

For internal use only

Burnside Surgery (1-558964369)



SUPPORTING INFORMATION PACK

The Supporting Information Pack (SIP) provides a summary of information available for a GP practice. The SIP includes the following information:

- All GP Insight dashboard indicators (GP Patient Survey, QOF, Prescribing and Child Immunisation).
- Background information from Public Health England (Practice Profile, deprivation, ethnicity etc).
- QOF Exceptions for the Insight Indicators, QOF Exceptions by domain.
- NHS Written Complaints.
- Comments from CQC Share Your Experience
- Any Safeguarding, Whistle Blowing or Operational Knowledge Enquiries.
- Inspection history and comments.
- Questions from the NHS England Electronic Declaration (eDEC) for GPs.

The aim of the SIP is to complement the information on the PMS CQC Insight dashboard and also provide additional background and detail about a GP location prior to an inspection and as part of the Annual Regulatory Review. The SIP utilizes the CQC Intelligence Hub to gather information from a wide variety of sources and it is automatically updated on a daily basis with the most recent data available, including information from CRM. This means that SIPs that are downloaded on different dates may contain slightly different information.

Any queries or feedback about the SIP should be sent to: PMSDataPacks&InspectionQueries@cqc.org.uk

Practice inspection ratings:

Overall Rating Published Date:
03/12/2015



Interpreting and using the data in the Supporting Information Pack.

The SIP provides inspectors with information about a practice using data from a variety of sources. The core of the SIP mostly contains data that has been analysed by CQC's PMS Insight team. In addition to this the Practice Profile and Public Health sections aim to provide some context and background information about the practice.

When looking at the data inspectors should take note of the following:



Data that is showing statistical variation in the Insight dashboard/SIP should always be followed up and reported on.



Data that is showing as 'comparable to other practices' or is not statistically scored can still be discussed with practices and included in reports, but should be presented as fact (without making a judgement) and only included if there is a reason for it to be there.



Often a number of data items looked at together starts to create a picture and it can be useful to present this in a report alongside other information gathered on inspection.

QOF: When looking at the QOF PMS Insight indicators, the exception rate as well as the numerators and denominators should be considered. Low numbers can amplify poor or good performance, so caution should be taken when looking at this data.

Burnside Surgery

Facts and figures > Location

FACTS, FIGURES & RATINGS	INTELLIGENCE	DEFINITIONS	22 October 2018				
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LOCATION	PRACTICE PROFILE	PUBLIC HEALTH DATA	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED
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Location Details

Practice Reception Open Hours		Location name	Burnside Surgery				
Monday		Location I.D.	1-558964369				
		Provider name	Burnside Surgery				
Tuesday		Provider I.D.	1-199783656				
		Address	Navigation Park Waters Meeting Road Bolton Lancashire BL1 8TT				
Wednesday		Website					
		Telephone	+4401204462930 00000 000000				
Thursday		Location also known as					
		Practice Organisation Data Services Code (ODS)	P82025				
Friday		Commissioning CCG	NHS Bolton CCG (00T)				
		Registered manager name	Green, Sarah				
Practice Staffing Data		Registered manager in post?	Location has RM(s)	Number of days without a RM	0		
9.1*** FTE Total Staff, of which: (* rounded data).		GP Group Name	Bolton GP Federation				
GPs <i>excl. Registrars, Locums, Retainers</i>	4.2	Average Payment per Weighted Patient <small>Source: NHS Digital, NHS Payments to General Practice (2016/17)</small>	Practice	CCG	National		
			£133.47	£146.61	£151.37		
Nurses	0.0	Practice list size <small>Source: NHS Digital, Number of Patients Registered at a GP (Updated monthly)</small>	4,879 (2,459 male, 2,420 female)				
Direct Patient Care Staff	0.0	Contract type	PMS: Personal Medical Services				
Admin and Non Clinical	4.9	Dispensing practice	No				
<small>Source: NHS Digital, General and Personal Medical Services, England March 2017</small>		Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Treatment of disease, disorder or injury				

Burnside Surgery

Facts and figures > Location

Ratings History

Inspection ID:	Inspection date:	Inspection status	Safe	Effective	Caring	Responsive	Well-led	Overall
INS1-583962513	14/10/2015	Published (Completed)						

Inspections prior to October 2014 are not shown.

INSPECTION COMMENTS

Background Information about the practice (14/10/2015)

Burnside Surgery is located in a health centre in Bolton. It has two storeys and is fully accessible to those with mobility difficulties. There is a car park outside the building.

There are two GP partners (one male and one female) and a male salaried GP. The practice is a training practice so trainee doctors and medical students are in attendance on occasions. There is a practice nurse that has an employment contract with the clinical commissioning group (CCG). There is also a practice manager and other administrative and reception staff.

The practice and the telephone lines are open Monday to Friday from 8am until 6.30pm. GP consultation hours are as follows:
 The practice was open between 8am and 6.30pm Monday to Friday. GP appointment times were:

- Monday 8.30am until 10.50am and 2pm until 4.30pm.
- Tuesday 8.30am until 10.50am and 3.30pm until 6pm.
- Wednesday 8.30am until 10.50am and 4.30pm until 5.30pm.
- Thursday 8.30am until 10.50am and 2.30pm until 5.30pm.
- Friday 8.30am until 10.50am and 1pm until 6pm.

Burnside Surgery

Facts and figures > Location

FACTS, FIGURES & RATINGS

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LOCATION

PRACTICE PROFILE

PUBLIC HEALTH DATA

SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL-LED

The practice has a Personal Medical Service (PMS) contract with NHS England. At the time of our inspection 4948 patients were registered.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Bardoc.

Overall summary (14/10/2015)

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burnside Surgery on 14 October 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows

There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

Risks to patients were assessed and well managed.

Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Information about services and how to complain was available and easy to understand.

Patients said they found it easy to make routine appointments with a GP, and in an emergency they could be seen on the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs.

There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The provider was aware of and complied with the requirements of the Duty of Candour (Duty of Candour ensures that providers are open and transparent with people who use services and other relevant persons in general in relation to care and treatment).

The areas where the provider should make improvement are:

The recruitment policy should be reviewed to make sure all aspects of the recruitment process are recorded.

