

Care Quality Commission

Inspection Evidence Table

Temple Sowerby Medical Practice (1-540898736)

Inspection date: 9 August 2019

Date of data download: 26 July 2019

Overall rating: Good

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

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was 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.	Y
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

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>	0.30	0.43	0.77	Variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical 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.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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.
- Patients with asthma were offered an asthma management plan.
- The practice started a “virtual clinic” for atrial fibrillation (AF). This was a GP-led review of patients on the AF register to ensure that all patients with the condition had been recorded and that reviews for these patients were up to date.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on	85.2%	83.7%	78.8%	No statistical variation

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) <small>(QOF)</small>				
Exception rate (number of exceptions).	15.7% (39)	16.4%	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>	80.1%	83.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.2% (23)	8.0%	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>	81.1%	82.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	17.3% (43)	16.8%	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>	80.9%	77.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	7.9% (22)	7.9%	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>	88.5%	92.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	28.8% (21)	11.4%	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) (QOF)	88.9%	85.6%	82.6%	Tending towards variation (positive)
Exception rate (number of exceptions).	2.9% (19)	2.8%	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 therapy (01/04/2017 to 31/03/2018) (QOF)	92.5%	88.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.0% (7)	8.3%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were all above 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.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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)	34	35	97.1%	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)	42	42	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	42	42	100.0%	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)	42	42	100.0%	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>

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.
- 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)	79.2%	77.9%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.4%	76.9%	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)	68.0%	61.5%	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)	66.7%	78.6%	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)	42.9%	55.2%	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.
- 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.

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.
- There was a system for following up patients who failed to attend for administration of long-term

medication.

- 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.
- 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.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- There was a member of staff who was in charge of recalling patients with poor mental health or a learning disability for their health reviews. It was felt that by having one person perform this role the patients were able to build a rapport with them and were more likely to respond positively to invites to attend for review.

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) (QOF)	94.1%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.5% (2)	10.4%	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) (QOF)	93.8%	93.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	15.8% (3)	8.5%	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) (QOF)	95.8%	82.5%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	14.3% (4)	4.6%	6.6%	N/A

Any additional evidence or comments

The practice was aware where exception reporting rates were higher than national and local averages, such as for COPD reviews and some of the mental health indicators. They were looking at ways to bring these down. They had a process in place to try and ensure everyone who was eligible to receive a review was invited to attend. They felt that in some cases low numbers had a greater impact on the percentages too, for example, only three patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months were excepted, and this led to an exception reporting rate of 15.8%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557.1	553.3	537.5
Overall QOF score (as a percentage of maximum)	99.7%	99.0%	96.2%
Overall QOF exception reporting (all domains)	5.3%	5.3%	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

- An audit into high-risk medications picked up that patients were not always having the risk of possible side effects explained to them in secondary care. The practice wrote to all patients who were taking these medications to explain their potential side effects.
- An audit into Vitamin B12 was carried out to ensure it was being prescribed appropriately. This reduced the number of patients on this medication.

Any additional evidence or comments

- The practice had identified that their disease prevalence rates were lower than expected, so they had undertaken a programme of work to increase identification and flagging of patients with these conditions.. Data from 2015/16 and 2017/18 showed the practice had significantly increased the number of patients they had identified with the following conditions:
 - Atrial Fibrillation: From 2.14% to 2.73%, an increase of 25.91%
 - Cancer: From 2.37% to 3.39%, an increase of 42.54%
 - CKD: From 6.26% to 8.11%, an increase of 27.49%
 - Dementia: From 0.38% to 0.62%, an increase of 56.92%
 - Depression: From 2.52% to 4.01%, an increase of 52.44%
 - Learning disabilities: From 0.18% to 0.31%, an increase of 68.01%
 - Palliative care: From 0.32% to 0.51%, an increase of 52.96%
 - Rheumatoid arthritis: From 0.69% to 0.96%, an increase of 36.43%
 - Stroke: From 1.51% to 1.96%, an increase of 28.19%

This meant the practice was able to call more people for reviews, and patients who required treatment would receive it. The advanced nurse practitioner and the phlebotomist at the practice worked together to recall patients for reviews.

- The practice had also taken steps to lower antibiotic prescribing. An audit of prescribing found that locum GP use was driving up the prescription of antibiotics, so the practice appointed two retainer GPs (long-term locums) to stop this. They also had displays in the waiting areas promoting responsible antibiotic use, had reviewed the use of rescue packs for COPD, and the advanced nurse practitioner had undertaken training in CRP monitoring (a test which shows whether an infection would respond to antibiotics) to ensure that all antibiotic prescribing was appropriate. Data from February 2019 showed that in the preceding 12 months, the practice had been the second lowest of 39 GP surgeries in the clinical commissioning group area for antibiotic prescribing.

