

Care Quality Commission

Inspection Evidence Table

Corfe Castle Surgery (1-2308168908)

Inspection date: 5 February 2020

Date of data download: 29 January 2020

Overall rating: Outstanding

The practice was rated as outstanding because:

The practice's outcomes against national standards for care and treatment of patients with long -term conditions and mental health conditions were positive, consistent and regularly exceeded expectations.

Staff were consistent in supporting pre diabetic patients to live healthier lives, through a targeted and proactive approach to health promotion and prevention of ill-health.

The services were flexible, provide informed choice and ensured continuity of care.

Patients could access services and appointments in a way and at a time that suited them.

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Effective

Rating: Outstanding

The practice's outcomes against national standards for care and treatment of patients with long-term conditions and mental health conditions were positive, consistent and regularly exceeded expectations.

There was a focus throughout on quality. All staff were actively engaged in activities to monitor and improve quality and outcomes

Staff were consistent in supporting all patients, particularly pre diabetic patients, to live healthier lives, through a targeted and proactive approach to health promotion and prevention of ill-health.

The practice was rated as outstanding for providing effective services because, the population groups people with long-term conditions and people experiencing poor mental health (including people with dementia), were rated as outstanding for this domain.

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

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) (01/10/2018 to 30/09/2019) (NHSBSA)	0.32	0.70	0.74	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.
- Influenza, shingles and pneumonia vaccinations were offered to relevant patients in this age group. The practice had the third highest level of immunisation for influenza within the Dorset Clinical Commissioning Group (CCG) for this group with a coverage of 79% against the national target of 75%.
- The practice held immunisation clinics and routinely offered tests for patients for symptoms of atrial fibrillation at the clinic. If the initial test was positive there was a healthcare assistant present who offered an Electrocardiogram (ECG) test at the time to check the diagnosis.

People with long-term conditions

Population group rating: Outstanding

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.
- Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England. The practice demonstrated how they identified patients with commonly undiagnosed conditions, such as diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension, to ensure patients received appropriate care and treatment. The practice's disease prevalence, was higher for every disease, measured by the QOF, than locally, regionally and nationally. For example, hypertension prevalence, in the practice's population, has risen by 4% to 24% since 2014. Over the same period the national prevalence remained unchanged at 14%. Similarly, with cancer diagnosis, the practice prevalence rose from 4% to 6% while the national prevalence rose from 2% to 3%. In practical terms, for hypertension, the practice has identified 181 more hypertensive patients than would have been identified had the practice followed the national trend.
- The practice felt that the exceptional results were achieved through a true partnership with their patients. Staff knew the patients with long term conditions well and there was a bond of trust between the staff and the patients. All staff were actively engaged in monitoring and improving outcomes. Results were benchmarked against similar services and the practice used innovative tools such in house designed templates.

- The practice had systems to ensure patients were only exception reported as a last resort or for clinical reasons. The practice had considerably lower exception reporting averages than locally or nationally
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- Patients with long-term conditions were offered influenzas vaccinations. The practice achieved the highest rate of vaccination for this group of patients out of the 80 practices in the CCG.

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 (01/04/2018 to 31/03/2019) (QOF)	90.5%	82.5%	79.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	14.0% (24)	18.6%	12.8%	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 (01/04/2018 to 31/03/2019) (QOF)	90.1%	79.0%	78.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	5.3% (9)	13.1%	9.4%	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 (01/04/2018 to 31/03/2019) (QOF)	85.6%	82.8%	81.3%	No statistical variation
Exception rate (number of exceptions).	10.5% (18)	16.6%	12.7%	N/A

Any additional evidence or comments

The performance for diabetes was consistent. This demonstrated that patients with diabetes were identified to help ensure they received appropriate and effective treatment.

The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less for the year ending 2018 was 89.5% and had not fallen below 85% over the last four years. During that time the England average varied between 77.5% and 79.3%.