A system should be implemented to make sure the oxygen is in date.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Burnside Surgery

Facts and figures > Practice Profile

Practice Profile and Local Demographics

The information in Practice Profile section sets the context for the practice. Questions to consider:

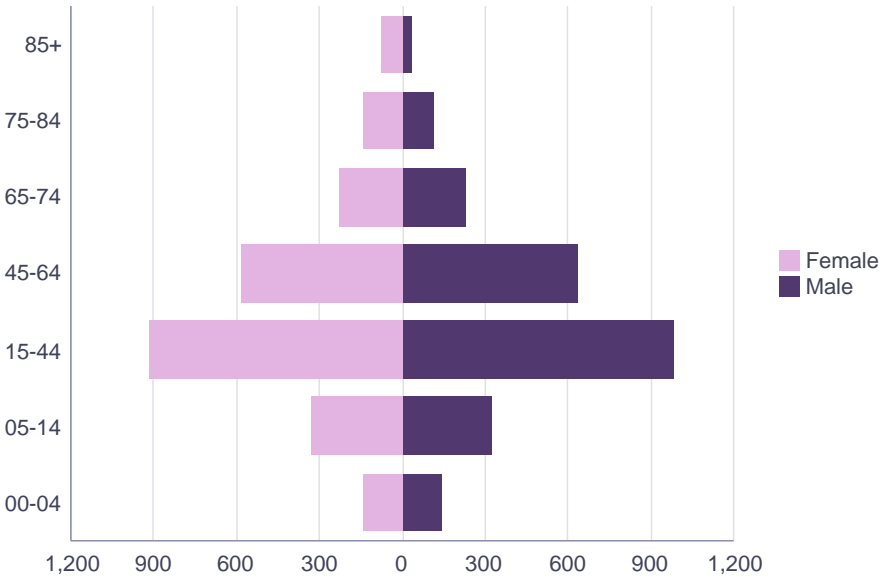
- Does the practice understand its population deprivation and ethnicity profiles and the implications of these?
- Is there evidence that the practice has used this information in the way they plan to meet the local population?

Life expectancy

Life expectancy at birth is chosen as the preferred summary measure of all-cause mortality as it quantifies the differences between areas in units (years of life) that are more readily understood and meaningful to the audience than those of other measures.

All-cause mortality is a fundamental and probably the oldest measure of the health status of a population. It represents the cumulative effect of the prevalence of risk factors, prevalence and severity of disease, and the effectiveness of interventions and treatment. Differences in levels of all-cause mortality reflect health inequalities between different population groups, e.g. between genders, social classes and ethnic groups.

Definitions for all PHE indicators can be found [here](#).



Average Life Expectancy

Indicator	Practice	CCG	England
Male life expectancy	77.7 years	77.2 years	79.2 years
Female life expectancy	81.8 years	81.3 years	83.2 years

Practice Age Profile (2016/17)

Indicator	Practice	CCG	England
% aged 0 to 4 years	5.5%	6.7%	5.8%
% aged 5 to 14 years	13.6%	13.8%	11.8%
% aged under 18 years	22.5%	24.2%	20.8%
% aged 65+ years	16.7%	14.9%	17.1%
% aged 75+ years	7.5%	6.3%	7.7%
% aged 85+ years	2.5%	1.7%	2.2%

Burnside Surgery is located within the Bolton local authority and is 1 of 46 practices serving the NHS Bolton CCG area.

Other Practice profile indicators (2016/17)

Indicator	Practice	CCG	England
% with a long-standing health condition	53.8%	53.3%	53.7%
Working status - Paid work or full-time education	59.8%	58.8%	61.9%
Working status - Unemployed	5.0%	7.2%	4.9%
Total QOF points as a % of available points	90.6%	94.9%	96.6%

Burnside Surgery

Facts and figures > Public Health

Public Health Data

Deprivation

The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas in England. The Index of Multiple Deprivation ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area).

Deciles are calculated by ranking each area in England from most deprived to least deprived and dividing them into 10 equal groups.

Health Inequalities

In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas.

[PHE Report on Health Inequalities](#)

Ethnicity

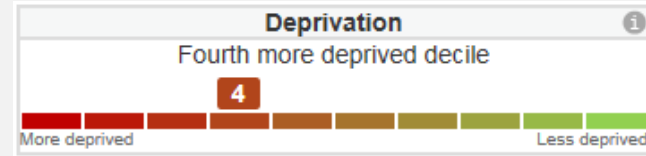
People from different backgrounds may have an increased risk of developing certain conditions.

- [South Asian health issues](#)
- [Black health issues](#)

Deprivation (Source: Public Health England)

Index of multiple deprivation decile (IMD 2015)

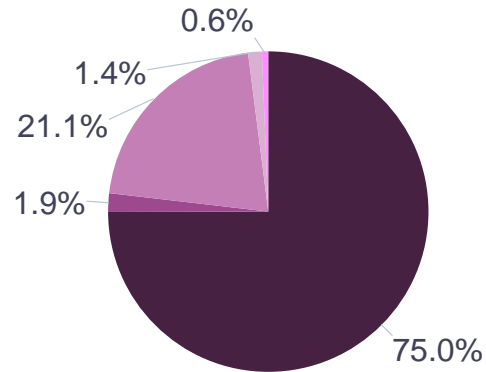
1 = Most deprived
10 = Least deprived



Indicator		Practice	CCG	England
Deprivation score (IMD 2015)	Lower numbers are less deprived	27.0	31.6	23.6
IDACI (Income Deprivation Affecting Children)		17.63%	23.1%	19.9%
IDAOP1 (Income Deprivation Affecting Older people)		27.51%	27.8%	20.4%

Ethnicity (Source: Public Health England & 2011 Census)

White	75.0%
Mixed race	1.9%
Asian	21.1%
Black	1.4%
Other race	0.6%



Burnside Surgery

Facts and figures > Public Health

FACTS, FIGURES & RATINGS		INTELLIGENCE	DEFINITIONS					22 October 2018
LOCATION	PRACTICE PROFILE	PUBLIC HEALTH DATA	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	

Public Health Data

Obesity

Obesity is a common problem in the UK that's estimated to affect around **one in every four adults** and around one in every five children aged 10 to 11.

Obesity can lead to a number of serious and potentially life-threatening conditions, such as: type 2 diabetes, coronary heart disease, strokes, some types of cancer, such as breast and bowel cancer.

Obesity prevalence in the QOF records is generally regarded as an **underestimate** of the true levels of obesity in the practice population.



