

Care Quality Commission

Inspection Evidence Table

Dr P J P Holden & Partners (1-572203537)

Inspection date: 18 December 2018

Date of data download: 05 December 2018

Overall rating: Good

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

Safe

Rating: Requires improvement

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Partial
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: The practice had a comprehensive safeguarding policy which incorporated information on types of abuse, reporting concerns, PREVENT (the government's counter-terrorism strategy) and female genital	

Safeguarding	Y/N/Partial
<p>mutilation. Leaflets were provided for patients in the reception area to provide information on what constitutes a safeguarding issue and how they could report any concerns.</p> <p>Child safeguarding meetings were held monthly with attendance from the health visitor, school nurse, and midwife. Practice representatives included the safeguarding lead, operations lead and administrator for child immunisations. Minutes were recorded, and patients' notes were updated as necessary. Adult safeguarding concerns were discussed as part of regular multi-disciplinary meetings.</p> <p>Coding on safeguarding cases was not always being undertaken comprehensively on electronic records, which meant that access to an up-to-date register of safeguarding patients was not available. Failed hospital attendances, and non-attendance for immunisations, were documented within patient records but these were not always coded on the clinical system, which meant that this information was not always easily retrievable. However, the month after our inspection, the practice provided information to demonstrate that they had a register in place, and provided additional assurances on their compliance with our inspection's key lines of enquiry.</p> <p>The practice had established links with the safeguarding leads at the Local Authority. In addition, the practice safeguarding lead GP attended local safeguarding leads meetings every six months and met with the CCG lead GP for safeguarding annually.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not have evidence that all clinical staff were vaccinated for Hepatitis B. Whilst we were informed that this was due to personal issues, there was no risk assessment available to cover how the potential risks of cross infection were minimised.</p> <p>The practice provided information after our inspection regarding the process for staff who had not developed immunity to hepatitis B despite vaccination. The practice also informed us that they were in the process of updating their records for all staff vaccinations in line with PHE guidance.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: 08.12.17 (next inspection booked for 31.12.18)</p>	Y
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: 08.01.2018</p>	Y
Risk assessments were in place for any storage of hazardous substances for example,	Y

storage of chemicals.	
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: March 2018	Y
There was a log of fire drills. Date of last drill: 12.12.18 (undertaken every six months including an annual evacuation with patients)	Y
There was a record of fire alarm checks.	Y
There was an annual record of fire training for staff.	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: 28.06.18	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 07.12.18	Y
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Explanation of any answers and additional evidence: Examples of risk assessments included the use of ladders and wheelchairs, and staff-related risks such as individual visual display user assessments, and risk assessments for pregnant workers. We saw that a comprehensive Legionella risk assessment had been undertaken in November 2017, and the practice had records to demonstrate that the ongoing monitoring of water supplies was being done in accordance with the report's recommendations. Risks were rated according to the potential impact they may present. Mitigating actions were recorded to control risks and these were kept under review. An overview was provided to partners meetings for oversight.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control. Date of last infection prevention and control audit: 16.08.18	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Explanation of any answers and additional evidence:

Actions had been identified from the infection control audit. We saw these were completed quickly for basic issues. Some issues were related to the age of the building and were identified as part of a longer-term renewal strategy. For example, a risk assessment was in place for sinks in clinical areas which had overflows in place, as best practice indicates that there should not be an overflow as these can be difficult to keep clean. The risk assessment recorded how the sinks were to be cleaned, and to renew them as part of a longer-term replacement strategy.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:

The usage of locum staff was minimal. GPs arranged their leave and commitments collaboratively and with flexibility to ensure there was adequate medical cover. On rare occasions when locum cover was required, the practice used clinicians they knew to ensure familiarity with systems and consistency. GP scheduling was undertaken two weeks in advance to account for any emerging commitments rather than having to constantly re-schedule clinics.

The staff on reception and in administrative roles all had an understanding and experience of each other's duties to ensure that work could be covered without loss of continuity.

