

# Care Quality Commission

## Inspection Evidence Table

### Bellingham Practice (1-544107181)

Inspection date: 19 November 2018

Date of data download: 18 December 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any answers: <ul style="list-style-type: none"><li>Overall, the practice had clear systems to keep people safe and safeguarded from abuse. However, although they had arrangements in place for sharing patient information with out-of-hours services, these arrangements did not specifically include the sharing of safeguarding information. (The practice told us they would address this immediately following the inspection.)</li></ul>	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <p>The provider had carried out all the required recruitment checks for the staff whose records we examined. We were told they always covered an applicant's reasons for leaving their previous employment during their interview.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test: 08/02/2018</p>	Y
<p>There was a record of equipment calibration</p> <p>Date of last calibration:</p> <p>14/11/2018: blood pressure machines/nebulizers/weighing scales.</p> <p>17/01/2018: BP pulse oximeters/thermometers/refrigerators/ear syringes/the Doppler machine</p> <p>13/11/2018: spirometry equipment</p> <p>30/11/2018: ECG machines</p> <p>20/03/2018: Oxygen</p>	Y
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p> <p>COSHH data sheets for hazardous substances were in the treatment room, including for the materials used by the domestic team.</p>	Y
Fire procedure in place	Y
<p>Fire extinguisher checks</p> <p>Last maintenance of onsite extinguishers: 11/12/2017</p>	Y
<p>Fire drills and logs: 18/09/2018</p> <p>19/07/2018</p>	Y
Fire alarm checks	Y

Weekly check: 16/11/2018 Last maintenance of the system was: 02/08/2018	
Fire training for staff	Y
Fire marshals: The practice had one trained fire marshal. All staff had received training about what to do in the event of a fire.	Y
Fire risk assessment Date of completion: 01/10/2018  The risk assessment was reviewed each year. The findings were shared with the community paramedics attached to the service.	Y
Actions were identified and completed.	Y
<b>Health and safety</b> Date of last assessment: 26/11/2017  In addition to the practice's overall health and safety risk assessment, leaders also carried regular room checks. They used an in-house risk assessment checklist to help them do this. Staff had completed an action plan to address the risks identified as a result of the most recent checks carried out. We noted that staff had not always fully completed the room assessment checklist, to help them assess the level of risk. Leaders told us they would improve how this form was completed in the future.	Y
Additional comments: A legionella risk assessment had been completed on 26 July 2018. However, prior to that, the last risk assessment was completed in 2013. To help reduce the risk of legionella, once a week, staff turned on the taps in a room that was not in regular use. Staff were not keeping a record of this. Leaders told us they would address this following the inspection.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 09 July 2018.  The local NHS hospital trust had completed a detailed audit on 9 July 2018, where the practice achieved a score of 99.5%.  In addition, the practice had completed in-house infection control audits on: 14/09/2018; 12/10/2018; 02/11/2018.	Y

The arrangements for managing waste and clinical specimens kept people safe?	Y

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers:	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers:	
A system was in place to manage blood tests and results. All abnormal results were reviewed by the duty doctor within 24 hours. Non-urgent results were reviewed by the nurse practitioner (NP) when they were on duty. The NP notified the relevant doctor of any tests that would need to be reviewed in their absence.	

## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.14	1.10	0.94	No statistical variation
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)	4.3%	7.2%	8.7%	Variation (positive)

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

--

### Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	25
Number of events that required action	25

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

Event	Specific action taken
Uncollected prescription forms were found in the patient collection box.	<ul style="list-style-type: none"> <li>• Leaders reviewed what had happened and why.</li> <li>• A new system was introduced to index prescription forms waiting to be collected.</li> <li>• A new system was introduced to monitor the collection of prescription forms, including any not collected by pharmacy staff.</li> </ul>
Patient self-discharged from hospital. The practice was unaware of the patient's discharge as they received no discharge information.	<ul style="list-style-type: none"> <li>• The practice reported the event using the local Safeguarding Incident Risk Management System (SIRMS).</li> <li>• The practice contacted the hospital to obtain the information they needed, to help ensure the patient received appropriate care and treatment following their discharge.</li> <li>• Once the practice obtained patient discharge information, they faxed it to the patient's new surgery.</li> </ul>

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: <ul style="list-style-type: none"> <li>• The practice has a system in place for receiving safety alerts. The practice manager maintained a log of all alerts received by the practice. This included details of what action was taken where this was necessary.</li> </ul>	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.49	0.60	0.81	No statistical variation