Smoking

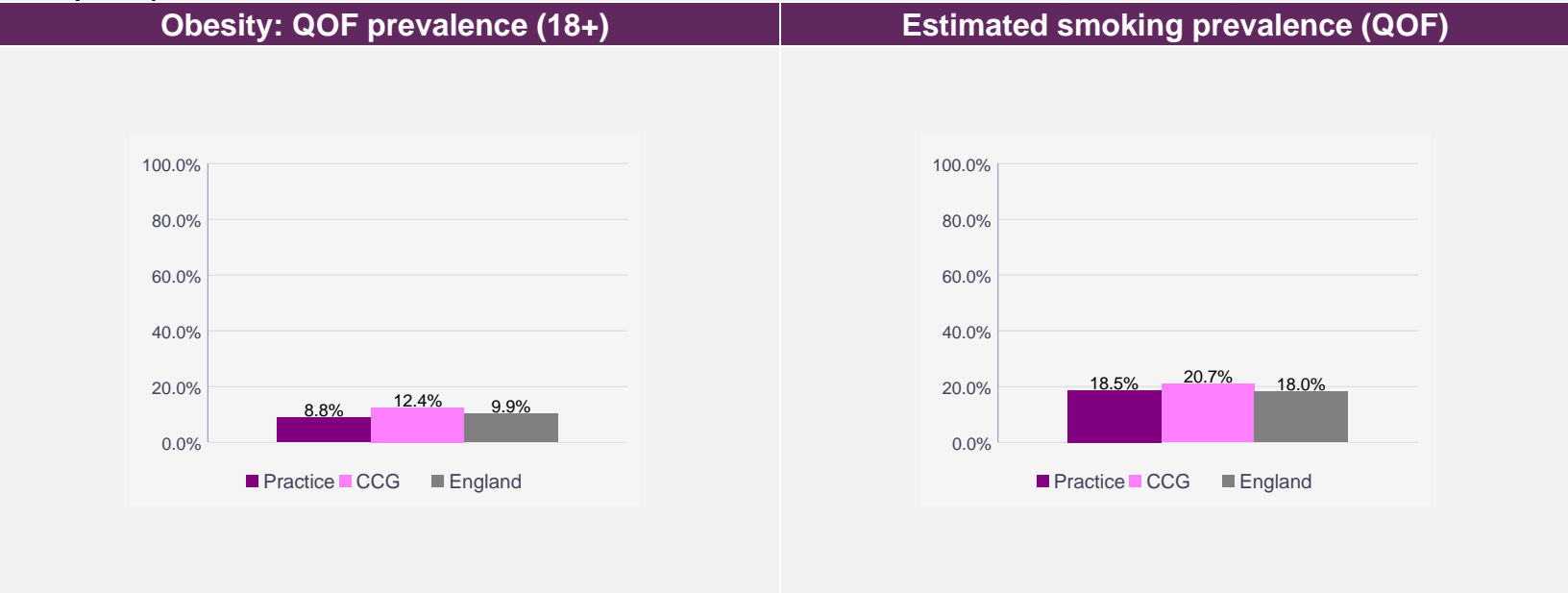
Nearly one in five adults smoke and there are around 90,000 regular smokers aged between 11 and 15. Smoking causes 17% of all deaths in people aged 35 and over.

CCG and England averages

The CCG and England averages within the Supporting Information Pack are calculated automatically by CQC's Intelligence Hub. The England average is the average of the Observed values for an indicator result set. The CCG average is based on a regularly updated list of locations that have been mapped to that CCG.

As a result of these calculations, there may be differences in the CCG and England averages that appear on external websites.

Indicator	Practice	CCG	England
 Obesity (Source: Public Health England) (2016/17)			
Obesity: QOF prevalence (18+)	8.8%	12.4%	9.9%
Hypertension: QOF prevalence (all ages)	12.6%	13.6%	14.0%
CVD-PP001: new hypertension patients, age 30-74, with CV risk assessment >=20% treated w. statins (denominator includes exceptions.)	100.0%	82.9%	71.8%
BP002: Patients, aged 45+, who have a record of blood pressure (last 5yrs)	91.9%	93.6%	90.9%
 Smoking (Source: Public Health England) (2016/17)			
Estimated smoking prevalence (QOF)	18.5%	20.7%	18.0%
SMOK004: record of offer of support and treatment (15+, last 24 mnths), (den. incl. exceptions).	81.4%	84.8%	88.9%
SMOK005: cessation support and treatment offered (certain conditions), (den. incl. exceptions).	94.0%	93.4%	95.3%



Public Health Data

Mental Health

Approximately a quarter of all people will experience a mental health problem in the course of a year, and 23 out of 30 who experience mental health problems will visit their GP.

Learning Disabilities

People with learning disabilities are recognised as a particularly vulnerable group whose health outcomes have been shown to be far worse than those of the general population. CQC's view is that it is important to look at the care provided to all people using a GP practice. People with a learning disability have far worse health outcomes than those in the general population:

- They are more likely to have poor nutrition and be obese.
- They die prematurely from amenable causes.
- Attendances for cancer screening programmes is very low.
- Uptake of immunisations such as for flu is also very low.

[Mythbusters: Care of people with a learning disability](#)

Indicator	Practice	CCG	England
Mental Health (Source: Public Health England) (2016/17)			
Mental Health: QOF prevalence (all ages)	1.1%	1.0%	0.9%
Dementia: QOF prevalence (all ages)	0.8%	0.8%	0.7%
% reporting Alzheimer's disease or dementia	0.0%	0.5%	0.6%
Depression: QOF incidence (18+) - new diagnosis	1.9%	1.2%	1.5%
Depression: QOF prevalence (aged 18+)	9.0%	8.6%	8.9%
DEP003: Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (denominator includes exceptions)	56.2%	72.7%	65.4%
Learning Disabilities (Source: Public Health England) (2016/17)			
Learning disability: QOF prevalence	0.4%	0.4%	0.5%
% reporting learning difficulty	0.0%	3.3%	3.1%
Physical Disabilities (Source: Public Health England) (2016/17)			
% reporting blindness or severe visual impairment	2.8%	0.7%	1.0%
% reporting deafness or severe hearing impairment	2.7%	3.7%	3.8%
Musculoskeletal Conditions (Source: Public Health England) (2016/17)			
Osteoporosis: QOF prevalence (50+)	0.1%	0.3%	0.4%
Rheumatoid Arthritis: QOF prevalence (16+)	0.8%	0.7%	0.7%
% reporting a long-term back problem	6.0%	9.3%	9.6%
% reporting arthritis or long-term joint problem	16.6%	12.6%	12.4%
Patients with rheumatoid arthritis who had a face-to-face review (last 12 mnths)	84.8%	88.8%	86.8%
Patients currently treated with a bone-sparing agent (50-74 yrs) (den.incl.exceptions)		86.3%	81.6%
Patients (75+ yrs) with a fragility fracture treated with bone-sparing agent (den.incl.exceptions)	0.0%	77.9%	73.9%

Burnside Surgery

Intelligence > Safe

Population Groups

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people
- People with poor mental health
- People whose circumstances may make them vulnerable

Notes

The number of whistleblowing enquiries does not take into account if the enquiry has been included in a safeguarding record. This means that in some cases there will be both a safeguarding record and a whistleblower enquiry for the same incident.