The percentage of patients with diabetes, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less for the year ending 2018 was 84% and had not fallen below 82% over the last four years. During that time the England average was 78%.

There are 16 different QOF indicators that measure performance against diabetes. The practice data was higher than local and national averages for each one. The practice's exception reporting was lower than local and national averages for each one.

Exception reporting is the removal of patients from QOF calculations due to a number of reasons, such as not attending reviews, declining tests or treatment or where optimal treatment is having little or no impact. High QOF outcomes and low exception reporting are viewed together as indicative of good care.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.0%	77.2%	75.9%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.0% (2)	12.0%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.7%	90.5%	89.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	15.3%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	89.7%	83.6%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.3% (8)	5.7%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	98.7%	90.9%	91.1%	Variation (positive)
Exception rate (number of exceptions).	7.2% (6)	6.6%	5.9%	N/A

Any additional evidence or comments

The performance for other long-term conditions was consistent. This demonstrated that patients with other long-term conditions were identified to help ensure they received appropriate and effective treatment.

The percentage of patients with asthma, who had had a review in the preceding 12 months, for the year ending 2018 was 82% and had not fallen below that figure over the last four years. During that time the England average was 75%.

The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less for the year ending 2018 was 88% and had not fallen below that figure over the last four years. During that time the England average was 84%.

The percentage of patients with atrial fibrillation appropriately treated with anti-coagulation drug therapy for the year ending 2018 was 97% and had not fallen below that figure over the last four years. Between 2014 and 2016, inclusive, the practice had achieved 100%. During that time the England average had fallen from 98% to 90%.

Families, children and young people

Population group rating: Good

Findings

- The practice met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all the four childhood immunisation uptake indicators. There was a joint eight week post-natal mother and baby check that included the first childhood immunisations. Mothers were telephoned to prompt them to attend. There were no set clinics for childhood immunisations. Reception staff kept a record and telephoned families one month in advance to arrange the appointment, therefore babies were immunised at the correct age.
- 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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	15	15	100.0%	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) (01/04/2018 to 31/03/2019) (NHS England)	19	20	95.0%	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) (01/04/2018 to 31/03/2019) (NHS England)	20	20	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) (01/04/2018 to 31/03/2019) (NHS England)	20	20	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). (31/03/2019 to 30/06/2019) (Public Health England)	78.8%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	80.7%	76.1%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	66.4%	62.9%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	66.7%	61.2%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	57.1%	56.0%	53.8%	No statistical variation

Any additional evidence or comments

The practice was aware that the results for cervical screening had not met the national target. Women were offered appointments at different times throughout the week and there was a female sample-taker available. Non-attenders were flagged on the practice's electronic record so that clinicians could discuss the test opportunistically if the patient attended for any other reason.

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.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Outstanding

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.
- The practices QOF data was higher and exception reporting lower than local and national averages.
- 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 and the practice was accredited 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 (01/04/2018 to 31/03/2019) (QOF)	100.0%	92.6%	89.4%	Variation (positive)
Exception rate (number of exceptions).	5.6% (1)	16.3%	12.3%	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 (01/04/2018 to 31/03/2019) (QOF)	94.1%	89.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	5.6% (1)	14.7%	10.1%	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 (01/04/2018 to 31/03/2019) (QOF)	100.0%	85.1%	83.6%	Variation (positive)
Exception rate (number of exceptions).	0.0% (0)	6.8%	6.7%	N/A

Any additional evidence or comments

The performance for mental health conditions and dementia was consistent. This demonstrated that patients' mental health conditions were identified to help ensure they received appropriate and effective treatment.

The percentage of patients with mental health conditions who had had a review in the preceding 12 months for the year ending 2018 was 94%, for the previous four years it had been 100%. During that time the England average was 83%.

Whilst the percentage of patients with mental health conditions whose alcohol consumption had been recorded during the last 12 months was 94%, for the previous four years it had been 100%. During that time the England average was 90%.