Information was displayed within reception to advise on recognising symptoms of acute medical presentations, including sepsis. A GP had delivered a presentation to staff at a recent protected learning time event.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: Referrals were monitored and reviewed at quarterly partners' meetings. Referrals made by GP registrars were reviewed through regular debriefing sessions.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.01	0.98	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	12.2%	7.7%	8.7%	No statistical variation

Medicines management	Y/N/Partial
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Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A*
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The system for repeat prescriptions worked effectively. There was an experienced designated member of the team assigned to manage this. Patient were called in to discuss their medicines in line with their prescribing review date, and if they failed to attend the repeat prescriptions would be issued in reducing periods of two months, one month and finally for two weeks to ensure they attended a review.</p> <p>Patients in receipt of high-risk medicines were usually monitored by regular blood tests. We observed that the percentage of these patients attending for blood tests was low. An audit from June 2018 for a specified disease modifying anti-rheumatic drug showed that 40% of those patients being prescribed the medicine had received a three-monthly blood check. There was not a completed second cycle audit available, but the practice ran a report on the day of the inspection to show that the quarterly monitoring had increased to 77%. The practice told us that the shortfall was due to the results being checked on</p>	

Medicines management	Y/N/Partial
<p>the hospital system, rather than on their own practice system. The low monitoring rates were repeated for other high-risk medicines reviewed as part of the practice's own internal audit.</p> <p>Blue prescriptions used for patients attending the substance misuse programme were stored separately and were secure. The prescription number was recorded in the patient record for additional security. We observed that processes for issuing prescriptions on the substance misuse programme had been strengthened recently further to an incident.</p> <p>The prescribing of broad-spectrum antibiotics was higher than local averages but the practice was able to explain their rationale as to why this had been necessary. The practice told us this was partly due to the management of two patients with a particular medical condition, and one GP's preference to prescribe a specified antibiotic medicine Prescribing was being monitored in-house and by the CCG.</p> <p>The practice worked with the CCG medicines management team who attended the practice every two weeks.</p> <p>A GP partner was identified as the prescribing lead and attended the local prescribing leads meetings.</p> <p>*Whilst the practice did not store controlled drugs, a GP partner did keep controlled drugs in their bag as part of their external role in emergency care. This was kept secure in the practice. We saw that a controlled drugs register was maintained for this and appropriate approval had been authorised from the Controlled Drugs Accountable Officer.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	5
Number of events that required action:	5
<p>Explanation of any answers and additional evidence:</p> <p>We observed that there were low levels of incident reporting. The practice was aware of this and told us that a GP partner had agreed to take a lead role for significant events. The practice said they had focused on the more serious issues, but planned to promote the reporting of all incidents in the future, recognising the learning that this could produce. We saw some evidence that events that could have been reported as an incident in which learning had been applied, had not been reported through the significant event process. For example, an issue was raised with regards to patients attending to receive a medicine planned to be injected by a nurse, but it was not routinely stocked in the practice. The medicine was therefore not available when the patient attended and they had to be directed to the pharmacy to obtain the medicine and re-book a further appointment. To resolve this, it was agreed to stock one month of the injection in stock to prevent further occurrences. In addition, GPs were asked to task the prescription clerk when the hospital letter arrived about this so that a prescription could be organised in advance for the patient.</p>	

All reported incidents were recorded on a register which was reviewed at quarterly partnership meetings. This ensured oversight of the process, and that ensured all actions had been completed. Clinical incidents were discussed at clinical meetings, and any learning from events was cascaded to appropriate members of the team. We were informed that this was done verbally to members of the reception and administrative team but was not documented, and so we were unable to see evidence of this.

It was not always clear to evidence the outcome of significant event reviews. For example, we saw reference to review the discussion of an event at a meeting, but when we reviewed the minutes of this meeting, this was not referred to.

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

Event	Specific action taken
Missing prescription for controlled drugs	When the lost prescription could not be located, actions were taken to strengthen monitoring systems. This included documenting when a script was physically given to a patient during a consultation, and for patients to sign when collecting a prescription for a controlled drug. A practice protocol was implemented to support the changes.
Health issue identified with a staff member	Adjustments were made to support the individual with their work, including an adjustment to working hours.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Incoming alerts were reviewed by the business manager and GPs. The business manager maintained a comprehensive log of all medicine and patient safety alerts, and actions were recorded when follow up had been required. For example, if a medicines alert had been applicable to their patients, a computer search was undertaken to identify appropriate patients, who were then reviewed to ensure they were safe in accordance with the alert. There was a system to cascade alert information to all clinicians, and relevant alerts were discussed at clinical and partner meetings. The log was reviewed each quarter to ensure all follow up actions had been completed.</p>	

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
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place 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
Explanation of any answers and additional evidence: Clinicians had access to guidance. New or updated guidance would be discussed at clinical meetings, and GPs fed back to colleagues if they had attended courses where new information had been provided, for example, after attending a GP update course.	