Safeguarding records could be reported about the practice or safeguarding concerns the practice themselves have raised.

Enquiries shown here are for the previous 12 months.

Mythbusters links

- [Safeguarding adults at risk](#)
- [Safeguarding children](#)

Safe

Key question	KLOE	Safeguarding and Whistle-blowers	
Numbers of Whistle-blowers and Safeguarding enquiries in previous 12 Months (Source: CQC)			
Safe	S3	Safeguarding Records	0
	S3	Whistle-blowers Enquiries	0

Burnside Surgery

Intelligence > Safe

LOCATION	PRACTICE PROFILE	PUBLIC HEALTH DATA	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED
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Population Groups

People with long-term conditions

Notes

Prescribing

Prescribing is the most common patient-level intervention in the NHS and it is the second highest area of spending in the NHS, after staffing costs.

GP practices can play an important role in ensuring that prescriptions of antibiotics are appropriate. Over-use and inappropriate use of antibiotics is a problem as it can lead to the spread of antimicrobial resistance. Antibiotic resistance has increased year on year (2010-13) and along side this, the number of bloodstream infections caused by resistant bacteria has also increased. For more information see the UK five-year Antimicrobial Resistance Strategy available here: [link](#). Very low prescribing of antibiotics could indicate that patients' health may be compromised if they are not prescribed antibiotics when presenting with symptoms that would merit timely intervention.

Note: Practices may have more up to date data on prescribing. Inspectors should ask practices for any local data that they hold for prescribing.

Prescribing indicators

Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison
			Numerator	Denominator	Observed			
Safe	S4	Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	1909	2711	0.70	1.09	0.95	Comparable with other practices
	Clinical Advice from Public Health England PHE has advised CQC that lower values are better; the aim is to have all CCGs lower than Antibacterial Items/STAR-PU value of 0.965							
S4		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)	59	1901	3.1%	7.0%	8.7%	Variation (positive)
PHE has advised CQC that lower percentages are better and practices should aim to be below 10%. Percentages between 5% and 10% are optimal.								

Burnside Surgery

Intelligence > Safe

Population Groups

- Older people
- People with long-term conditions
- Families, children and young people
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What is the eDEC?

The annual electronic practice self-declaration (eDEC) is an annual mandatory NHS England data collection that all GP practices in England are expected to complete. The eDEC is a self-declaration and as such the responses have not been validated. Guidance on the eDEC can be found here: [eDEC Guidance](#)

The questions displayed here are a subset of the complete list of eDEC questions. These have been selected after consultation with a group of inspectors and also clinical advisors.

CQC inspection reports of general practice need to avoid specific references being made to eDEC derived intelligence where the data is not otherwise in the public domain.

2017 eDEC Responses for Burnside Surgery

Practice Staff

Code	Question	Response
Q2B	All health care professionals working in the practice are registered with the relevant professional body, and that this registration is checked on employment (along with satisfactory references) and where applicable annually thereafter, and that health care professionals that are required to revalidate do so and that for GPs, inclusion on the performer list is checked.	Yes
Q2C	All relevant staff have been subject to the necessary Disclosure and Barring Service (DBS) checks.	Yes
Q2H	Doctors and Staffs employed by the practice can demonstrate compliance with national and local child protection guidance (Working together and safeguarding children part one 2010) including where relevant that they have undertaken the appropriate level of child protection training.	Yes
Q2L	The practice can confirm that healthcare workers employed by the practice are familiar with the Government's Prevent strategy and that all GPs (partners and salaried) have attended PREVENT training in the past 3 years?	Yes

Information about the practice and its procedures

Code	Question	Response
Q5K	Practice stores vaccines in accordance with the manufacturer's instructions(GMS Schedule 6 part 1,PMS Schedule 5 part 1 paragraph 6)	Yes
Q5L	The practice has a procedure to ensure all batch numbers and expiry dates are recorded for all vaccines administered and that all immunisations, vaccinations and consent to immunisations are recorded in the patient record (GMS Schedule 2 para 4,PMS subject to local agreement)	Yes
Q5M	The Practice stores its Vaccines in fridges which have a max and min thermometer and can demonstrate, if asked, that readings are taken on all working days.	Yes
Q5N	All staff involved in administering vaccines are trained in the recognition of anaphylaxis and able to administer appropriate first line treatment when it occurs.	Yes

Population Groups

People with long-term conditions

Notes

Prescribing - Hypnotics

Prescribing is the most common patient-level intervention in the NHS and it is the second highest area of spending in the NHS, after staffing costs.

Risks associated with long term use of hypnotic drugs have been well recognised for many years. The Committee on Safety of Medicines advised that benzodiazepine hypnotics should be used only if insomnia is severe, disabling or causing the patient extreme distress. The lowest dose that controls symptoms should be used, for a maximum of four weeks and intermittently if possible. NICE guidance on zaleplon, zolpidem and zopiclone (the so called 'Z drugs') also recommends that when, after due consideration of the use of non-pharmacological measures, hypnotic drug therapy is considered appropriate for the management of severe insomnia interfering with normal daily life, hypnotics should be prescribed for short periods of time only, in strict accordance with their licensed indications.

Prescribing indicators

Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison
			Numerator	Denominator	Observed			
Effective	E1	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)	3108	12406	0.25	1.00	0.83	Variation (positive)

The volume of prescribing is measured in Average Daily Quantities. For a given drug, the Average Daily Quantity is a value calculated to reflect the daily dose typically prescribed to individual patients within UK General Practices.

A STAR-PU (or Specific Therapeutic group Age-sex Related Prescribing Unit) is a value calculated to reflect not only the number of patients in a practice, but also the age and sex mix of that group.

Because the need for particular drugs within a group of patients is affected by their ages and gender balance, using the number of STAR-PU's, instead of the number of patients, as the basis the indicator, means that comparisons between General Practices better reflect differences in prescribing practice, and are less influenced by differences between the groups of patients being treated.

Population Groups

- People with long-term conditions
- Older people
- Working age people
- Families, children and young people

Notes

More information about QOF can be found on the following website:
<http://www.NHS Digital.gov.uk/qof>

See also
<http://qof.digital.nhs.uk/search/index.asp> if QOF data is not available in this data pack.

Quality Outcomes Framework (QOF) Indicators

QOF is the annual reward and incentive programme detailing GP practice achievement results. QOF is a voluntary process for all practices in England and was introduced as part of the GP contract in 2004.