The percentage of patients with dementia who had had a review in the preceding 12 months for the year ending 2018 was 94%, for the previous four years it had been 100%. During that time the England average was 83%.

Exception reporting for mental health and dementia was markedly below the local and national averages.

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)	556.0	547.2	539.2
Overall QOF score (as a percentage of maximum)	99.5%	97.9%	96.7%
Overall QOF exception reporting (all domains)	3.6%	6.8%	5.9%

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

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

Any additional evidence or comments
Certain painkilling medicines should be prescribed in conjunction with medicines which protect the stomach (called gastroprotection). There had been an audit of the extent to which the practice was achieving this. The two most commonly prescribed painkillers were examined in the first cycle in January 2019. In the case of the first medicine 100% (nine out of nine) of patients were prescribed gastroprotection. For the second medicine 76% (25 out of 33) were prescribed gastroprotection. The results were discussed at a clinical meeting and staff asked to consider gastroprotection when

prescribing the medicines under review. The audit was repeated in January 2020. For the first medicine the percentage had reduced to 78% (seven out of nine) and in the second had increased to 95% (20 out of 21). The numbers were small, and some patients were not suitable for gastroprotection. Learning points including educating GPs to ensure the reasons for not prescribing gastroprotection were recorded in the patients' notes.

Best practice guidelines indicate that regular blood tests (kidney function tests) are recommended for people taking direct oral anticoagulants (DOAC), which were used to thin the blood.

The practice conducted three audits to improve how many patients received the kidney function test and see if the practice altered the dose to an appropriate level in response to the test results.

In the first audit 69% (36 out of 52) had had the tests in the appropriate timeframe and 78% (41 out of 52) had the correct dosage according to the last result. The second audit in February 2019 92% (46 out of 50) had had the test in the appropriate timeframe and 94% (47 out of 50) were on the appropriate dosage as indicated by the test.

The final audit in January 2020 showed that 99% (73 out of 74) had had the test and 99% (73 out of 74) were on the appropriate dosage as indicated by the test.

Other audits included: A scheme whereby GPs review records of patients who were being prescribed medicines that were commonly and consistently associated with medication errors, and therefore, enabled action to be taken to reduce the risk of those errors occurring. There were audits of the administration of certain medicines. There were audits and reviews designed to improve the health and wellbeing of staff working at the practice.

Effective staffing

The practice demonstrated 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician	Yes

associates.	
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

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 (01/04/2018 to 31/03/2019) (QOF)	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: The practice identified patients with impaired glucose intolerance (IGT). Patients with IGT have a greater risk of developing diabetes and cardiovascular disease. The patients were invited to attend five appointments over a six month period to discuss their life style, including diet and exercise, and to have repeat blood tests of glucose levels. All the patients were coded as pre-diabetic and offered referral to the National Diabetes Prevention Programme. The take up was 100%. The average for the local Primary Care Network was 13%.	

The work had impacted on the conversion rate of pre-diabetes to diabetes in patients and, the practice believes, impacted on patient morbidity and mortality. The practice had been asked to advise the local Primary Care Network (PCN) on how high quality results were achieved in this area and the method of working was carried out across the PCN.

The practice tried to avoid excepting patients from the QOF smoking data as they felt this would reduce the opportunity for clinicians to refer patients to the practice's in-house stop smoking service when those patients attended for other reasons. Within the practice, 11% of patients with COPD smoked, in the Primary Care Network locality 23% smoked.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	95.3%	94.9%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.6% (5)	1.3%	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

Responsive

Rating: Outstanding

The services were flexible, provide informed choice and ensured continuity of care.

Patients could access services and appointments in a way and at a time that suited them.

Results from the National GP patients' survey showed that patients rated the practice exceptional highly for all aspects of their experience with the GPs, nursing and reception staff.