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	81.8%	83.4%	78.8%	No statistical variation
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (11)	16.5%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	77.7%	80.0%	77.7%	No statistical variation
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (12)	12.1%	9.8%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	69.0%	80.8%	80.1%	No statistical variation
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.0% (30)	17.6%	13.5%	

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)	80.3%	75.5%	76.0%	No statistical variation
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (7)	8.5%	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)	98.6%	91.4%	89.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (10)	13.6%	11.5%	

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)	86.2%	83.1%	82.6%	No statistical variation



QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	3.5%	(23)	4.3%	4.2%	
Indicator	Practice		CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	95.4%		85.5%	90.0%	No statistical variation
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	9.4%	(9)	7.3%	6.7%	
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)	16	16	100%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	40	44	90.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	40	44	90.9%	Met 90% minimum (no variation)
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)	40	44	90.9%	Met 90% minimum (no variation)
Any additional evidence or comments				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	82.9%	78.1%	72.1%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	76.9%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2-5-year coverage, %)(PHE)	64.6%	63.8%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	61.1%	71.6%	71.3	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)	61.9%	46.8%	51.9%	No statistical variation
Any additional evidence or comments				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	81.8%	93.2%	89.5%	No statistical variation
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0% (0)	17.2%	12.7%	
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	81.8%	93.9%	90.0%	No statistical variation

in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)				
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0% (0)	12.1%	10.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.8%	81.9%	83.0%	No statistical variation
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	7.7% (2)	6.9%	6.6%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545	-	537.5
Overall QOF exception reporting (all domains)	4.0%	6.2%	5.8%

### 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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.0%	95.2%	95.1%	No statistical variation
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0.8% (8)	0.7%	0.8%	

## Consent to care and treatment

### Description of how the practice monitors that consent is sought appropriately

- Verbal consent was obtained for cervical smears and childhood immunisations and recorded on the patient's record.
- Consent forms were used for minor surgical procedures, which were then scanned onto a patient's record.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	23
Number of CQC comments received which were positive about the service	22
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comments cards	<p>Patients told us:</p> <ul style="list-style-type: none"> <li>• Staff were pleasant, polite, friendly and helpful.</li> <li>• Staff looked after them well.</li> <li>• Staff provided them with caring and appropriate treatment.</li> <li>• Staff were very professional</li> <li>• The practice was excellent, exceptional and brilliant.</li> </ul>
NHS Website (Choices)	One positive comment had been uploaded onto the site during the previous 12 months.

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos 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.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3364	224	119	53.1%	3.54%

Indicator	Practice	CCG average	England average	England comparison
-----------	----------	-------------	-----------------	--------------------

Indicator	Practice	CCG average	England average	England comparison
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)	97.2%	91.9%	89.0%	No statistical variation
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)	96.6%	91.6%	87.4%	No statistical variation
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)	100.0%	96.9%	95.6%	Variation (positive)
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)	97.8%	86.7%	83.8%	Variation (positive)

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

Date of exercise	Summary of results
January 2017 – to March 2017	<p>The purpose of the survey was to obtain feedback from patients with long-term conditions (LTCs) regarding medicine reviews. Of the ten patients who returned surveys:</p> <ul style="list-style-type: none"> <li>• All said they had been made aware they needed to have regular checks of their blood, blood pressure and weight.</li> <li>• All said they had been made aware that their medicines would be updated following their LTCs review.</li> <li>• All said they had been given enough information to help them understand what their test results meant.</li> <li>• All said they had been told what to do if they ran out of their medicines before they next saw a GP or nurse.</li> <li>• All said they had been given the opportunity to discuss with a clinician how best to manage their health over the next 12 months.</li> <li>• Six patients said there was nothing else staff could have done to help them. (Three patients provided no response to the question and one said there was,</li> </ul>

	but made no comment.)
--	-----------------------

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comment cards	Of the patients who commented on their involvement in decisions about their care and treatment, all made positive comments about their experience.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
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)	100.0%	95.6%	93.5%	Variation (positive)

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 165 patients as carers (this equated to 4.8% of the practice list).
How the practice supports carers	<ul style="list-style-type: none"> <li>The practice had a designated carers' champion and most staff had completed carers' awareness training, to help improve the care and support they provided to patients.</li> <li>The practice hosted a local carers' group. This was attended by a representative from the Northumberland Carers Group on a quarterly basis.</li> <li>Patients identified as needing extra support were referred to the local carers organisation.</li> <li>Patients who are also carers were encouraged to self-identify.</li> </ul>