QOF Points
 For 2016/17, there are a maximum of **559** points available to practices across QOF, which in turn determine payments. Payments are subject to certain thresholds (targets) and take account of the national prevalence of diseases, by applying a standard calculation to all practices.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	506	530	539

Prevalence
 A practice's achievement payments, are based on the number of patients on each disease register, known as 'recorded disease prevalence'. In certain cases, practices can exclude patients which is known as 'exception reporting'. Note: CQC Insight excludes QOF exceptions and a separate section is included below with the exception rates for each QOF indicator.

QOF indicators are **not standardised** for population differences.

The QOF indicators in the pages below have been chosen by CQC Insight, following consultation with stakeholders including the Royal College of General Practice, the General Medical Council, the British Medical Association and NHS England.

It should be noted that in some local areas alternative incentive schemes are being used instead of QOF, and therefore local priorities may differ from the areas covered by the QOF indicators detailed here. However, while a practice may not be participating in QOF as a payment incentive scheme the indicators presented here represent standard areas of expected clinical practice with the collected data being sufficiently robust for reliable comparisons to be made with the England average. It is recommended that any indicators showing large or very large variation are used to prompt a discussion with the practice about how they ensure the quality of care in that particular area alongside any discussions of alternative areas of local focus

QOF Exceptions

The Quality and Outcomes Framework (QOF) allows practices to exception-report (exclude) specific patients from data collected to calculate achievement scores.

Patients can be exception-reported from individual indicators for various reasons, for example if they do not attend appointments or where the treatment is judged to be inappropriate by the GP (such as medication cannot be prescribed due to side-effects). They can also be exception-reported if they decline treatment or investigations. Patients who are newly registered or diagnosed are automatically exception reported.

The QOF exception rate for each QOF indicator should be considered when looking at the observed figure. Inspectors and Specialist Advisors may wish to follow up on exception rates which are higher than the CCG/England averages or higher than 10%.

Population Groups

People with long-term conditions
 Older people
 Working age people
 Families, children and young people

Notes

Diabetes Indicators


Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. Management concentrates on keeping blood sugar levels as close to normal as possible, which can usually be accomplished with diet, exercise and use of appropriate medications.

Strong clinical evidence shows that tight blood glucose control is associated with a reduction in diabetes complications.

Combined, diabetes and hypertension represent a significant risk factor for the development of cardio-vascular events.

Quality Outcomes Framework (QOF) Indicators - Diabetes Indicators									
Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison	
			Numerator	Denominator	Observed				
Effective	E1	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) (NHS Digital)	243	314	77.4%	76.7%	79.5%	Comparable with other practices	
			QOF Exceptions		Practice Exceptions	Practice Exception rate	CCG Exception rate		England Exception rate
				10	3.1%	8.9%	12.4%		
	E1	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) (NHS Digital)	249	319	78.1%	76.3%	78.1%	Comparable with other practices	
			QOF Exceptions		Practice Exceptions	Practice Exception rate	CCG Exception rate		England Exception rate
				5	1.5%	6.3%	9.3%		
	E1	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) (NHS Digital)	219	303	72.3%	74.7%	80.1%	Comparable with other practices	
			QOF Exceptions		Practice Exceptions	Practice Exception rate	CCG Exception rate		England Exception rate
				21	6.5%	11.7%	13.3%		

Population Groups



Older people
 People with poor mental health
 People whose circumstances may make them vulnerable

Notes

Mental Health Indicators
 Where QOF exception reporting is high for mental health indicators, inspectors and specialist advisors should seek to understand if there are any particular subsets of patients or conditions that are excluded, an example might be the patients on the **Learning Disability** register whom have had their annual health check.

Dementia

The face-to-face review focuses on support needs of the patient and their carer. It covers four key issues: the physical and mental health of the patient; the information needs of the carer; the impact of caring on the carer; and communication arrangements with secondary care. Patients diagnosed with dementia are expected to be offered annual appointments specifically to review their diagnosis and care plan. **The national level of expectation is 70%** [Caring for people with dementia](#)

Quality Outcomes Framework (QOF) Indicators – Mental Health									
Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison	
			Numerator	Denominator	Observed				
Effective	E1	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)(NHS Digital)	34	48	70.8%	89.1%	90.3%	Variation (negative)	
			QOF Exceptions		Practice Exceptions	Practice Exception rate	CCG Exception rate		England Exception rate
					1	2.0%	7.6%		12.5%
Effective	E1	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)(NHS Digital)	32	48	66.7%	91.1%	90.7%	Variation (negative)	
			QOF Exceptions		Practice Exceptions	Practice Exception rate	CCG Exception rate		England Exception rate
					1	2.0%	6.9%		10.3%
Effective	E1	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) (NHS Digital)	39	40	97.5%	90.5%	83.7%	Variation (positive)	
			QOF Exceptions		Practice Exceptions	Practice Exception rate	CCG Exception rate		England Exception rate
					2	4.8%	5.7%		6.8%

Population Groups

- Older people
- People with long-term conditions
- Working age people
- Families, children and young people

Notes

Long Term Conditions:

Atrial fibrillation

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. Atrial fibrillation can affect adults of any age, but it becomes more common as you get older, it is more likely to occur in people with other conditions, such as high blood pressure (hypertension), atherosclerosis, or a heart valve problem.

Hypertension

More simply known as high blood pressure, hypertension usually has no obvious symptoms. The only way to know is to get it checked – this should be done by a medical professional at least once every five years

Quality Outcomes Framework (QOF) Indicators – Other Long Term Conditions

Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison
			Numerator	Denominator	Observed			
Effective	E1	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)(NHS Digital)	45	48	93.8%	92.2%	88.4%	Comparable with other practices
			QOF Exceptions		Practice Exception rate	CCG Exception rate	England Exception rate	
			1	2.0%	6.0%	8.2%		
Effective	E1	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)(NHS Digital)	458	609	75.2%	83.9%	83.4%	Comparable with other practices
			QOF Exceptions		Practice Exception rate	CCG Exception rate	England Exception rate	
			13	2.1%	3.1%	4.0%		

Population Groups

- Older people
- People with long-term conditions
- Working age people
- Families, children and young people

Notes

Long Term Conditions:

Asthma

Asthma is a common long term lung condition that can cause coughing, wheezing, chest tightness and breathlessness. Asthma responds well to appropriate management and is predominantly managed within primary care settings

Chronic obstructive pulmonary disease (COPD)

This is the name for a collection of lung diseases including chronic bronchitis and emphysema. People with COPD have difficulties breathing and the most common symptoms are increasing breathlessness when active and a persistent cough with phlegm. The most common cause is smoking, though other, rarer causes include; fumes, dust and genetic disorders. In 2015 there were more than 29,000 deaths in England and Wales attributable to COPD

Mythbuster links

[Spirometry in general practice](#)

Quality Outcomes Framework (QOF) Indicators – Other Long Term Conditions

Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison
			Numerator	Denominator	Observed			
E1		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)(NHS Digital)	210	299	70.2%	74.4%	76.4%	Comparable with other practices
			QOF Exceptions		Practice Exception rate	CCG Exception rate	England Exception rate	
			6	2.0%	5.6%	7.7%		
Effective		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)(NHS Digital)	Practice			CCG average	England average	England comparison
			Numerator	Denominator	Observed			
E1		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)(NHS Digital)	79	99	79.8%	88.8%	90.4%	Comparable with other practices
			QOF Exceptions		Practice Exception rate	CCG Exception rate	England Exception rate	
			2	2.0%	7.3%	11.4%		

Population Groups

Older people
People with long-term conditions
People with poor mental health

Notes

Other QOF indicators

It is recommended that patients receive health promotion and prevention advice appropriate to their age, gender and health status.