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The Practice had disabled access including parking. There was a hearing loop available. Signage was in braille as well as the printed word. There was a children's play area. The practice had identified areas where there were gaps in provision locally and had taken steps to address them. For example, a local minor surgery provision had closed and waiting times were increasing. Patients were having to travel further for the service. In response the practice had set up a minor surgery service inhouse for their patients. There was evidence that the service was reducing the waiting times locally.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 7pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.30am - 12.30pm 1pm – 5.30pm
Tuesday	8.30am - 12.30pm 1pm – 5.30pm

Wednesday	7.15am - 12.30pm 1pm – 5.30pm
Thursday	8.30am - 12.30pm 1pm – 5.30pm
Friday	8.30am - 12.30pm 1pm – 5.30pm

National GP Survey results

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)	100.0%	95.5%	94.5%	Variation (positive)

Older people

Population group rating: Outstanding

Findings

- The provider has been rated as outstanding for providing responsive services. The areas that were outstanding impacted all patient population groups, so we have rated them all as outstanding.
- 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.
- A volunteer group the Friends of Corfe Castle Surgery, provided transport where needed for patients to and from the surgery and to local hospitals. There was a medicines delivery service, regulated by a standard operating procedure, for housebound patients.
- The practice maintained a whiteboard, the “Corfe huddle” where any member of staff could write down concerns about any patient. The philosophy of the huddle was that any staff member, doctor, nurse or administration staff as appropriate would action the concern that day. And mark up the board as actioned. We saw this provided a mechanism for staff, many of whom lived locally, to raise as concerns matters that they had noticed or of which they had been told.
- Practice nurses carried out influenza inoculations as well as annual reviews recommended under the Quality and Outcomes Framework for housebound patients in their homes.
- Where older patients needed a home visit, this was prioritised, the aim being to visit before 11am. This provided reassurance for the patients and allowed them to obtain medicines, such as antibiotics, that day rather than having to wait until the next day.
- The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Outstanding

Findings

- The provider has been rated as outstanding for providing responsive services. The areas that were outstanding impacted all patient population groups, so we have rated them all as outstanding.
- Patients with multiple conditions had their needs reviewed in one appointment. The practice reviewed diabetic patients every six months as opposed to the national standard of every twelve months.
- 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. The practice had retinal (eye screening for abnormalities of the retina, which can cause serious complications) and aortic aneurysm (screening of the major artery in the body to check for weaknesses in the artery walls, which could cause serious complications) screening on site. This was particularly useful in rural practice where patients did not always find it easy to get to major centres of health provision.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services. The GP provided a mobile contact number for use at weekends to help maintain continuity, to avoid unnecessary hospital admissions and to avoid delays to hospital admission when admission was necessary.
- The practice, in partnership with the Practice Participation Group, had started and maintained a clinic to provide lower limb and leg ulcer management. The clinic followed the template of a national charity. The aim was to address the social and psychological needs, as well as the clinical, of individuals requiring treatment and management of the lower limb. It was called the Purbeck Leg Club. People who attended were members for life rather than patients. They could continue to attend after successful treatment. The members were mainly older people and/or with long term conditions although there were younger members such as those with motor vehicle injuries. The club had been running since September 2019, so it was too early for results to be audited. Initial indications were at it was successful at both a clinical and social level.
- The practice audited the uptake of patients with COPD who undertook a course in pulmonary rehabilitation they found this was at 76% (22 out of 29 patients). In addition, the audit identified that the coding, used to identify patients, was being used inconsistently. The practice reviewed the coding and the associated templates. They identified patients with COPD who might have been offered and declined a rehabilitation course in the past. They used the COPD clinics to promote the value of rehabilitation. A repeat audit showed that 98% (42 out of 43) patients had been offered the rehabilitation course.
- The practice had twice weekly clinics for patients on anti-coagulant medicines (medicines used to thin the blood). However patients could access services and appointments in a way and at a time that suited them. Patients who were dependent on public transport were seen at other times, outside the clinic, to coincide with local public transport timetables.