	<ul style="list-style-type: none"> <li>There was a carers' information stand in the main reception area, which provided patients with access to good information.</li> </ul>
How the practice supports recently bereaved patients	<ul style="list-style-type: none"> <li>Patients were signposted to bereavement support services.</li> <li>The practice contacted bereaved families to check whether there was any support that could be offered. Referrals were made to relevant support organisations where appropriate.</li> <li>The needs of bereaved family members were considered during the practice's palliative care team meetings.</li> </ul>

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<ul style="list-style-type: none"> <li>Background music was played in the reception area, to help prevent patients being overheard at the reception desk.</li> <li>Clear signage had been placed in the reception area, informing patients they could request a private conversation.</li> <li>Staff told us they were aware of how to protect patients' confidentiality at the reception desk.</li> </ul> <p>We did not receive any negative feedback from patients regarding matters to do with privacy and dignity.</p>

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

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 18:30pm
Tuesday	8am to 18:30pm
Wednesday	7:30am to 18:30pm
Thursday	8am to 19:15pm
Friday	8am to 18:30pm

Appointments available	
Monday	8:30am to 11am and 3:30pm to 5pm
Tuesday	8:30am to 10:45am and 3:30pm to 5:15pm
Wednesday	7:30am to 11am and 3:30pm to 5:15pm
Thursday	8:30am to 11am and 4pm to 7pm
Friday	8:30am to 11am and 3:15pm to 4:45pm
Extended hours opening	
Wednesday	7:30am to 8:30am
Thursday	6:30pm to 7pm
Out-of-hours	Weekday evenings: 6:30pm to 8pm
Monday to Friday (Hadrian Extra Care Hub)	Saturday: 8am to 5pm

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<ul style="list-style-type: none"> <li>Reception staff entered relevant details concerning home visit requests onto the practice's IT system, which meant the GPs were immediately able to see them on their clinical screens.</li> <li>Requests for home visits were triaged by a doctor and, where considered urgent, either the attached paramedic or a community nurse would be asked to visit the patient, to help avoid any delay. Where appropriate, arrangements were in place for these staff to contact doctors at the practice for further advice. Paramedics could transfer patients directly to hospital, if they judged urgent care was needed.</li> <li>The doctors carried out a small number of home visits, if they were judged to be clinically necessary.</li> <li>Some requests for home visits were addressed via a telephone consultation.</li> </ul>	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3364	224	119	53.1%	3.53%

Indicator	Practice	CCG average	England average	England comparison
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)	100.0%	96.6%	94.8%	Variation (positive)

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who 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)	98.9%	72.1%	70.3%	N/A
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)	89.7%	70.9%	68.6%	No statistical variation
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)	78.4%	66.2%	65.9%	No statistical variation
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)	91.6%	78.0%	74.4%	No statistical variation

### Examples of feedback received from patients:

Source	Feedback
--------	----------

Friends and family feedback	<p>In response to feedback from friends and family, the practice took the following action:</p> <ul style="list-style-type: none"> <li>• Staff added a page to the practice's TV screen information asking patients to suggest information they would like to see displayed on the screen. This request was also added to the practice's newsletter.</li> <li>• The hinges on the door to the patient toilet were lubricated to reduce the annoyance caused by the noise made when it was opened or closed.</li> <li>• All patient comments were shared with reception staff, to help improve communication.</li> </ul>
-----------------------------	---

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we reviewed with the practice manager	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Example of how quality has improved in response to complaints</b>	
<ul style="list-style-type: none"> <li>• We saw action had been taken in response to the complaints received by the practice. For example, in response to a concern raised by a patient, the practice had amended the wording of a standard letter sent to patients. This helped to clarify what they should do before they underwent the procedure in question.</li> </ul>	

# Well-led

## Leadership capacity and capability

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

- The GP partners and practice manager had the skills, capacity, capability and experience to lead the practice. There were opportunities for staff to develop in their roles. Staff were supported to do this.
- Leaders were knowledgeable about the challenges they faced and could clearly highlight priorities and actions relating to the future development of their service.
- Leaders worked with other practices, and the local clinical commissioning group (CCG), to help improve the quality and range of services provided to patients in their locality.
- The GP partners and practice manager worked together to review and improve internal systems and processes, to help improve patient care.

## Vision and strategy

### Practice Vision and values

- The practice's statement of purpose stated that the clinicians aimed to provide good quality primary care services, delivered in a clean, suitably equipped and safe environment; proactive management of long term conditions; efficient use of NHS resources, whilst providing clinically appropriate access to other NHS services via diagnostic tests and referrals to secondary care.
- Staff clearly demonstrated that the practice's vision and values were shared by team members.
- There was a strong focus on continuous learning and improvement.
- The practice had developed a clear strategic vision for developing the service which was underpinned by a very effective business plan to help them achieve this.