QOF continues to incentivise annual monitoring of blood pressure, alcohol and smoking status for patients with schizophrenia, bipolar affective disorder and other psychoses.

Quality Outcomes Framework (QOF) Indicators – Other QOF Indicators

Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison
			Numerator	Denominator	Observed			
Effective	E1	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) <small>(NHS Digital)</small>	1112	1156	96.2%	95.0%	95.3%	Comparable with other practices
			QOF Exceptions		Practice Exception rate	CCG Exception rate	England Exception rate	
			4	0.3%	0.6%	0.8%		
								Practice
	E1	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) <small>NHS Digital</small>						Yes

LOCATION	PRACTICE PROFILE	PUBLIC HEALTH DATA	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED
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Population Groups

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people
- People with poor mental health

Notes

QOF Exceptions by Domain

The Quality and Outcomes Framework includes indicators for a number of clinical areas. Practice achievement for many of these indicators is measured according to the percentage of relevant patients who are treated in a certain way, or who have certain outcomes resulting from care provided by the practice. The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Patient exception reporting applies to those indicators in the clinical domain of the QOF where level of achievement is determined by the percentage of patients receiving the designated level of care. Exception reporting also applies to one cervical screening indicator in the additional services domain.

QOF Exceptions by Domain (2016/17)

Indicator (Source: NHS Digital)	Practice rate	CCG average	England average
Overall domain QOF exception reporting	2.7%	4.4%	5.7%
Clinical domain (combined overall total)	4.8%	6.6%	9.6%
Atrial fibrillation	6.3%	4.3%	6.7%
Coronary heart disease	3.6%	5.9%	8.7%
Heart failure	3.0%	8.2%	8.5%
Hypertension	2.1%	2.3%	3.9%
Peripheral arterial disease	0.0%	3.2%	5.8%
Stroke and transient ischaemic attack	6.0%	7.9%	10.5%
Asthma	1.7%	3.6%	6.1%
Chronic obstructive pulmonary disease	6.3%	8.4%	12.8%
Cancer	29.2%	24.4%	24.9%
Diabetes mellitus	5.2%	7.8%	11.4%
Dementia	9.1%	8.2%	10.1%
Depression	23.3%	16.3%	22.9%
Mental health	1.8%	6.3%	10.7%
Osteoporosis	50.0%	11.9%	14.5%
Rheumatoid arthritis	3.0%	3.1%	6.7%
Public health domain (combined overall total)	0.3%	0.5%	0.7%
Blood pressure	0.0%	0.3%	0.5%
Cardiovascular disease - primary prevention	0.0%	14.0%	25.4%
Smoking	0.5%	0.6%	0.9%
Public health additional services (combined overall total)	1.6%	7.7%	6.7%
Cervical screening *Note: this data should not be confused with the PHE data	1.6%	7.8%	6.8%
Contraception	0.0%	1.7%	2.4%

QOF exception rates of above 10% are highlighted in the table above. Inspectors and Specialist Advisors may wish to follow up on exception rates which are higher than the CCG/England averages or **higher than 10%**.

Population Groups



Working age people

Notes

Cervical Screening

The cervical screening figure refers to the number of eligible women aged 24-49 screened within 3.5 years and aged 50-64 screened within 5.5 years. This is the national programme coverage measure used by PHE and reflects the timescale within which women should be screened according to their age. It may therefore be lower than the previously used QoF coverage percentage. QoF figures do not take account of the age appropriate screening interval and only measures whether women have had screening in the last five years.

Coverage has been declining in recent years. In 2010/11 coverage as defined above was 75.7% and in 2015/16 it was 72.5%.

Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison
			Numerator	Denominator	Observed			
Effective	E1	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)^(PHE)	862	1228	70.2%	72.7%	72.1%	Comparable with other practices

- If the provider's coverage is below **80%**, clinical advice has suggested inspectors consider the following with appropriate staff at the practice:
- Have all sample-takers received initial training and updating every 3 years
 - Do all sample-takers monitor results from the samples they take including their inadequate rate? If this is above 5% the sample taker should initiate an investigation although be aware of how small numbers of samples can skew this figure.
 - Are women offered appointments at different times throughout the week and is a female sample-taker available?
 - Women should receive a written invitation, and at least one written reminder. This may be done by the local screening office. However, for women who still fail to attend, a third reminder is the practice's responsibility which may be in the form of a telephone call.
 - Are non-attenders flagged on the woman's record so that the screening test can be discussed opportunistically.
 - Is the provider's coverage discussed at practice meetings?
 - What failsafe systems are in place? (result received for every sample sent and following up women who have an abnormal result)

Population Groups

People with long-term conditions
Older people
Working age people
Families, children and young people

Notes

Cancer Referrals

In 2015-16, the percentage of patients who were seen by a specialist within 14 days of being urgently referred for suspected cancer by their GP was 94.1%.

Inspectors may wish to ask if the practice is aware of its outliers in terms of breast, bowel and cervical cancer screening and what actions the practice is taking to improve screening rates.

Cancer Screening

If bowel cancer is detected at an early stage, before symptoms appear, it's easier to treat and there's a better chance of surviving it.
To detect cases of bowel cancer sooner, the NHS offers two types of bowel cancer screening to adults registered with a GP in England:
All men and women aged 60-74 are invited to carry out a faecal occult blood (FOB) test.
An additional one-off test called bowel scope screening is gradually being introduced in England. This is offered to men and women at the age of 55.

Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison
			Numerator	Denominator	Observed			
Effective	E1	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) <small>(Public Health England)</small>	8	23	34.8%	48.8%	51.6%	Comparable with other practices

Key question	KLOE	Indicator	Practice indicator value	CCG average	England average	
Cancer Data <small>(Public Health England) (2016/17)</small>						
Effective	E1	Cancer: QOF prevalence (all ages)	2.3%	2.1%	2.5%	
	E1	CAN003: review within 6 mths of diagnosis	50.0%	71.7%	71.2%	
	E1	Exception rate for cancer indicator CAN003	29.2%	24.4%	24.9%	
	E1	% reporting cancer in the last 5 years	2.5%	2.9%	3.2%	
	Screening					
	E1	Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	69.7%	71.6%	70.3%	
	E1	Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	80.0%	66.4%	61.9%	
	E1	Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)	55.8%	51.9%	54.1%	
E1	Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	54.7%	52.3%	54.6%		

Population Groups



Families, children and young people

Notes

Child Immunisation

What to consider when assessing data for a provider on uptake of vaccinations?

The indicators will display the following based on percentage uptake for the four indicators achievement as either:

Threshold language
 < 80% uptake Significant variation (negative)
 ≥ 80% to < 90% Below 90% minimum (variation negative)
 ≥ 90% to < 95% Met 90% minimum (no variation)
 ≥ 95% Met 95% WHO based target

Uptake figures are a useful starting point but must not be taken in isolation. **The World Health Organisation (WHO) standard is for 95% of children to receive recommended vaccinations.** Uptake figures of less than 90% for any of the indicators should firstly be raised with the practice and this will usually be the practice manager.

Full guidance on interpreting the data can be found here: [Guidance](#)

Childhood Immunisation - CQC Insight Indicators (NHS England)

Key question	KLOE	CQC Insight Indicator	Practice			Comparison to WHO target of 95%
			Numerator	Denominator	Observed	
Effective	E1, E7	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)	37	38	97.4%	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)	64	64	100.0%	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)	62	64	96.9%	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)	63	64	98.4%	Met 95% WHO based target (significant variation positive)

Information on childhood immunisation coverage at ages one, two and five are collected through the [NHS England Child Immunisation Practice Level Collection for 2016/17](#), which was collected through Unify2 from the Child Health Information Systems (CHISs). The information is experimental and may be incomplete or subject to a small number of data quality issues. It is also not quality assured to the same extent as other official statistics. CQC is a third party user of childhood immunisation statistics and as such undertakes quality assurance processes based on the published dataset only.

Small practices will have low denominator populations i.e. eligible children. Significantly lower uptake for a specific vaccine suggests a problem with the data (even if similar to CCG figures). For example, a figure of 50% uptake for pneumococcal vaccine when the other indicators are nearer 95% is unlikely to be accurate as it is given at the same time as other vaccines. It is important to discuss figures that are lower than 80% with the provider to determine if they are accurate, and if they are to assess what mitigating factors there might be. Low figures should not be included in the report without comment, even if they are similar to CCG percentages. **Remember the standard is 95%.**

Population Groups

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people

Notes

GP Patient Survey Indicators

Differences with external GP Patient Survey website:

The data available on the external website (<https://gp-patient.co.uk/>) will sometimes differ to the information provided by CQC Insight. This is due to differences in the calculation of individual indicators. Full guidance on the methodology used to calculate each GP Patient Survey indicator can be found here: [Insight Guidance](#)

Inspectors should use the data calculated by CQC Insight, which is available on the Insight dashboard and the Supporting Information Pack.

It is recommended that inspectors only use the GP Patient survey website data if there is no CQC Insight data available

GP Patient Survey responses			
Survey forms distributed	Survey forms returned	Response rate	England response rate
308	84	27.3%	34.1%

GP Patient Survey								
Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison
			Numerator	Denominator	Observed			

Kindness, respect and compassion								
Caring	C1	The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them(01/01/2018 to 31/03/2018)	55	60	92.7%	90.6%	89.0%	Comparable with other practices
	C1	The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern(01/01/2018 to 31/03/2018)	52	60	86.5%	89.0%	87.4%	Comparable with other practices
	C1	The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to(01/01/2018 to 31/03/2018)	51	57	89.8%	95.3%	95.6%	Comparable with other practices
	C1	The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice(01/01/2018 to 31/03/2018)	54	64	84.0%	85.9%	83.8%	Comparable with other practices

Population Groups

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people

Notes

GP Patient Survey Indicators

The GP Patient Survey provides information to patients, GP practices and commissioning organisations on a range of aspects of patients' experiences of their GP services and other local primary care services.

The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire.

Extensive research has shown the quality of the relationship between clinicians and patients to be key to both patient experience of healthcare, and improved clinical outcomes.

Practices with higher values are considered to be doing well against the Confidence and Trust in GP indicator.

GP Patient Survey

Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison
			Numerator	Denominator	Observed			
Involvement in decisions about care and treatment								
Caring	C2	The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment(01/01/2018 to 31/03/2018)	46	53	86.3%	93.3%	93.5%	Comparable with other practices

Note: The questions in the 2018 GP Survey indicators have changed. Ipos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.'

What is the eDEC?

The annual electronic practice self-declaration (eDEC) is an annual mandatory NHS England data collection that all GP practices in England are expected to complete. The eDEC is a self-declaration and as such the responses have not been validated.

Guidance on the eDEC can be found here: [eDEC Guidance](#)

The questions displayed here are a subset of the complete list of eDEC questions. These have been selected after consultation with a group of inspectors and also clinical advisors.

CQC inspection reports of general practice need to avoid specific references being made to eDEC derived intelligence where the data is not otherwise in the public domain.

Where the eDEC information has been collected for commissioning assurance purposes, the practice may have already been challenged about their information return by the commissioner as part of annual reviewing processes.

2017 eDEC Responses for Burnside Surgery

Information about the practice and its procedures

Code	Question	Response
Q5R	The practice has a policy for consent to the treatment of children that conforms to the current Children Act 2004.	Yes

Governance

Q6A	The practice has a protocol to allow patients access to their records on request in accordance with current legislation (Data Protection Act 1998 and GMS Schedule 6 Part 9,PMS Schedule 5 part 9)	Yes
Q6H	Does the practice have a policy on logging consent from vulnerable people to share information with carers / next of kin?	Yes
Q6I	Does the practice have procedures in place to log patients objections to sharing patient identifiable data outside of the GP practice?	Yes

Note: CQC inspection reports of general practice need to avoid specific references being made to eDEC derived intelligence where the data is not otherwise in the public domain.

Burnside Surgery

Intelligence > Responsive

FACTS, FIGURES & RATINGS			INTELLIGENCE		DEFINITIONS			22 October 2018	
LOCATION	PRACTICE PROFILE	PUBLIC HEALTH DATA	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED		

Feedback

Where available the information below highlights the negative/positive comments recorded through Share Your Experience via the CQC public website.

