring of high risk medicines was open to error. There was no consistent process between the GPs in the monitoring arrangements. For example, patients could be prescribed medication, such as methotrexate, without routine safety monitoring reviews.	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	5
Number of events that required action	5

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

Event	Specific action taken
Coding error on the clinical system	The practice realised that a diagnosis had been incorrectly recorded on the clinical system as cancer. This had been based on a report from the hospital rather than the results. Learning was taken from this and staff made aware of the error.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: A safety alert protocol had been devised and adopted. The assistant	

practice manager maintained a spreadsheet of the alerts received, when advice was sought and what action was taken.

Any additional evidence

N/A

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)	0.81	0.71	0.84	No comparison available

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)	78.5%	79.2%	79.5%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5% (40)	10.5%	12.3%	
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)	75.5%	77.8%	78.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (49)	7.8%	9.2%	
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	77.8%	80.4%	80.1%	No comparison available

31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.2% (43)	11.8%	13.2%	

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)	94.1%	78.4%	76.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.6% (69)	9.9%	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)	93.7%	90.3%	90.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.9% (62)	10.2%	11.3%	
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)	85.3%	85.1%	83.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (63)	3.9%	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,	94.7%	91.8%	88.4%	No comparison available

the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)					
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	9.6%	(12)	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)England)	68	69	98.6%	Met 95% WHO based target
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)England)	50	51	98.0%	Met 95% WHO based target
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)England)	49	51	96.1%	Met 95% WHO based target
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)	45	51	88.2%	Below 90% minimum (variation negative)
Any additional evidence or comments; N/A				

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	79.6%	76.7%	72.1%	No comparison available

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) (01/04/2009 to 31/03/2017) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	68.1%	75.1%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.1%	59.0%	57.4%	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)	71.1%	63.3%	70.3%	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)	55.1%	50.7%	51.0%	No comparison available
Any additional evidence or comments: N/A				

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)	95.8%	92.4%	90.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (6)	11.8%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.0%	94.2%	90.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (5)	8.2%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed	92.3%	85.2%	83.7%	No comparison available

in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.9% (7)	6.8%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	552	534
Overall QOF exception reporting	5.8%	5.5%	5.8%

Any additional evidence
Any Quality Outcomes Framework (QOF) data relates to 2016/17 which is the latest public data available at time of inspection.
However, the practice was able to advise that the QOF overall score for 19 clinical indicators was 540.4 out of a possible 545 points for 2018/19 (99%), This was a slight increase when compared to 2017/18 (98.9%).

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)	98.0%	96.7%	95.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (8)	0.6%	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. They supported patients to make decisions. The practice monitored the process for seeking consent appropriately.

Caring

Kindness, respect and compassion

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

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	Feedback from the Care Quality Commission comment cards was wholly positive. Patients praised the practice for providing an excellent service. Words used to describe the practice were great, good, professional and pleasant.

National GP Survey results

GP Survey 2017

The survey details below refer to the GP survey of 2017, which was current at the time of the preparation for the inspection.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7,327	283	108	38.16%	1.5%

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)	82%	81%	77%	No comparison available
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%	90%	89%	No comparison available
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)	99%	97%	95%	No comparison available
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)	94%	88%	86%	No comparison available
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)	92%	95%	91%	No comparison available
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)	88%	94%	91%	No comparison available
Any additional evidence or comments				

GP Survey 2018

The survey details below refer to the GP survey of 2018, which was published on 9 August 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7,327	312	121	39%	1.7%

Indicator	Practice	CCG average	England average
<p>Last time you had a general practice appointment, how good was the healthcare professional at each of the following?</p> <ul style="list-style-type: none"> Listening to you 	92%	89%	89%
<p>Last time you had a general practice appointment, how good was the healthcare professional at each of the following?</p> <ul style="list-style-type: none"> Treating you with care and concern 	95%	88%	87%
During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?	100%	94%	93%
During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?	99%	96%	96%
Overall, how would you describe your experience of your GP practice?	97%	85%	84%

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

Date of exercise	Summary of results
December 2016 to July 2018	The practice collated patient satisfaction surveys. These were from the National GP survey results and from the NHS friends and family test. These results were almost always positive. Common feedback included, friendly, efficient and good service.

Any additional evidence
N/A

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We interviewed one patient by telephone, who was a member of the practice patient participation group. They were very positive about the practice.

National GP Survey results 2017

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%	88%	86%	No comparison available
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)	89%	85%	82%	No comparison available
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)	93%	93%	90%	No comparison available
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%	89%	85%	No comparison available
Any additional evidence or comments N/A				

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

Carers	Narrative
Percentage and number of carers identified	The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 167 patients as carers (2.2% of the practice list).
How the practice supports carers	There was a carers information board in the waiting area with information regarding services which were available. The receptionists were proactive in asking patients who were carers if they needed additional support. The practice had close links with the local carers support organisation to whom they could refer patients.
How the practice supports recently bereaved patients	The GP was involved in notifications of bereavements and decided if contact with the family was appropriate. The practice had a counselling service they could signpost patients to.