## Culture

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

Staff reported that:

- Regular meetings were held and their opinions were sought and valued.
- They were proud to work at the practice and they were clear about their roles and responsibilities.
- When things went wrong, lessons were learned and shared with staff.
- They were supported to make improvements.

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

Source	Feedback
CQC questionnaires completed by non-clinical staff	<p>Staff reported they:</p> <ul style="list-style-type: none"> <li>• Were told about changes made in response to reported errors.</li> <li>• Were clear about their safeguarding responsibilities and received support to carry these out.</li> <li>• Had clear roles and responsibilities, and a good understanding of how to manage emergencies.</li> </ul> <p>Staff also said:</p> <ul style="list-style-type: none"> <li>• The provider took concerns raised by patients seriously.</li> <li>• There were systems and processes in place for handling incoming information and test results.</li> <li>• There was a clear process in place for triaging home visits.</li> <li>• Staffing levels were sufficient, but demand was increasing.</li> <li>• They were involved in strategic planning and helping to improve how the practice performed.</li> <li>• There was enough time for team building and effective communication.</li> </ul>

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	A range of policies and procedures were in place. These were followed in practice.
Other examples	<ul style="list-style-type: none"> <li>• A range of regular meetings were held, to help share information with staff, and obtain their opinions, and manage risks to the business and patient safety.</li> <li>• All staff either had a lead role, or supported others to carry out their role safely and effectively.</li> <li>• An effective system was in place to manage test results and manage incoming correspondence.</li> <li>• An effective system was in place to provide staff with a regular appraisal.</li> </ul>
	Y/N
Staff could describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

## Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Threat of bad weather in a rural environment	<ul style="list-style-type: none"> <li>Each year leaders considered how they would ensure the continued delivery of care and treatment, in the event of severe weather.</li> <li>All doctors had four-wheel drive vehicles, to help them get out and about.</li> <li>Arrangements were in place for the local fire service to help practice staff and community healthcare staff visit frail and housebound patients.</li> </ul>
Threat of disruption to the management of the practice should one of the two practice leaders be absent as key functions are currently split between them	<ul style="list-style-type: none"> <li>Practice management leaders are currently reviewing their designated duties, to make sure that each would know how to carry out the other's responsibilities, should they be absent for any length of time.</li> </ul>
Threat to provision of nursing cover due to difficulties recruiting.	<ul style="list-style-type: none"> <li>The practice shared nursing resources with another local practice when both experienced difficulties recruiting staff.</li> </ul>

## Appropriate and accurate information

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

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group.

Feedback
<p>A member of the practice's patient participation group (PPG) told us:</p> <ul style="list-style-type: none"> <li>The practice provided very good patient care which was highly valued by the local community.</li> <li>The group met from time-to-time to consider issues of importance to patients, share these with the practice and obtain feedback.</li> <li>Leaders from the practice encouraged, respected and valued their involvement.</li> </ul>

## Continuous improvement and innovation

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

Audit area	Improvement
An audit was undertaken to check the practice's compliance with revised NICE guidelines on Coeliac Disease.	<p>The initial audit carried out demonstrated that not all patients affected by this disease had received an appropriate review. Following completion of the audit, the findings were shared with all clinicians and the healthcare assistants.</p> <p>Arrangements were made to update the practice's existing Coeliac Disease (a digestive condition) e-template, to make sure it reflected the latest recommendations for best practice. Also, patients who had not had an appropriate review were invited to attend the practice for an appointment.</p> <p>The second cycle of the audit was completed a year later. This demonstrated that, where relevant, all patients with Coeliac disease had received an appropriate review. In addition, the audit also indicated that:</p> <ul style="list-style-type: none"> <li>• Health promotion work had been undertaken with these patients.</li> <li>• There was clear documentation of immunisation being offered.</li> <li>• Fracture risk scores had been recorded for those patients who did not have a previous scoring, or who had not undergone a bone scan.</li> <li>• Patients with this long-term condition had been added to the practice's annual recall system.</li> </ul>
An audit was undertaken to help improve patient uptake of cervical screening.	<ul style="list-style-type: none"> <li>• The practice had participated in a pilot project, in collaboration with the Macmillan service, to help encourage patient attendance at cervical screening appointments. Following their involvement in this project, the practice could demonstrate an increased uptake of cervical screening appointments, from 88% to 91.7%. The practice had now adopted the approach used in the pilot project, to help maintain and increase the rate of uptake.</li> </ul>

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$



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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

#### Glossary of terms used in the data.

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