Effective staffing

The practice was able 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.	Y
Staff had access to regular appraisals, one to ones, 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Training was tailored to each specific role, meaning staff completed training which was relevant to them. • There was a formal induction for staff which lasted between three and four weeks. • The phlebotomist at the practice had completed the Care Certificate, which is training usually given to healthcare assistants. 	

- Advanced nurse practitioners at the practice had protected time each week with a GP for case review.

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) (QOF)	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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Care plans were carried out jointly between the senior administrator and the advanced nurse practitioner. All patients over the age of 85 and all carers had a care plan in place. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The phlebotomist at the practice produced monthly displays for the waiting area. These were targeted information campaigns which aligned with the World Health Organisation's seasonal campaigns or looked at areas of importance to the practice's population group. 	

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>	97.2%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (7)	0.6%	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

Responsive

Rating: Good

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had made a number of changes following patient feedback. These included moving the administration spaces and the phones upstairs to improve confidentiality after patients said it was difficult to talk confidentially at the reception desk; a new website; reintroducing a television screen in the patient waiting area; and putting up a road sign after a number of the 400 new patients at the practice said they had struggled to find the surgery. The practice had purchased additional home monitoring BP equipment so that it could be divided into "smoking" and "non-smoking" equipment, after a patient complained the machine they had been given smelled of smoke. 	

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
Appointments available:	
Monday	8.30am to 1pm and 1.30pm to 6.30pm
Tuesday	8.30am to 1pm and 1.30pm to 6.30pm
Wednesday	8.30am to 1pm and 1.30pm to 6.30pm
Thursday	8.30am to 1pm and 1.30pm to 6.30pm
Friday	8.30am to 1pm and 1.30pm to 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4665	244	132	54.1%	2.83%

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)	98.3%	95.5%	94.5%	No statistical variation

Older people

Population group rating: Good

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 home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- There was a medicines delivery service for patients. The phlebotomist delivered medicines and was able to observe patients in their own homes and report any concerns back to the medical staff at the daily huddle meeting.
- Forty-minute appointments were available for care planning. A nurse practitioner and a member of the administrative team carried out care planning with patients who were deemed frail and at a higher risk of admission to hospital.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- 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 team and community matrons to discuss and manage the needs of patients with complex medical issues. Nurses at the practice had undergone extra training to be able to perform catheter changes for patients, as this service was no longer offered by the district nursing team. Despite not being commissioned to perform this service, they regularly changed the catheters of a number of patients, saving them a journey to hospital – a positive impact for the patient and the hospital.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- There was a health promotion board in reception, which was updated monthly by a member of staff, who checked the World Health Organisation website to align the campaigns. Campaigns were also based on patient feedback and requests. At the daily “huddle” meetings clinicians reported when patients had asked for specific information and this was used to target the campaign.
- The practice organised a coffee morning to raise money for a cancer charity. They used the event

to offer health promotion advice to those who attended.

Families, children and young people

Population group rating: Good

Findings

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- There was an advanced nurse practitioner who specifically saw younger patients.
- The practice had developed a leaflet for young people which had specific health promotion targeted to their needs.

Working age people (including those recently retired and students)

Population group rating: Good

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.
- Extended access appointments during the evening and weekends were available to be booked through the practice. These were offered by another provider from a nearby hospital.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The advanced nurse practitioner held a weekly telephone conference with social services to discuss the needs of vulnerable patients.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- 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 with a learning disability.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

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. The practice had also set up their own coffee morning for patients with dementia. This was following feedback from the patient participation group.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The appointment system was constantly monitored to ensure it met demand. There was a triage list for receptionists to show where calls should be directed. If a GP or advanced nurse practitioner appointment was required, the patient would be placed on the telephone triage list and the patient would be called back to assess their condition and to direct them to the most appropriate clinician. We were told that if patients indicated they wouldn't be free to take the call, they would be asked when they were likely to be free and a call was arranged for that time, and that patients would always be called again if they didn't answer. This system was introduced following patient feedback, and the practice scored highly on recent patient feedback related to access. • We checked the appointment system in real time at 2.55pm on the day of inspection: the next available GP appointment was at 3.50pm; the next routine appointment with a GP was at 11.15am the next working day, and the next advanced nurse practitioner appointment was at 10am the next working day. • Telephone appointments were booked in blocks of five minutes so they could be made as long as the patient or the clinician required. • We saw that 25% of appointments were available to book online. • The practice had carried out work on redirecting people to self-care where appropriate. There was information in the reception area which promoted ways to self-care for various conditions. 	

The practice said they felt this had reduced demand on appointments.