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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.90	0.72	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice identified 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 employed their own community matron whose focus was predominantly on supporting older people in local care homes. This helped to reduce hospital admissions and home visits for GPs. The practice had some evidence to support this with regards to the number of GP visits.
- Regular multi-disciplinary team meetings with community-based health and social care teams

coordinated care for patients with complex needs and ensured they received the appropriate care.

- The practice followed up on older patients discharged from hospital. The practice employed their own care coordinator who helped to oversee planning arrangements. Practice staff ensured that patients' care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice provided input to a local community hospital. The hospital had 16 beds (although numbers were flexible in response to demand), primarily used as a 'step-down' facility for rehabilitation following a hospital admission. GPs attended the hospital twice a week to provide medical advice and mentorship to the advanced nurse practitioners at the unit.
- Health checks were offered to patients over 75 years of age. The practice told us that 75% of patients aged 75 and over had received a health check (including a review of their prescribed medicines) since 1 April 2018 until the time of our inspection (18 December 2018).

People with long-term conditions Population group rating: Good

Findings

- Patients with long-term conditions had 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.
- Results from the latest national GP patient survey showed that 89% of respondents at the practice said they had received enough support from local services or organisations in the last 12 months to manage their long-term condition(s).
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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.
- The practice used social prescribing as a way of linking patients in primary care with sources of support within the community to help in the management of their condition. For example, we were told of an example where a patient was directed to work with a charitable organisation in an area of particular interest to them, and this helped to improve their mental health.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	85.2%	81.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	34.3% (148)	25.5%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading	86.4%	80.9%	77.7%	No statistical variation

(measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	16.7% (72)	13.9%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	76.2%	82.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	24.8% (107)	19.2%	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) (QOF)	71.1%	76.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	13.0% (63)	10.3%	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) (QOF)	92.0%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	24.7% (37)	16.3%	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)	78.0%	84.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	7.8% (91)	4.8%	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	87.2%	91.3%	90.0%	No statistical variation

31/03/2018) (QOF)				
Exception rate (number of exceptions).	2.7% (5)	6.7%	6.7%	N/A

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements for following up any failed attendances of children for an appointment in secondary care, and we saw this information was added into the patient's record. However, this was not always supported by clinical coding to make this information easily retrievable. The practice would liaise with health visitors when necessary, for example, if a child failed to attend to receive immunisations.
- If a child did not attend a same day appointment the parent/guardian were telephoned as a well-being call and to check that their child had not deteriorated.
- If children attended the weekly 'sit and wait' clinic, they were differentiated on the waiting list by using a 'teddy bear' icon. When they arrived, the icon highlighted that a child was waiting, and the next available doctor would then see the child for a consultation.
- The practice provided family planning services including coil fittings and removals and implants. Young people could access services for sexual health and contraception locally, but this service was no longer available on site due to the funding being stopped.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	52	56	92.9%	Met 90% minimum (no variation)
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)	60	62	96.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	60	62	96.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have	58	62	93.5%	Met 90% minimum

received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)				(no variation)
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Any additional evidence or comments

The practice told us they had made attempts to encourage participation with all those who required immunisation, however, not all families chose to engage.

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 patients aged 18-24 were invited to attend to receive this.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	77.3%	79.1%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	79.1%	74.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	64.9%	62.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	51.4%	70.0%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	56.4%	52.3%	51.6%	No statistical variation

