

Care Quality Commission

Inspection Evidence Table

Eyam Surgery (1-504944886)

Inspection date: 13 August 2019

Date of data download: 19 July 2019

Overall rating: Requires improvement

The overall rating for this practice was requires improvement due to concerns in providing safe and well-led services.

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

Safe Rating: Requires improvement

We rated the practice as requires improvement for providing safe services. This was because:

- The management of systems within the practice dispensary were weak and lacked clinical oversight.
- Some processes had insufficient evidence to provide assurances that they operated safely. This included the tracking of prescription stationery, reviews of the entries on the child safeguarding register, and an effective fail-safe system for cervical cytology screening results.
- The practice had not considered all areas of potential risk and implemented measures to control these effectively. Where risk assessments had been completed, follow up actions and dates of completion were not consistently documented.
- Staff files did not always provide sufficient evidence of safe recruitment and immunisation status.

Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	N/A
Policies and procedures were monitored, reviewed and updated.	Y

Safeguarding	Y/N/Partial
GPs and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There were identified lead GPs for child and adult safeguarding. • We saw that the GP safeguarding leads for adults and children had last received level 3 training updates in April 2018 and September 2018 respectively. We did not see any evidence of any additional training to support the lead child safeguarding role. We were not provided with evidence of level 3 training for the other GP. The practice showed us that clinicians had Level 3 safeguarding training arranged for January 2020. • The child safeguarding register was not accurate as this included the names of four adult patients. • Chaperone duties were only undertaken by nurses and health care assistants. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw some gaps in the recommended evidence to support safe recruitment within staff personal files. For example, in the files of recently appointed staff, we did not find evidence of DBS clearance in one file (although we saw that this had been requested), interview notes, and evidence of qualifications. Signed copies of contracts of employment were not always held on file as recommended. However, managers informed us that the required checks had been completed and told us they would ensure that personal files would reflect this in the future. • Evidence of staff immunisations in line with PHE recommendations was not available for all members of the practice team. We observed that the practice was undertaking work to review and collate this information but this was not complete at the time of our inspection. The practice was organising any outstanding immunisations and antibody blood tests for staff to 	

be performed in-house as a temporary resident (or with the Occupational Health department at the local hospital if this was highlighted as a preference by any individual).

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: April 2019	Y
There was a record of equipment calibration. Date of last calibration: April 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, oxygen cylinders, storage of chemicals.	Partial
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: May 2019	Y
There was a log of fire drills. Date of last drill: August 2019	Y
There was a record of fire alarm checks. Date of last check: Maintenance done annually, practice do weekly checks that the alarm is working.	Y
There was a record of fire training for staff. Date of last training: Ongoing – staff access online training at different times. Face to face training organised	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: March 2018	Y
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We asked to see a risk assessment for the storage of oxygen cylinders. However, when we queried this following our inspection we were provided with a suppliers information leaflet but no risk assessment evidence for the storage of the gas that was site specific. A practice cryotherapy protocol partially referenced the safe use and storage of a multi-use disposable cryosurgical device. Action plans following risk assessments were not updated to demonstrate when actions had been progressed, or signed off as being completed. 	

Health and safety	Y/N/Partial
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Premises/security risk assessment had been carried out. Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: ongoing	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an embedded process for reviewing any identified environmental or security risks. This was supported by a written assessment to either resolve the issue, or put measures in place to control the risk to an acceptable level. We saw that all members of staff were involved in this process.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were mostly met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 23 July 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We observed the practice's main site to be maintained to a high level of cleanliness on the day of our inspection. We saw evidence that actions identified at the infection control audit in 2018 had been completed. For example, cleaning schedules had been updated, and new flooring had been purchased. However, we observed an open fire place in a consulting room at the branch site with soot debris on the floor posing a potential infection control concern. The provider told us that the chimney was not sealed and they agreed to take action to rectify this. The annual infection control audit was due for 2019. There was an identified lead for infection control and we saw that they had attended additional training to support this role. A Legionella risk assessment was completed in February 2018 and this was repeated every two years. We saw evidence of monitoring sheets for water temperatures. We saw there was an outstanding action from the previous risk assessment and although the practice was able to explain why, this was not formally documented. 	