User comments may be available on the **NHS Choices** website: <http://www.nhs.uk/service-search> . You can search by the location name or postcode.

Population Groups

Older people
 People with long-term conditions
 Families, children and young people
 Working age people

Notes

GP Patient Survey Indicators

The GP Patient Survey provides information to patients, GP practices and commissioning organisations on a range of aspects of patients' experiences of their GP services and other local primary care services.

The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire.

GP Patient Survey

Key question	KLOE	CQC Insight Indicator	Practice			CCG average	England average	England comparison
			Numerator	Denominator	Observed			

Responding to and meeting people's needs

Responsive	R2	The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	50	57	87.4%	95.4%	94.8%	Comparable with other practices
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Timely access to the service

Responsive	R3	The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	51	63	80.9%	78.1%	70.3%	Comparable with other practices
	R3	The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	48	61	78.8%	72.7%	68.6%	Comparable with other practices
	R3	The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	45	60	74.7%	71.1%	65.9%	Comparable with other practices
	R3	The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	47	62	75.9%	75.3%	74.4%	Comparable with other practices

Population Groups

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people
- People with poor mental health
- People whose circumstances may make them vulnerable

Notes

A written complaint is one that is made in writing to any member of NHS staff, trust, NHS England region, or is originally made orally and subsequently recorded in writing.

Upheld: If a complaint is received which relates to one specific issue, and substantive evidence is found to support the complaint, then the complaint should be recorded as upheld.

Partially upheld: Where a complaint is made about several issues, if one or more of these, (but not all), are upheld then the complaint should be recorded as partially upheld.

Not upheld: Where there is no evidence to support any aspects of a complaint made, the complaint should be recorded as not upheld

NHS Written Complaints (2017/18)

Key question	KLOE	Indicator	Practice indicator rate or proportion	CCG average	England average
Responsive	R4	Total Brought Forward	0.0	0.3	0.3
		Total New	3.0	6.7	7.3
		Total Resolved	3.0	5.7	6.7
		Number Upheld	3.0	2.2	2.4
		Number Partially Upheld	0.0	0.5	0.9
		Number Not Upheld	0.0	3.0	3.4
		Total Carried Forward	0.0	1.3	0.9

Source: NHS England

The NHS complaints procedure is the statutorily based mechanism for dealing with complaints about NHS care and treatment and all NHS organisations in England are required to operate the procedure.

This collection is a count of written complaints made by (or on behalf of) patients, received between **1 April 2017 and 31 March 2018** covering both secondary and primary care (GP and Dental).

What is the eDEC?

Guidance on the eDEC can be found here: [eDEC Guidance](#)

The questions displayed here are a subset of the complete list of eDEC questions. These have been selected after consultation with a group of inspectors and also clinical advisors.

CQC inspection reports of general practice need to avoid specific references being made to eDEC derived intelligence where the data is not otherwise in the public domain.

Where the eDEC information has been collected for commissioning assurance purposes, the practice may have already been challenged about their information return by the commissioner as part of annual reviewing processes.

The practice responses can be used to gather further evidence when undertaking the Annual Regulatory Review or for inspection planning

2017 eDEC Responses for Burnside Surgery

Code	Question	Response
Practice premises and equipment		
Q3A	The premises used for the provision of services under the contract are suitable for the delivery of those services and sufficient to meet the reasonable needs of the practice's patients. (GMS Schedule 6 part 1 PMS Schedule 5 part 1) and must meet Minimum Standards as defined in Schedule 1 of the Premises Costs Directions (2013)	Yes
Q3E	Does the practice have at least one consulting room which is accessible to wheel chair users?	Yes
Q3F	If answering No to question 3E, what arrangements are in place to meet the reasonable needs of patients who are wheel chair users?	

What is the eDEC?

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Guidance on the eDEC can be found here: [eDEC Guidance](#)

The questions displayed here are a subset of the complete list of eDEC questions. These have been selected after consultation with a group of inspectors and also clinical advisors.

CQC inspection reports of general practice need to avoid specific references being made to eDEC derived intelligence where the data is not otherwise in the public domain.

Where the eDEC information has been collected for commissioning assurance purposes, the practice may have already been challenged about their information return by the commissioner as part of annual reviewing processes.

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2017 eDEC Responses for Burnside Surgery

Practice Services

Code	Question	Response
Q4C	Are there any regular periods during each week that the practice is closed to patients between the hours of 8.00 and 6.30pm Monday to Friday (except bank holidays)?	No
Q4E	Are there any other intermittent periods during each month that the practice is closed to patients between the hours of 8.00 and 6.30pm Monday to Friday (except bank holidays)?	No
Q4K	If the practice has less than 20% of patients registered for one or more of online services, does it have a plan to reach this by 31 March 2018	Yes
Q4N	The practice can confirm it has arrangements in place for its patients to access essential services in case of emergency if the practice is not open during core contract hours.	Yes
Q4O	If practice services are not available to patients during core contract hours what arrangements are in place?	Provided directly by the practice
Q4U	Does the practice provide access to interpreting?	Yes – telephone and face to face interpreter (inclusive of British Sign Language)

Governance

Q6G	Does the practice have a lead for vulnerable adults?	Yes
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The practice responses can be used to gather further evidence when undertaking the Annual Regulatory Review or for inspection planning.

What is the eDEC?

The annual electronic practice self-declaration (eDEC) is an annual mandatory NHS England data collection that all GP practices in England are expected to complete. The eDEC is a self-declaration and as such the responses have not been validated.

Guidance on the eDEC can be found here: [eDEC Guidance](#)

CQC inspection reports of general practice need to avoid specific references being made to eDEC derived intelligence where the data is not otherwise in the public domain.

Where the eDEC information has been collected for commissioning assurance purposes, the practice may have already been challenged about their information return by the commissioner as part of annual reviewing processes.

2017 eDEC Responses for Burnside Surgery

Practice Details

Code	Question	Response
Q1F	Since your practice last completed this declaration, have you changed configuration or structure?	No
Q1J	Does the practice have any branches?.	No

Note: CQC inspection reports of general practice need to avoid specific references being made to eDEC derived intelligence where the data is not otherwise in the public domain.

Population Groups

CQC GP Insight



Older people



People with long-term conditions



Families, children and young people



Working age people



People whose circumstances may make them vulnerable



People with poor mental health

Differences between data held by CQC and external websites

The data contained within the SIP is compared at national and CCG level. CCG and England averages are calculated on an ongoing basis and depend on the number of active practices. This means that there will be slight differences between the CCG and England averages published from external sources.

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. 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% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry.

Statistical Guidance on CQC Insight indicators: [Click here for Statistical Methodology Indicator and Scoring Guidance](#)