Any additional evidence or comments

We noted that exception reporting for cervical cancer screening (from QOF) during 2017-18 was particularly high at 14.1% (CCG 3.5%; national 6.9%). The practice was not able to explain the reason for this, and felt this was not an accurate reflection of their performance. The practice provided us with evidence of their current performance which was showing the rate as being 8%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- 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 operated a shared care substance misuse programme in collaboration with the Derbyshire substance misuse team. Patients received a quarterly face-to-face review with the GP. This helped reach out to vulnerable groups and helped to change perceptions.
- In recognition that vulnerable people often did not proactively manage their own health, the practice provided treatment on an opportunistic basis where appropriate, to ensure patients received the care they needed.
- Patients with a learning disability were encouraged to receive an annual review to ensure their health needs were being met. We saw that 21 of the 41 patients on the practice's learning disability register (51%) had received an annual review in the last 12 months. The practice had designed and were implementing a template (based on an existing RCGP template) for these health checks as existing tools were felt not to capture all the necessary information. A formalised action plan was also planned to record and follow up any needs identified as part of the annual review.
- The practice had two assigned care homes for patients with a learning disability. The community matron visited the homes on a two-weekly basis but patients could access the service at any time if an urgent need should arise.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

Findings

- We observed that exception reporting rates were higher than local and national averages.
- The practice assessed and monitored the physical health of people with mental illness by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. This would be picked up through the patient's annual review, although this excluded a number of patients who had been exception reported.
- The practice worked with wider members of the health community to address the needs of their patients, for example the local community mental health team.
- Results from the latest national GP survey showed that 97% of patients felt the healthcare professional they saw recognised or understood any mental health needs during their last

consultation (CCG average 91%; national average 87%).

- There was a system for following up patients who failed to attend for administration of long-term medication. Individual help was available to patients who needed support with any changes to their prescription, and staff alerted a GP if patients were not collecting their prescribed medicines (via established relationships with local pharmacies).
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe, for example, by engagement with local community health team.
- 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.

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)	98.0%	94.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	25.8% (17)	13.6%	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)	90.5%	93.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	36.4% (24)	14.0%	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)	73.0%	84.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (6)	6.2%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555.34	554.84	537.5
Overall QOF exception reporting (all domains)	10.2%	7.0%	5.8%

Y/N/Partial

Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of quality improvement and used information about care and treatment to make improvements.	Y

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

A display board in a staff area displayed examples of recent quality improvement activities.

We saw there was a programme of regular audits. There was evidence to show that improvements were made following audits, for example, following an audit on non-alcoholic fatty liver disease, a template was incorporated into the practice computer system to improve the clinical assessment and review of patients with this condition.

We saw that audits were not always completed with a documented two-cycle audit. For example, a paediatric sepsis audit undertaken in November 2016 highlighted a number of areas for improvement. There were some proposals following the audit but no clear action plan or follow up audit to demonstrate improvements although we did observe that improvements had been made. For example, the practice had purchased a child's pulse oximeter following the initial audit.

Minor surgery audits were produced on an ongoing basis, and audits were undertaken for high risk medicines.

We saw examples of non-clinical audit including a did not attend (DNA) audit in October 2018. This reviewed DNA appointments over a two-week period by contacting patients to see why they had not attended. This resulted in options to improve the situation, improving text message reminders with the options to cancel bookings by text. There were plans to review this in the new year.

Any additional evidence or comments

The overall exception reporting rate at 10.2% was above the CCG average of 7%, and the national average of 5.8%.

The clinical exception reporting rate was also higher at 18.1%, which was 4.7% above the CCG and 8% above the national average. The practice told us that they ensured that patients were invited to attend for three appointments before they were exception reported. They had tried other methods such as evening telephone calls to contact patients who may not be available in the daytime. It was recognised that the rurality of the area and access to transportation contributed to the situation, particularly during the winter months. The business manager informed us that the practice planned to increase uptake in the future by increasing the number of home visits. There were also plans to recruit a new salaried GP who would have a dedicated session which could include contacting patients who were not responding to invitations to attend a review.

Conditions including diabetes, mental health, cardiovascular disease, and chronic obstructive airways disease all had higher rates of exception reporting in comparison to local and national averages. Exception reporting for diabetes was 25.7% (CCG 17.9%; national 11.8%), and the practice told us that one of the factors for this was that patients were on the maximum tolerated medicine for this condition. However, this area needed more interrogation by the practice to ensure that patient notes documented that all available options had been considered before the code has been added, and that the patients were being given appropriate lifestyle advice in addition to medication.

We did not observe any evidence that the exception reporting process was being used inappropriately during our inspection.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, 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.	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: Reception staff told us that they were provided with a 'buddy' when they started work at the practice, and were given time to learn new skills.	