Risks to patients

There were some adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Partial
Comprehensive risk assessments were carried out for patients.	N
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Partial
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.	Partial
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had developed a protocol for sepsis. Clinicians were aware of how to identify and manage sepsis although not all had an awareness of the practice protocol or application of the National Early Warning Score (NEWS) tool. Non-clinical staff were unable to describe a protocol for the presentation of suspected sepsis. Some staff said they had not received training on sepsis. However, we were assured of staff competency in managing sepsis by our discussions with them. Whilst we saw evidence that risks had been mostly assessed and addressed for the environment, we found that there were some systems and processes followed by the practice which had not been considered for risk factors and subsequent actions being taken to address or minimise these. For example, a weekly surgery was held at a hall in a nearby village. This was undertaken by the lead GP. The GP told us that they only saw three patients each week which were all pre-booked and did not entail any need for clinical examination. There were no medical emergency drugs or kit available on site, or carried by the GP. The GP told us that they took a print-out summary of the notes of the patients being seen at the village hall as there was no access to the clinical system, however another member of the practice team told us this did not happen. There was no risk assessment to cover any potential risks which may arise from this. 	

Information to deliver safe care and treatment

Staff mostly had the information they needed to deliver safe care and treatment.

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

There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Partial
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 and additional evidence: <ul style="list-style-type: none"> We observed an effective rota system to manage incoming pathology results. On the day of our inspection, there were 13 blood test results in the inbox and all of these had only been received in the previous 24 hours. An effective fail-safe system was not in operation for the receipt of cytology results, as there was not a system to record that test results had been received after a sample had been sent off to the laboratory. Although checks were undertaken on a patient system to review uptake to inform QOF, this was not being undertaken on an individual patient basis. 	

Appropriate and safe use of medicines

The practice did not always have systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.92	0.84	0.88	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). (01/04/2018 to 31/03/2019) (NHSBSA)	10.3%	7.6%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and	5.29	5.37	5.61	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.94	2.01	2.07	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	N
Blank prescriptions were kept securely and their use monitored in line with national guidance.	N
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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
There was a process for monitoring patients' health in relation to the use 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, investigation of 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
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were	Y

Medicines management	Y/N/Partial
regularly checked and fit for use.	
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Blank prescriptions were not tracked upon distribution within the practice. Whilst serial numbers were recorded when new prescription stationery was delivered to the practice, we did not find a system to log the serial numbers of the batches stored in individual consulting rooms or with individual GPs. We observed records that demonstrated effective monitoring of the vaccine refrigerator by the nursing team. Repeat prescriptions could be ordered by telephone, email, via the practice online facility, or by attendance at the practice. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Partial
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Partial
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	N
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	N
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	N
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats for example, large print	Y

labels, braille, information in a variety of languages etc.	
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
<p>Explanation of any answers and other comments on dispensary services:</p> <ul style="list-style-type: none"> We did not find clear evidence of proactive clinical oversight and involvement with regards to dispensary processes. On the day of the inspection, we found four bags of returned controlled drugs (CDs) which had previously been dispensed to registered patients. The last destruction date had been recorded as July 2018, and the practice told us they would do this on an annual basis, although the standard operating procedure did not state the frequency. This created large amounts of CDs being stored securely on site, but creating a potential risk area. This approach also generated significant work to clear the backlog as these medicines have to be disposed of by a particular process termed denaturing. Following our inspection, the practice informed us they were considered denaturing returned CDs on a quarterly basis. Two CDs held in the practice's medicines' stock were found to be out-of-date. As these needed to be withdrawn from stock, this left the dispensary without a supply of these two medicines. This demonstrated that the in-house procedure for checking the expiry dates of CDs was not working effectively, and we saw evidence of the stock check being completed and signed by two members of staff which had not picked up the out-of-date medicines. We were contacted by the practice following our inspection, who assured us that their clinical system would not have allowed the out-of-date medicines to be dispensed to a patient, and assured us that their system for checking the medicines would be reviewed and supported by training. When CDs were issued, the dispenser would take the box to be dispensed to the GP to sign off before issue. However, as this process was not undertaken within the dispensary, it was not possible for the GP to check remaining stock levels against the CD register. This meant that any discrepancy in stock levels would be hard to trace. Second checks were not undertaken for dosette boxes. We were told that all medicines could be included in dosette boxes and the dispensary staff were not aware of any medicines that could not be included. This created a risk of patients receiving ineffective treatment. We were informed that there had been medicines included within the dosette box which had been cut from a foil blister pack and retained in the foil packing. Guidance recommends that medicines should not be repackaged within medicine compliance aids (for example, dosette boxes) in their original strip or blister packaging, because of reports of patients swallowing the medicine and its packaging, resulting in serious patient harm. There was no risk assessment considered for this. The procedure for monitoring temperatures of the medicine refrigerator in the dispensary was not working effectively. Temperature ranges had not been recorded every day. Three temperatures were recorded in a book, but it was not clear what these referred to as they were not labelled. We saw that the temperature had exceeded the normal range on at least 	