Families, children and young people

Population group rating: Outstanding

Findings

- The provider has been rated as outstanding for providing responsive services. The areas that were outstanding impacted all patient population groups, so we have rated them all as outstanding.
- Additional nurse appointments were available for school age children so that they did not need to miss school.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Outstanding

Findings

- The provider has been rated as outstanding for providing responsive services. The areas that were outstanding impacted all patient population groups, so we have rated them all as outstanding.
- 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.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a Primary Care Network. Appointments were available on Saturdays.
- The practice had appointments bookable up to eight weeks in advance so that patients from this population group were able to make long term plans, for example with their employer.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- The provider has been rated as outstanding for providing responsive services. The areas that were outstanding impacted all patient population groups, so we have rated them all as outstanding.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- A specific staff member was responsible for coordinating treatment and services for this patient group.

People experiencing poor mental health (including people with dementia)

Population group rating: Outstanding

Findings

- The provider has been rated as outstanding for providing responsive services. The areas that were outstanding impacted all patient population groups, so we have rated them all as outstanding.
- 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.

- We saw examples of individual care. Some patients came in weekly to the practice for support and reassurance where no clinical need was identified. Other patients were seen, in the lunchtime or evening, for reassurance whilst waiting for their physiological therapies to begin.
- Reception staff contacted dementia patients, or their family, on the day to remind them about their appointment.

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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Any patients who asked for a consultation with a GP because of illness received one that day. There was an open surgery each morning. Any patient who came in before 10.30am was seen by a GP. Patient who were housebound called before 10.30am to receive a home visit. After the open surgery there were 11 appointments each morning and 11 appointments each afternoon with the GPs. There were nursing and healthcare assistant appointments.</p> <p>Where any patient missed an appointment, either at the practice or in secondary care, the staff alerted the relevant GP or nurse, who followed up with the patient to identify the reason.</p>	

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)	100.0%	81%	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)	100.0%	75.6%	67.4%	Significant 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)	92.8%	71.1%	64.7%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the	95.8%	79.5%	73.6%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)				

Any additional evidence or comments

Explanation of any answers and additional evidence:

The practice recognised that, if patients could not get through on the telephone, this was a bar to accessing any other services. They had installed a system whereby any calls that were unanswered after three rings were diverted to another free telephone in the administration area. The benefit of this intervention was reflected in the positive feedback from the GP patient survey with 100% of patients stating how easy it was to get through on the telephone.

The services were flexible, provided informed choice and helped to provide continuity of care. For example, the percentage of respondents to the GP patient survey who usually saw or spoke to their preferred GP when they would like to (a recognised measure of continuity of care) was 82% as opposed to the local average of 59% and the national average 48%.

The practice offered a range of appointments, to suit individual needs. The results of the GP patient survey confirmed this. Of patients who responded, 92% were offered a choice of appointment as opposed to the local average of 68% and the national average 62%. Ninety six percent were satisfied with the type of appointment they were offered as opposed to the local average of 79% and the national average 74%. One hundred percent described their experience of making an appointment as good as opposed to the local average of 76% and the national average 67%.

In terms of the patients' experience the national GP survey stated, "this practice has scored higher than their CCG average in every question".

Source	Feedback
For example, NHS Choices, internet search engines.	<p>There were 11 NHS choices comments in the last two years. All awarded the practice five (out of five) stars. The positive comments mentioned the caring and professional attitude of the clinical and reception staff. Several comments mentioned the practice's responsiveness when dealing with events requiring immediate care. The practice had responded to each comment.</p> <p>There were three reviews on a proprietary internet search engine all awarded the practice five (out of five) stars.</p>
CQC Comment cards.	We received 62 comment cards. All were positive. Many remarked that it was easy to get through on the telephone and easy to get an appointment. Patients commented on the professionalism of all the staff. There was praise for the diagnostic skills of the doctors and nurses. Patients said that the reception staff were friendly and went the extra mile to try and make appointments that were convenient, such as making appointments for patients from the same household at the same or adjoining times.
Interviews with patients	We spoke with four patients. Their views were consistent with those expressed on the comment cards. They said also, that the practice was very integrated within the community that it served.