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 multidisciplinary case review meetings where all patients on the palliative care register were discussed	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
Explanation of any answers and additional evidence:	

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
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: Patients had access to the 'Live Life Better Derbyshire' scheme to access support with smoking cessation, weight management, and healthy lifestyle advice.	

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) (QoF)	96.1%	95.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (8)	0.9%	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
Explanation of any answers and additional evidence: We saw that consent forms were signed for appropriate procedures and scanned into the patient's record.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	25
Number of CQC comments received which were positive about the service.	22
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	Patients commented that they were treated with professionalism and found staff to be courteous, caring and helpful.
Observations	During the day we saw that all staff treated patients with respect and dignity, and responded professionally with their enquiries.
NHS website	The vast majority of feedback from patients was very positive about the care they had received. Comments included reference to professionalism, and caring and helpful staff.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7693	232	126	54%	1.64%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	93.6%	92.7%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	90.3%	91.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.7%	97.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	87.5%	86.4%	83.8%	No statistical variation

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

Any additional evidence
A survey had been undertaken during September/October 2018 with assistance from the PPG. This reviewed satisfaction with access and patient experience. The latest results were to be discussed by the practice and the PPG at their next meeting where any follow up actions would be agreed.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence:	

Source	Feedback
Patient comment card	A patient told us that they were provided with a full range of options regarding the care of an infant, and were encouraged to discuss any concerns they had.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.4%	96.0%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: Members of the practice team participated in fundraising events. For example, male GPs had taken part in 'Movember', an annual event involving the growing of moustaches during the month of November to raise awareness of men's health issues, such as prostate cancer, testicular cancer, and men's suicide. Staff had held a 'Christmas jumper day' to raise funds for Save the Children, and a fundraising event for Alzheimer's Disease had been held in the practice.	

Carers	Narrative
Percentage and number of carers identified.	There were 140 carers on the practice's carers register (2% of registered patients)
How the practice supported carers.	<ul style="list-style-type: none"> The practice had identified a carers' champion. A carers information pack was available when carers were identified as part of their registration with the practice, or when it was highlighted that they had become a carer. Carers were invited to attend the practice annually to receive a flu vaccination. When necessary, the practice obtained consent from the patient to be able to discuss aspects of their care with their carer. The practice website included a link to information to support carers. The practice had received a carers pledge bronze award from the Derbyshire Carers Association in 2014. This was an

	acknowledgement of maintaining a carer register and providing them with information and care to support them in their caring role.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • A bereavement card was sent to family/carers following the death of a patient. This would normally be signed by the GP who looked after the patient at their end of life. • The card advised patients to contact the surgery if they needed additional support during the bereavement. • Staff representatives would try to attend patient funerals when they had been significantly involved in the care of the patient, or had known the patient for many years. • The practice website provided information on what to do in times of bereavement, including how to register a death and arrange a funeral.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Partial
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The treatment room used for minor surgical procedures did not have curtains or a screen where patients could dress and undress before and after the procedure.</p> <p>The waiting area was situated away from the reception counter and was partially enclosed by a glass partition. Therefore, patients in the waiting area could not overhear conversations at the reception desk, and a radio was played which further helped this.</p> <p>If more than one person attended the reception desk, there was a sign to ask patients to retain a respectful distance from the person being dealt with.</p> <p>A room rota was available to identify which rooms were vacant should a patient request to be seen in private.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs

	Y/N/Partial
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
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The partnership merger had meant that female GPs were able to offer more choice for patients at the Ashover location, as this had been previously limited to male GP appointments only.</p> <p>There were two consulting rooms on the upper floor used mainly by nursing staff. It was not possible to install a lift in the premises. However, if patients could not use the stairs, they would be seen in a downstairs consulting room.</p> <p>A portable hearing loop was available for patients who had a hearing impairment.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-8pm (6.30pm-8pm extended access*)
Tuesday	7.30am-6.30pm (phone lines open from 8am)
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm*
<p>*The practice participates in the local NHS Extended Access to GP Services. This involves providing GP or ANP, and nurse pre-bookable appointments on a Monday evening which are available to patients registered at any of the eight practices involved in this service. As part of the scheme, the practice is also open from 6.30pm–8pm on every fourth Friday, and the corresponding Saturday and Sunday mornings 9am-12 noon.</p> <p>The practice closes between 1pm-4pm on one afternoon/month on 10 months of the year although an emergency contact telephone number is available during this period.</p>	