two recent occasions but no actions were recorded to explain why or to indicate what follow-up had been undertaken. Dispensary staff could not tell us on the day of inspection of the process to be followed if the fridge temperature was out of range. Following the inspection, the practice told us that they recorded the minimum, actual and maximum temperatures each day and also had an alarmed internal data logger in the fridge. They told us that if the temperature was shown to have been outside of the normal range, or if the alarm had been triggered, they would download the data from the datalogger as a second check.

- Medicines, including CDs and those items that should be refrigerated, were taken to a nearby village for collection at a public house, ensuring patients did not have to travel for the surgery in recognition of the demographics of registered patients and the poor transport links. There had been no risk assessment undertaken for transporting these medicines to and from this facility, or in maintaining the cold chain. Following our inspection, the practice informed us that medicines requiring refrigeration were transported in a cool bag with two cool packs and that they started to use a thermometer to check the cold chain was not breached during transport. The fridge lines were stored in the branch surgery refrigerator until collected or used.
- We saw that waste medicine receptacles were overfull.
- Competency assessments for dispensary staff were not comprehensive or updated regularly.
- We observed that there were only a few events and near misses logged on the significant events register. The practice advised us that they would emphasise the need to record all events including near misses supported by updated staff training.
- The systems to monitor uncollected prescriptions was not always working effectively. We found a prescriptions for antibiotics which had not been collected for a period of more than three months at the main site (the system for checking these on a fortnightly basis had not identified the prescription from March), and an uncollected prescription at the branch site from March 2019, where there was no apparent protocol for checking uncollected prescriptions. As the practice was dispensing to their patients, monitoring of uncollected prescriptions should be considered as part of patient medicines reviews.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and 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:	5

Number of events that required action:	5
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We were informed that significant events and any learning outcomes would be discussed at monthly protected learning time sessions. 	

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

Event	Specific action taken
<ul style="list-style-type: none"> A patient was identified as not having an effective shared care agreement in place for the monitoring of their prescribed medicines 	<ul style="list-style-type: none"> A diary recall system was implemented to ensure regular blood monitoring

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw examples of actions taken on recent alerts for example, regarding sodium valproate. The system appeared disjointed in that some were held in the dispensary and some with the nurse, rather than there being a centralised register available for reference and clear evidence of actions having been considered and completed where appropriate. We spoke with one GP who told us they were unaware who was responsible for dealing with safety alerts within the practice, although they had received some information on relevant alerts usually via email or a task on the computer system. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was no clear mechanism to evidence how the clinical staff collectively considered and reviewed new and updated guidance, for example by clinical audits. There were no formal clinical meetings including both nursing staff and GPs together. The practice informed us that the team met every month in a protected learning time session, but this was not specific to clinical issues or involved all clinical staff. GPs attended annual updates through online courses or attendance at events and shared learning with their colleagues 	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.42	0.62	0.77	No statistical variation

Any additional evidence

- The CCG told us that the practice was engaged with the medicines management team and a practice representative attended the Prescribing Leads' Meetings every 4 months. A CCG medicines optimisation technician attended the practice approximately twice each month. The practice's weighted prescribing spend was below average for the CCG and there were no

concerns about prescribing safety.

Older people

Population group rating: Good

Findings

- The practice used a tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. Flu vaccine uptake for patients over 65 exceeded the national target of 55%.

People with long-term conditions

Population group rating: Outstanding

Findings

- Outcomes from the Quality and Outcomes Framework (QOF) demonstrated that the practice was providing effective care and management of those patients with a long-term condition.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.