- A additional telephone line was added for healthcare professionals so they were not on the same line as patients and didn't not affect waiting times when calling the practice.
- **The practice was one of three in the area to be trialling "e-consult"**. This was a triage system that patients are directed to when they visit the practice website. Patients answered questions which directed them to the appropriate service. If they needed a GP appointment the system emailed the practice to book it. There was a member of staff who monitored the secure NHS email for these appointment bookings and sent them to a GP who had to action them within 15 minutes. The email was then scanned onto the patient record. Four people had used it in the month that the pilot had been running at the time of inspection. Of those, three had been directed elsewhere and one had been offered an appointment.

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)	96.3%	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)	91.1%	64.8%	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)	79.4%	61.8%	64.7%	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 (01/01/2019 to 31/03/2019)	89.9%	72.8%	73.6%	Tending towards variation (positive)

Source	Feedback
Patient interviews, patient comment cards, NHS Choices	Patients we spoke to or who left comment cards or reviews on NHS Choices stated they were happy with access to the service. Patients told us they were always able to get an appointment when they needed one.

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.	7
Number of complaints we examined.	7
Number of complaints we examined that were satisfactorily handled in a timely way.	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
A member of staff entered the room during a consultation.	An email was sent to all staff and the matter was discussed at the team meeting. A protocol was introduced stating staff should always check the clinic list first to ensure clinicians are not in a consultation and to call the clinician if unsure. If the clinician does not answer they are not to be disturbed.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

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

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> We were told the practice held team away days to encourage team building. Staff at the practice told us that the culture was now much more open than at the time of the last inspection. We were told there was a clear structure in place and that staff felt listened to and that managers were supportive and open to ideas and feedback. We saw that staff absences due to long-term sickness had been well managed. Work was split between different staff to cover, and employees who had been off work for a long time came back on a phased return to help them readjust. Where appropriate, special equipment had been purchased to help staff return. Staff told us they were given lots of responsibility but not expected to take on more than they were comfortable with. We were told that the GPs were very open and encouraged staff to do courses and extra training if they were interested. They were keen to upskill staff and to look for ways in which other staff roles could support the GPs. For example, the advanced nurse practitioner (ANP) at the practice originally applied for the position of practice nurse, but given their experience the practice decided to appoint her and train her to be an ANP instead. The partners and management were also open to staff ideas. For example, a member of staff had asked if they could run monthly health promotion campaigns in the reception area and set up coffee mornings for patients, and they were encouraged and supported to do so.

Governance arrangements

There were 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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Since the last inspection the practice had undertaken an external consultation of their management systems and had changed their governance structure based on that. Roles were now structured into four formalised teams and people were given more responsibility. We were told that job roles had become more formalised and coordinated. 	

- There was a new induction programme in place.
- When they started at the practice, the new practice manager shadowed all staff then redefined the job roles to make them more focussed. Staff told us they were very clear on their role and the roles of other staff members.
- The practice manager took a lead role for human resources in the practice's Primary Care Network (PCN). Other practice managers in the PCN could come to them for advice regarding staffing matters.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
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

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.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
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"> • We were told that staff had reported that communication was an issue at the practice. As a result, the managers introduced staff "huddles" which were short, daily meetings at which all staff members were able to update each other on any changes or any issues related to patient care. Staff we spoke to told us this had greatly improved communication at the practice. 	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice manager had produced policies and documents on the General Data Protection Regulations (GDPR) for use by other practices in North Cumbria and had also delivered training on this. 	

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 had introduced staff away days. The practice newsletter also featured information about staff. 	

Feedback from Patient Participation Group.

Feedback
We were told that the patient participation group worked very closely with the practice. They had made suggestions such as holding coffee mornings for patients and setting up a medicine delivery service, and these suggestions had been implemented.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

- The practice was planning on appointing GP assistants. These would be staff members who would work alongside the ANPs and GPs to do some clinic tasks like performing ECGs, taking bloods, measuring BPs, and carrying out administrative work such as writing letters. They would have a direct clinical lead who would oversee their role. The practice was planning to train an existing member of staff to perform this role.
- The practice had taken steps to reduce antibiotic prescribing, as they felt this was an area in which they could do better. They identified a number of areas for improvements which led to data from February 2019 showing that in the preceding 12 months, the practice had been the second lowest of 39 GP surgeries in the clinical commissioning group area for antibiotic prescribing.
- The practice had identified that their disease prevalence rates were lower than expected, so they had undertaken a programme of work to increase identification and monitoring of these patients. Data from 2015/16 and 2017/18 showed the practice had significantly increased the number of patients they had identified with a range of conditions.
- The practice had made a number of changes to the appointment system which had improved access at the practice.
- The practice was one of three in the area to be trialling “e-consult”. This was a triage system that patients are directed to when they visit the practice website. Patients answered questions which directed them to the appropriate service.
- Since the last inspection the practice had undertaken an external consultation of their management systems and had changed their governance structure based on that. Roles were now structured into four formalised teams and people were given more responsibility. We were told that job roles had become more formalised and coordinated.

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.