GP appointments available:	
Monday	8.30am – 12.00pm; 2.30pm – 6.30pm. (extended access 6.30pm-7.45pm)
Tuesday	7.30am – 12.00pm; 2.30pm – 6.30pm.
Wednesday	8.30am – 12.10pm; 2.30pm – 6.30pm.
Thursday	8.30am – 12.00pm; 2.30pm – 6.30pm.
Friday	8.30am – 12.10pm; 2.30pm – 6.30pm.

Nurse or health care assistant appointments were available from 8am on a Monday, Wednesday, Thursday and Friday until 12.30pm. Afternoon appointments with a nurse or health care assistant were available from either 1pm or 1.30pm depending on the day, and the final appointment time varied each day.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7693	232	126	54%	1.64%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	98.1%	96.1%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice provided care to older patients across 10 local nursing and residential homes, four of these were assigned to them as part of an enhanced service agreement with the CCG. We spoke with staff at two of these homes who told us that they were happy with the service provided by the practice. They told us that they received regular planned visits from the practice's community matron, and additional home visits would be undertaken if an urgent need arose. They told us the practice responded to residents' needs, such as ensuring prescriptions were processed quickly. We were told that residents and staff were treated respectfully. All patients had a named GP who supported them in whatever setting they lived. For patients aged 75 and over, the named GP took lead responsibility for ensuring that any services required were delivered to each patient appropriately. The named GP worked with health and social care professionals to deliver a care package that met the needs of the patient. 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 GP would respond quickly to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and specialist nurses to discuss and manage the needs of patients with complex medical issues. For example, the local diabetes nurse specialist attended the practice bi-monthly to support the practice nurse in reviewing those patients with diabetes who had more complex needs.
- Patients were encouraged to manage their own conditions. For example, patients were encouraged to purchase their own blood pressure machine and to provide results to the practice when requested. This meant that the management of the patient's condition could be discussed with them by telephone, without having to attend the practice. Patients were encouraged to bring the monitors to the practice each year to be calibrated.
- Care and treatment for people with long-term conditions approaching the end of life were coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available from 7.30am on a Tuesday which could be booked for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. The practice had a protocol for children aged five years and under. This stated that a child would be offered the next available appointment if an emergency appointment was requested. If the parent felt that they could not wait to be seen, they were re-directed to the A & E Department.
- The practice had links with local schools and clinicians had provided presentations to them on health-related issues, although none had taken place in the previous 12 months. They also supported sixth form student work experience placements. Schoolchildren had helped design the practice logo, and there were plans to review this further to the merger with the Ashover practice.

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. For example, the introduction of a 'sit and wait' clinic on Mondays.
- The practice was open until 8pm on a Monday and from 7.30am on a Tuesday. Pre-bookable appointments up to 8pm were also available to patients at additional locations within the area, as the practice was a member of a local extended access. As part of this, appointments were also available on Saturday and Sunday mornings between 9am and 11.45am.
- Telephone consultations were available for patients each day to speak with a GP rather than having to attend the practice in person.
- As Matlock was a popular tourist area, the practice accommodated people who were on holiday, or visiting the area, and needed to see a clinician due to a health concern. These patients were seen as temporary residents.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice. The practice had recently worked with the local council in supporting refugees, and agreed to support any others in similar circumstances. The practice had discussed their needs and asked how they could support them. An awareness session was held with staff in November 2018 to ensure a good understanding about how they could support refugees.
- The practice supported transgender patients. A GP attended training from a specialist care provider for transgender people, which was then cascaded to the practice team to raise everyone's awareness and improve the service offered to patients.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, easy-read literature (including picture prompts) were available for patients.
- The practice had established a good working relationship with the local learning disability nurse specialist. This nurse had supported training about learning disabilities with some GP trainees at the practice.
- The Citizens Advice Bureau attended the practice each week to offer support such as how to claim for benefits they were eligible to receive, and housing related issues.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Urgent appointments were allocated when necessary to those experiencing poor mental health.