Diabetes Indicators	Practice	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 (01/04/2017 to 31/03/2018) (QOF)	89.7%	79.7%	78.8%	Tending towards variation (positive)
Exception rate (number of exceptions).	21.6% (43)	19.1%	13.2%	N/A

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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.8%	78.9%	77.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	5.5% (11)	11.9%	9.8%	N/A

	Practice	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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.0%	81.5%	80.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	14.6% (29)	17.6%	13.5%	N/A

Other long-term conditions	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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.3%	77.3%	76.0%	Variation (positive)
Exception rate (number of exceptions).	7.7% (15)	8.7%	7.7%	N/A
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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.4%	89.7%	89.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	12.4% (11)	13.7%	11.5%	N/A

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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.3%	83.9%	82.6%	Variation (positive)
Exception rate (number of exceptions).	3.3% (21)	4.1%	4.2%	N/A
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	100.0%	93.3%	90.0%	Significant Variation (positive)

therapy (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	15.3% (15)	7.8%	6.7%	N/A

Any additional evidence or comments

- The practice demonstrated that they had achieved good results for patients through QOF data, and the specific indicators we reviewed showed a positive outcome after statistical analysis. This was achieved with exception reporting rates that were in line with local and national averages.
- We observed that data relating to diabetes treatment targets showed the practice to be one of the best performers in the local area, with a record of achieving outcomes above targets. Data showed that hospital admissions rates were below average for diabetes and other long-term conditions.
- Performance relating to diabetes had been helped by the additional skills acquired by the nurse practitioner, whom the practice had supported to work as a community diabetes nurse specialist for approximately 18 months. The practice had been one of the first in the area to initiate insulin for patients within the surgery. There was a focus on continuity of care and education with referrals to educational and support programmes to assist lifestyle changes. Robust recall systems helped to engage patients with their treatment regimes, and patients who found it difficult to attend the practice would be reviewed at home.
- We were provided with an example of how the practice had worked to support two patients with a learning disability who also had diabetes. This included desensitisation work to help a patient attend the diabetic retinopathy programme, and although this did not result in this being achieved, it demonstrated a commitment by the practice to do their best to support patients getting access to the care they needed.
- Good links were retained with the specialist nurse for diabetes, and other specialist nurses including those for respiratory conditions and heart failure.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- The practice exceeded the national target for flu vaccine of 55% uptake in pregnant women at 65%.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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) (01/04/2017 to 31/03/2018) (NHS England)	22	23	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	21	22	95.5%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	21	22	95.5%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	21	22	95.5%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence

- Although patient numbers were low, we saw that Eyam Surgery was the highest achieving practice of the 34 situated within North Derbyshire in 2018-19 for flu vaccine uptake for two-year olds at 96%, and also had the highest uptake for three year olds at 100%.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice was about to launch a campaign for this at the time of our inspection, and also planned to focus on MMR vaccination for any teenagers who may have not received this.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	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) (01/04/2017 to 31/03/2018) (Public Health England)	84.4%	76.9%	71.7%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	77.4%	74.9%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	67.9%	60.2%	54.4%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	87.1%	67.7%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	46.9%	47.6%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. We saw that 15 of the 17 patients on the register had received a health check in the last 12 months. The practice was able to explain why they were unable to complete a review on the remaining two patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances, and refer them onto appropriate treatment and support services.
- The practice reviewed patients with a learning disability at a local residential home.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. For example, by liaison with local mental health teams, and regular follow up appointments.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Staff had received dementia training and the practice was classed as 'dementia friendly'
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.3%	92.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	18.8% (3)	17.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	92.3%	90.0%	Variation (positive)
Exception rate (number of exceptions).	6.3% (1)	14.2%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	83.4%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	4.8% (1)	7.1%	6.6%	N/A

Any additional evidence or comments

Monitoring care and treatment

The practice had some evidence to support quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556.0	546.2	537.5
Overall QOF score (as a percentage of maximum)	99.5%	97.7%	96.2%
Overall QOF exception reporting (all domains)	6.8%	6.3%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<ul style="list-style-type: none"> We saw examples of clinical audits undertaken by the nursing team, but other examples were limited. Audits led by the nursing team included an audit of a medicine used to thin the blood which resulted in the practice changing their follow-up arrangements, and an audit on prescribing in diabetes. GPs did review minor surgical procedures and joint injections to assess that consent had been recorded.