Any additional evidence
N/A

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

Examples of specific feedback received:

Source	Feedback
N/A	

Responsive

Responding to and meeting people's needs

	Practice Opening Times	
Day	Horden Times	PeterleeTimes
Monday	8:00am - 6.00pm	8:00am - 8.00pm
Tuesday	8:00am - 6.00pm	8:00am - 5.00pm
Wednesday	8:00am - 6.00pm	8:00am - 5.00pm
Thursday	8:00am - 6.00pm	8:00am - 5.00pm
Friday	8:00am - 6.00pm	8:00am - 5.00pm

Appointments available
Appointments were available at both sites from 9am until 12 noon, 2pm until 5pm and on a Monday at Peterlee Health Centre until 7:40pm.
Extended hours opening
There are extended opening hours on a Monday evening at Peterlee Health Centre until 8pm. The practice provides late evening, weekend and bank holiday appointments; they are part of the local GP federation of GP practices who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. Patients can contact the practice reception team to arrange appointments. When this service is not provided patients requiring urgent medical care can contact the out of hours provided by the NHS 111 service.

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	
Visits are added to a list and triaged by the duty GP. Visits are then allocated to a GP.	

Timely access to the service

National GP Survey results 2017

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Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7,327	283	108	38.16%	1.5%

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)	83%	80%	76%	No comparison available
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	95%	76%	71%	No comparison available
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)	86%	85%	84%	No comparison available
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)	83%	76%	73%	No comparison available

National GP Survey results 2018

The survey details below refer to the GP survey of 2018, which was published on 9 August 2018.				
Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7,327	312	121	39%	1.7%

Indicator	Practice	CCG average	England average
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Generally, how easy is it to get through to someone at your GP practice on the phone?	98%	76%	70%
How satisfied are you with the general practice appointment times that are available to you?	93%	68%	66%
Were you satisfied with the type of appointment (or appointments) you were offered?	85%	75%	74%
Overall, how would you describe your experience of making an appointment?	91%	71%	69%
Thinking about the reason for your last general practice appointment, were your needs met?	99%	95%	95%

Any additional evidence or comments

In relation to timely access to the service all of the above survey results from both 2017 and 2018 are above the local and national averages.

Staff told us that the patients had good access to appointments and usually did not have to wait more than two or three days for routine appointments.

On the day of our inspection there were routine appointments available that afternoon and the following day.

Examples of feedback received from patients :

Source	Feedback
For example, NHS Choices	N/A

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	5
Number of complaints we examined	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	0
Additional comments:	
N/A	

Example of how quality has improved in response to complaints
N/A

Any additional evidence
N/A

Well-led

Leadership capacity and capability

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

The practice had a leadership structure in place. The partners all had management roles within the practice. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Any additional evidence

N/A

Vision and strategy

Practice Vision and values

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.

Culture

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

Feedback from the Care Quality Commission comment cards was wholly positive. Patients praised the practice for providing an excellent service. Words used to describe the practice were great, good, professional and pleasant.

The results of the National GP Patient Survey are mostly higher than local and national averages for being caring. The results for timely access to the service for both 2017 and 2018 are all above the local and national averages.

Staff told us that the patients had good access to appointments and usually did not have to wait more than two or three days for routine appointments.

The practice achieved 99% for the QOF overall score for 19 clinical indicators for 2018/19 which was a slight increase when compared to 2017/18 (98.9%)

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

Source	Feedback
Staff	Staff were proud to work at the practice. They said they were supported to carry out their roles
Staff	Staff said they felt that the practice was very caring and patient focused and the patients received a good service. They reported that the appointments system was very good and usually patients could obtain an appointment within a few days.

Any additional evidence
N/A

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 specific policies, for example, safeguarding, infection control, health and safety and a fire risk assessment.	
Other examples	There was a specific policy regarding patient safety alerts.	
		Y/N
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Any additional evidence
N/A

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection control	Audit carried out August 2018
Health and safety	Audit carried out June 2018
Fire safety	Risk assessment carried out in June 2018

Any additional evidence
N/A

Appropriate and accurate information

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

Any additional evidence
N/A

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The patient participation group was limited as the practice had struggled with attendance at meetings from patients.</p> <p>The practice had a virtual group of patients who they could email for feedback when necessary.</p>

Any additional evidence
<p>The practice had links with health and prevention services run by other agencies. They were able to refer patients to a telephone befriending service, citizens advice bureau and referrals to a local hospice for patients and their carers for advice. They were also able to refer patients to a community service where patients could go for exercise and there was a local respiratory help group.</p> <p>The practice staff were involved in local charity work. They held regular events such as coffee mornings for cancer support groups, charity walks and fun runs and were involved in the Christmas shoe box appeal which contained charity gifts for children overseas.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Urinary tract infection (UTI) management	An audit was carried out to ensure the clinicians were prescribing safely. The use of a particular medicine was audited to establish if patients had received a check on their kidney function. In the first audit it was found that 57% of patients had received a check on their kidney function (4 out of 7). In the second audit it was found that 100% of patients had received this check (8 out of 8). This demonstrated improved outcomes for patients.
Minor surgery excision audit	<p>The practice carried out an audit on the minor surgery excisions they performed to ensure that good practice was maintained. Standards looked at included the signing of consent forms, that 100% of the lesions are sent for histology, that 100% of them were benign and 90% of patients should not have had any post-operative complications.</p> <p>After a second data collection it was found that the practice met the first two standards in both data sets. In the second they found</p>

	themselves to be meeting the third and fourth standards compared to the first data collection when standards three and four were almost met (98% of excisions were benign and 98% of patients had post-operative complications).
Log of audits	The practice were able to provide us with a log of audits carried out over the last three years. There were six audits which included the two above. Other audits included; monitoring of blood glucose and an audit of the effectiveness of the issue of rescue pack to patients who had chronic obstructive pulmonary disease (COPD).
Clinical commissioning audits	The practice provided us with a log of audits requested by the local CCG for monitoring purposes. This included audits of catheters, vitamin D rationalisation and prescribing of anti-histamines.

Any additional evidence
N/A

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

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

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

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