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

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

Example(s) of learning from complaints.

Complaint	Specific action taken
There had been no complaints during the previous year	We saw that discussion of complaints and complements was standing item on the practice meeting agenda.

Well-led

Rating: Outstanding

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: There was a plan for the retirement of the practice manager. The new practice manager had been selected and had worked with the current practice manager for three hours each week the previous few months and planned to fully shadow the practice manager for one month before handover. The practice manager was to be retained as an advisor for a fixed term after retirement. As the new practice manager had been selected from existing staff there was a succession plan for filling that, newly vacant, role. Reception staff had been encouraged and supported to become healthcare assistants. Staff had a range of internal development opportunities. Apprentices had been recruited to the practice and were now employed as full time staff members.	

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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice's vision was to deliver high quality patient care through teamwork, professionalism and commitment. Staff told us this was manifested in a belief that patients who were ill were best cared for by seeing their GP on the day that they presented with the illness, and this was what they strove to	

achieve.

We did not inspect whether services were caring at this inspection. At the previous inspection of July 2017, we rated the practice as outstanding for providing caring services. This was because patients were truly respected and valued as individuals, they were empowered as partners in their care. Feedback from patients, those who are close to them and stakeholders was continually positive about the way staff treat people. Patients said that staff were highly supportive, responsive and “go the extra mile” and the care they received exceeded their expectations.

At this inspection data from the National GP patient survey and from the CQC comment cards, left by patients, supported that that aspect of the practice’s services had not changed.

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

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

Source	Feedback
Interviews with staff.	Staff were enthused by working at the practice. They felt a common sense of purpose in providing patient care with teamwork, professionalism and commitment. They felt proud to work at the practice. They said that their contributions towards the running of the practice were welcomed. Examples included changes to the ear syringing regime and the introduction of a spreadsheet to help manage certain long-term conditions. Staff said there was single team ethos with many staff trained in different areas of nursing, administration and reception, so that they were able to help each other out.

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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: There was a full practice meeting each month, attended by all staff groups from administrators to the GPs. We saw from meeting minutes that routine matters such managing appointments were discussed. We also saw input from administration staff raising concerns resulting from their local knowledge of vulnerable patients. The concerns were noted and actioned.	

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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: We did not inspect the safe domain at this inspection. Instead we looked at a range of governance areas such as, health and safety, fire risks, control of substances hazardous to health, and portable appliance testing. There were processes to manage these and comprehensive documentation that evidenced their completion. We looked at aspects of medicines' management, significant events and safety alerts and saw that these were well managed.	

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
The practice did not have its own website. Patients were able to book appointments, order medicines on prescription and see the latest information about the practice through the NHS choices website	

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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The practice promoted healthy living with others in the community. They had recently set up activity groups for their patients with the National Trust, who managed land locally, to encourage walking and other outdoor activities.	

Feedback from Patient Participation Group.

Feedback
We spoke with the Chair and members of the Patient Participation Group (PPG). They told us that the practice listened to the views of patients and supported innovation. For example, the PPG had organised a rolling programme of health talks, which had been attended by up to seventy people. The

surgery had organised the speakers, who were local expert health care professionals. The talks so far had covered men's health, keeping healthy on holiday, diabetes and the prevention and treatment of heart disease. There were plans for talks on the menopause and "living with your liver". The carers' lead at the practice and the PPG cooperated to hold a monthly carers' meeting and coffee morning at the local village hall. The PPG told us it had been well supported and that the practice staff encouraged patients with caring responsibilities to attend.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement
<p>The practice was involved in primary care research. It had been graded at level 1 (usually simple research involving a database search and a questionnaire to patients) but had been upgraded to level 2 which entailed involvement in more complex research.</p> <p>The lead GP was training to become a GP trainer so was aware of the latest innovations in general practice.</p>

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 practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as 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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.