Any additional evidence or comments
<ul style="list-style-type: none"> Exception reporting rates were in line with averages. Where any indicators showed a higher rate of exception reporting, this was due to a small cohort of patients to which the indicator applied, thereby skewing the exception reporting rate.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y

Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had identified some mandatory training for their team which were safeguarding, basic life support, infection control and fire. These were available online but would also be arranged as facilitated face-to-face training on occasions. We saw that most members of the practice team had completed the mandatory training, but some staff needed to update their training in some modules. Staff had access to a wide-range of other training via an online training system, and were also encouraged and supported to attend external training opportunities. For example, the nurse practitioner told us that they had received full financial support from the practice to complete a Master's degree in Health and Social Care, and non-medical prescribing course. The other nurse had undertaken external shadowing opportunities to enhance their skills and knowledge. Both health care assistants (HCAs) had been appointed before 2015 so had not completed the Care Certificate. However, both had completed NVQ2 training and we were informed that competencies had been assessed with ongoing monitoring mechanisms in place. One of the health care assistants was being considered for associate nurse training to increase the scope of their role and release more time for clinicians to focus on more complex needs. The HCAs also worked as care coordinators which helped patients, for example, with ongoing support and review following hospital admissions. The practice reviewed the skill mix of the team and developed their team structure to reflect patients' needs. For example, a practice nurse also worked as a community matron which helped forge strong linkages with other local health, social and voluntary care services. There had been a reduction in GP input with subsequent reinvestment in the practice nursing team. We saw some evidence of completed induction programmes but these were brief in scope. Staff appraisals were undertaken on a rolling basis throughout the year. We saw some examples of completed appraisals that identified any learning needs and areas for further development. Practice managers were planning to attend a training event to enhance their skills with staff appraisals. 	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) <small>(QOF)</small>	Y

We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice team met monthly with the wider primary health care team and representatives from social care to review their most vulnerable patients. We saw this was highly effective in managing the needs of these patients. All home visits and hospital admissions were discussed and after-death reviews were undertaken at this meeting. There was a further meeting held in-between the monthly meeting between the GPs, community matron and district nursing team to ensure continuity and follow-up. The health care assistants' role as care co-ordinators, and the in-house community matron post provided a beneficial link between the practice and other care and support services to ensure holistic care. This strengthened the integration between the practice and the community offering greater continuity and more effective care planning for patients. 	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Smoking cessation support was available in the practice. Patients could also be referred into the Live Life Better Derbyshire programme for lifestyle changes advice and support, for example, weight management and smoking cessation. The practice provided an example of how they had supported a vulnerable patient in achieving weight loss. This included referral to the Live Life Better Derbyshire scheme, with advice on cooking and lifestyle changes for the patient and their carers. 	

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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.8%	95.4%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.2% (2)	0.8%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Clinicians were able to provide examples of how they had dealt with issues relating to consent effectively. Written consent was obtained for surgical procedures and verbal consent was recorded for joint injections. 	

Responsive

Rating: Outstanding

We rated the practice as outstanding for providing responsive services because:

- The national GP patient survey demonstrated that the practice had performed significantly higher than average in relation to questions relating to appointment availability.
- The practice had focused on the Accessible Information Standard and had made a number of changes to the environment and ways of working to meet the identified needs of different patient groups.
- The patient responded to the needs of their patients, for example, by the introduction of a mini-bus service for patients in recognition of the rurality of the area and associated poor transport links with a predominantly older registered patient list.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none">• Alerts on records identified patients with any special access needs. For example, a patient with a hearing impairment was not able to use the hearing loop, but the alert indicated for them to have a face-to-face appointment as they were able to lip-read.• The practice manager had initiated a 'Better Access For All' project in 2017 to look at ways of being more accessible to all patients and members of the public. This was done by arranging site visits to assess how the environment could be improved to accommodate specific patient needs. For example, learning disability specialist nurses, a 'dementia-friendly' trainer, and patients with hearing loss and visual impairment undertook 'walkarounds' to identify areas which could be improved to help access to the site (including the car park and approach to the entrance) for patients with a particular need. This resulted in an action plan to address the findings, which was reviewed and updated to ensure this was kept as a 'live' process. <p>Some points were easily addressed including the installation of daylight bulbs in waiting areas, and others were longer-term issues which would require funding. Examples of other changes introduced automated entrance doors, a new roadside sign, an easy-read (dementia friendly) wall clock was purchased, removal of obstacles, a reduction in posters with a more organised layout, memory folders (members of the public provided photos of local villages now and then), and activity folders (including adult colouring books, word searches and sudoku) in waiting rooms. Easy read literature was made available (for example, review invite letters with picture</p>	

prompts for patients with a learning disability).

Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

GP Appointments available (Eyam site):

Monday	9am to 11.30am; 4.30pm to 7pm (as part of extended hours – this was for pre-booked appointments only, and the reception was closed from 6.30pm)
Tuesday	9am to 11.20am; 3.00pm to 5.30pm
Wednesday	9am to 11.30am; 3.30pm to 6pm
Thursday	8.30am to 11.00am (late evening pre-booked GP appointments were available at the Bradwell branch surgery until 7pm on a Thursday)
Friday	8.30am to 11.30am; 3.00pm to 5.30pm

- GP appointments were also available at the branch site at Bradwell on four days each week, and a GP utilised the Village Hall at Litton on Wednesday between 4.30pm and 5pm to see three patients with pre-booked appointments.
- 'Mini-bus clinics' were held weekly on alternate Tuesdays and Wednesdays. This was a scheme funded by the practice and CCG to collect patients from their own home and bring them into the practice to be seen, before then returning them back home. This service also operated on a Monday and Thursday for patients living at Grindleford, which was introduced following the closure of a branch surgery situated in this village. The village had poor transport links and the bus service helped to reduce the demand for home visits. When patients attended on the bus, the practice tried to do all that was required within the one visit, for example by seeing the healthcare assistant for bloods and then seeing either the GP or nurse. Six appointments were available for each mini-bus clinic as there were 12 places available on the bus, thereby accommodating carers if this was required. The mini-bus was driven by volunteers at a local community transport service. We saw evidence that all drivers had received basic first aid and safeguarding awareness training, and all drivers had a valid enhanced DBS certificate. All vehicles underwent a safety inspection every eight weeks, and drivers had completed MiDAS training (a nationally recognised standard for the assessment and training of minibus drivers organised by the Community Transport Association).

- There was limited availability to a locally based extended access service which operated on weekday evenings and at weekends due to IT compatibility issues. This issue was in the process of being resolved and was planned to be implemented soon after our inspection.
- A medicines collection service was provided daily at Eyam and at specified times at the branch site of Bradwell Surgery. On three days a week, medicines could be collected from a practice dispenser at a public house in Grindleford.
- Regular follow-up appointments were arranged for patients with specific needs, for example, those with mental health concerns.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate %	% of practice population
3,425	239	133	55.6%	3.90%

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 (01/01/2019 to 31/03/2019)	95.0%	95.2%	94.5%	No statistical variation

Any additional evidence or comments

- The practice hosted a range of services on site to make access to appropriate care easier for their patients. This included podiatry, physiotherapy, counselling, the Citizens Advice Bureau and a midwife. Hearing aid batteries could also be collected from the practice.
- The practice responded to suggestions from patients, for example information TV screens had been installed in the waiting area at Eyam. The practice had been redecorated and flooring had been renewed. The practice was considering the introduction of a text reminder service and introducing wi-fi.

Older people

Population group rating: Outstanding

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered urgent appointments for those with enhanced needs and complex medical issues. Longer appointments were available if needed.
- A minibus service was available to bring patients into the surgery with poor mobility and from remote areas with poor transport links. Carers could accompany the patient to attend one of the designated mini-bus clinics. The service was part-funded by the practice.
- The practice provided medicines dispensing services and these could be collected from the main and branch surgery, and from a location in a nearby village.

- The GPs carried out visits to patient's homes if they were unable to travel to the practice for appointments. The community matron visited patients in their own home.
- Regular multidisciplinary team meetings were held with other health and social care professionals to support patients and ensure that they received coordinated care and treatment.

People with long-term conditions

Population group rating: Outstanding

Findings

- People with long-term conditions were invited to the practice for annual (or more frequently when this was required) of their health needs and prescribed medicines to ensure that their treatment remained effective. Patients with multiple conditions had their needs reviewed in one appointment whenever possible.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing service and other community based health and care teams to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- When required, longer appointments and home visits were available.

Families, children and young people

Population group rating: Outstanding

Findings

- Nurse appointments were available from 8am and late afternoons for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances, or failed to attend for immunisations.
- There were arrangements for identifying and monitoring children who were at risk of abuse or neglect. Any concerns were shared and followed up, at monthly multi-disciplinary meetings.
- Staff were trained to recognise and deal with acutely ill babies and children and to take appropriate action. Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice used social media to provide regular updates and other items such as health promotion and charitable events. The practice had approximately 130 followers, and they used their social media account to encourage engagement in their Patient Participation Group, particularly those from younger age groups.

Working age people (including those recently retired and students)

Population group rating: Outstanding

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- The practice was open until 7pm on a Monday (Eyam) and Thursday (Bradwell) for pre-bookable appointments with the GP.
- All GP appointments (with the exception of the weekly clinic at Litton) were available to book online
- Telephone consultations were available.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- People in vulnerable circumstances were easily able to register with the practice, including those with learning disabilities. The practice told us that they would help support homeless patients to register with them, although this was not an issue which had been encountered in this area. Holiday makers visiting the area could access care as a temporary resident.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients. This was evidenced by the 'Better Access For All' project which had led to changes to benefit patients with specific needs. The site was a recognised 'safe haven' for learning disability and vulnerable patients.
- The practice regularly worked with multi-disciplinary teams to care for vulnerable people. The practice had sign-posted vulnerable patients to support services and groups.
- Staff knew how to recognise signs of abuse in vulnerable adults. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out-of-hours.
- We spoke with a patient who told us they had received exceptional support from the practice as a carer, and described the personalised care received by their relatives as excellent with an emphasis on keeping them looked after in their own home.
- The practice was looking to follow 'daffodil standards', which support quality improvement in advanced serious illness and end of life care.

People experiencing poor mental health (including people with dementia)

Population group rating: Outstanding

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- A counsellor provided sessions at the practice which patients could either self-refer or be referred by a clinician.
- Patients had access to Improving Access to Psychological Therapies (IAPT) and referrals to

Child and Adolescent Mental Health Services (CAMHS) as required.

- The practice regularly worked with multidisciplinary teams to support people experiencing poor mental health including those with dementia. A community psychiatric nurse attended the monthly multi-disciplinary meeting to review the practice's most vulnerable patients.
- A group of patients and the local community ran a dementia sing-a-long twice a month, which a staff member attended to enhance relationships.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Patients with an urgent need were always given either an emergency or same-day appointment, or added to the duty doctor's triage list for a telephone call and appropriate review. • There was good continuity of care with regular follow-up appointments being provided for appropriate patients. 	

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 (01/01/2019 to 31/03/2019)	99.1%	N/A	68.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	93.3%	67.2%	67.4%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	93.6%	64.8%	64.7%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they	95.5%	75.1%	73.6%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
were offered (01/01/2019 to 31/03/2019)				

Any additional evidence or comments
<ul style="list-style-type: none"> Prior to our inspection, we made comment cards available for patients for them to tell us about their experience of the practice. We received 13 comment cards. Patients told us that they found the appointment system worked very well, and that they had not experienced difficulties in obtaining an appointment when this was required. Themes arising from patient feedback in the comment cards included being treated with care and respect, receiving a professional and effective service, and providing excellent support for carers and families. There was a good uptake by patients who were invited to take part in the national survey. The practice performed well above both the local and national average in relation to patients' satisfaction. This is demonstrated in the figures used in this evidence table which shows a statistically significantly positive or positive variation in relation to the questions asked about access when compared against local and national averages. The practice's internal patient survey also demonstrated that patients were highly satisfied with access to appointments.

Source	Feedback
NHS Choices	<ul style="list-style-type: none"> The practice had achieved a five star rating on the NHS website. This was based on three postings in the last 18 months. Comments referred to caring staff and friendly staff, and patients said they felt their conditions were well-managed.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	3
Number of complaints we examined.	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.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
<ul style="list-style-type: none">• Incorrect test results being communicated to a patient.	<ul style="list-style-type: none">• Protocol developed for staff regarding discussing test results with patients.

Well-led

Rating: Requires improvement

We rated the practice as requires improvement for well-led because:

- The practice did not have effective systems to identify, manage and mitigate risk. This was particularly evident within the practice dispensary.
- We found that the oversight of some systems required additional assurances to ensure they were working effectively. For example, we identified issues that required stronger managerial and clinical oversight relating to systems and processes within the practice.

Leadership capacity and capability

There was compassionate, inclusive and mostly effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice management team consisted of the Lead GP and two managers, one of who had a dual role as the dispensary manager.• Succession planning arrangements had been considered and there was a longer-term plan in place to facilitate this.• We found that leaders had not fully understood the challenges to quality and sustainability within the dispensary. We were told that the lead GP was not visible in the dispensary.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

- There was a vision statement stating that 'Eyam Surgery aims to provide a comprehensive patient-centre health care service which is accessible, of high quality, and sensitive to local needs'.
- The values were to provide holistic medical care of the highest order to all patients in a way sensitive to the individual, supported with a commitment to deliver care in an accessible, safe and friendly manner.
- A patient charter was available which reflected the practice vision and values, alongside clarity of the responsibilities that patients should uphold.
- The practice had considered longer-term sustainability and had considered options for the future.

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was an emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	

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

Source	Feedback
<ul style="list-style-type: none"> • Staff interviews 	<ul style="list-style-type: none"> • Staff members we spoke with told us that it was a good place to work. They felt well-supported by the lead GP and managers, and considered that the team worked together effectively within a supportive approach.

Governance arrangements

The overall governance arrangements did not always deliver clear responsibilities, roles and systems of accountability to support good governance

and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We identified issues that required stronger managerial and clinical oversight relating to systems and processes within the practice. This incorporated the procedures followed within the practice dispensary. The child safeguarding register included adults which meant we could not be assured that this was regularly reviewed and cleansed. 	

Managing risks, issues and performance

The practice did not always have clear and effective processes for managing risks.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	N
There were processes to manage performance.	N
There was a systematic programme of clinical and internal audit.	N
There were effective arrangements for identifying, managing and mitigating risks.	N
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We found some concerns relating to the management of issues relating to safety, and therefore the arrangements for identifying, managing and mitigating risks were not always adequate. This included the clinical oversight of dispensary procedures We found that a number of systems were not supported by evidence to provide assurance that all necessary components had been checked to ensure a safe approach was in operation. This included evidence to support safe recruitment; evidence of staff immunisation status; and an effective fail-safe mechanism for cervical cytology results. The system for tracking prescriptions was limited. 	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Partial
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	N
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> A CD audit completed by NHS England had not been fully adhered to 	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	N/A
Patient records were held in line with guidance and requirements.	N/A
Any unusual access was identified and followed up.	N/A
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice undertook their own patient survey, usually on an annual basis. We saw the results of the 2019 survey based on responses from 353 patients (10.3% of registered patients). The survey incorporated the results from the NHS Family and Friends Test (FFT), and included a number of questions which differed from those asked as part of the national GP patient survey. There had been an extensive analysis of responses and where appropriate, the practice had commented on the feedback to promote how the service worked, or how they intended to address other issues raised. When it was not possible to address of the comments, an explanation was provided why this was not possible. The survey also enabled patients to provide general feedback about positive experiences and any concerns. We noted that the results were very positive overall, and patients were happy with the service they received. A practice improvement plan was in place to act on various ideas and suggestions from staff and patients. 	

- The practice produced quarterly patient newsletters. This provided information about the practice and also helped to raise awareness of issues such as vaccination campaigns
- Weekly meetings were held for staff to be involved and provide input regarding any new or ongoing issues.
- The lead GP and one of the practice managers attended the evolving Primary Care Network (PCN) meetings. There was also engagement with the local practice managers groups and GP federation
- The practice engaged with their CCG and attended relevant meetings, including clinical governance, prescribing, and safeguarding leads meetings.

Feedback from Patient Participation Group (PPG).

Feedback

- We spoke with a member of the PPG. Meetings took place annually and the core membership was approximately 15 patients. The practice was described as being open, realistic and responsive with the PPG. The PPG felt they were listened to and the practice followed up on issues they raised.
- The practice had introduced a virtual PPG via social media to help engage with younger patients. A good response had been received with 13 further members joining although not all of these had been involved in the last meeting. Those who did join the meeting online were informed of discussions via a chat facility.
- The PPG assisted the practice in designing the internal patient survey, for example they recommended to ask about the enriched summary care record to help raise awareness of this.
- The PPG had helped the practice to progress with initiatives such as new automated entrance doors and new flooring. They had also helped some basic improvements which patients had found helpful, for example, having a hook outside the surgery for a dog lead and providing a water bowl.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- The practice was involved in a project to make Eyam a dementia friendly community, worked with local organisations and residents.
- The practice had signed up to participate in virtual training events with an end-of-life facilitator from a local hospice.
- The practice supported stage 3 work placements for students from the University of Sheffield.
- Nursing networks were being established. The community matron met with four other locally based practice employed community matrons every two months. The purpose was to provide

support, share information and discuss best practice. For example, an item for the next meeting was to highlight awareness of the Herbert Protocol. This is a police initiative designed at collating information on vulnerable people with confusion or memory loss to assist them if the person goes missing. The nurse practitioner was also involved in a local network to support practice nurses.

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 no statistical variation, 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 no statistical variation 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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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.
- 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 uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG 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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **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.