- Patients could self-refer to local counselling and cognitive behavioural therapy, and GPs would help signpost patients to use the local service.
- Patients with dementia were identified by an alert on the clinical system to ensure staff were aware of their needs. Those with a limited support network were contacted by the practice administration team on the day of their appointment to remind them to attend.
- The practice was accredited as a dementia-friendly practice.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: Requests for home visits were reviewed by GPs at a meeting each morning and allocated visits between them according to their previous knowledge of the patient and the location. Any requests that could be dealt with via a telephone conversation would also be considered at this meeting. Patients with minor injuries could be diverted to a minor injuries unit at a local community hospital if they could not be accommodated by the practice.	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	56.6%	74.2%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	66.4%	71.2%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	59.8%	69.4%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered	76.7%	76.8%	74.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(01/01/2018 to 31/03/2018)				

Any additional evidence or comments

The practice has taken steps to improve access, this included:

- Improvements to the telephone system to reduce waiting times.
- The introduction of a 'sit and wait' service on Monday mornings (and on a Friday when there was a Bank Holiday on the following Monday). This had been well-received by patients and the latest internal patient survey led by the PPG showed 20% of the 100 patients who provided a response were extremely satisfied with this service, whilst a further 70% were satisfied.
- The availability of telephone consultations.
- Participation in the local Extended Access scheme.

Source	Feedback
NHS website	Comments posted on the NHS website were mostly positive with regards to access.

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.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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
Explanation of any answers and additional evidence: We noted that the practice complaints policy required some minor amendments to ensure it was in alignment with the NHS procedure for patient complaints. Following our inspection, the practice informed us they had updated the information, and this was awaiting ratification at the next partners meeting.	
The practice was starting to document concerns as well as formal complaints, recognising that these lower level issues could be used for learning and hopefully address some issues before they developed into a complaint.	

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 in place, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<p>There had been a merger with another local practice in the last 12 months. This had been handled sensitively and integration was being planned over a two-year period. The merger had meant that some GPs based at Matlock were delivering some clinical sessions at the Ashover practice, and due to effective planning and the flexibility of those involved, this had been done smoothly without disruptions to the continuity of care for patients.</p> <p>An operations lead post had been created following the partnership merger and this role was undertaken by a member of the team who had been supported to develop their managerial skills.</p> <p>Nursing capacity was to be reviewed as part of a review across the nursing teams across both practices, with the potential implementation of a nurse manager role.</p> <p>Partners were mindful that some of them would be planning for retirement in the future, and had started to plan for this, for example, a salaried GP had recently joined the partnership. There were plans to recruit a new salaried GP in 2019.</p> <p>A GP partner undertook some additional responsibilities at a national level, and this ensured the practice was up to date with ongoing developments. The other doctors worked flexibly to support the time commitments to undertake this role.</p>	

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 in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

A business plan was available which was updated annually. Partners and managers had dedicated time away from the surgery to review business planning arrangements.

The service had developed clear objectives, which incorporated their vision and values.

The business plan would be used to help develop individual objectives for staff, as well as being receptive to feedback received from the practice team.

An 'away day' planned in January 2019 for staff at both of the provider's practices was planned to help consolidate some of the work around the future direction, incorporating the vision for the service. Staff would be able to contribute to discussions about the future.

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was 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
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: Whilst the majority of staff we spoke with felt supported to raise concerns, there was evidence of some dissatisfaction in being excluded and not listened to.	

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

Source	Feedback
Staff interviews	Staff said there were good relationships between team members and some met socially outside of work. The partners took staff out at Christmas and paid for their meal.
Staff interviews	We were informed that managers were supportive, on both a work and personal level. Staff said they had been given opportunities to develop both within their own role, and to learn new skills to undertake different roles.
Staff interviews	There was some feedback that not all members of the practice team felt they were included in discussions about the practice, and an employee told us that they did not always receive support to develop their role. They did not feel that concerns were listened or responded to.

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 in place 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: There were a range of practice policies that were accessible to staff on the practice intranet, and these were regularly reviewed and updated. There was a network of meetings held on site, and these were minuted.	

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 in place which were regularly reviewed and improved.	Y
There were processes in place 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
Explanation of any answers and additional evidence: The practice had commissioned an external provider to advise on human resources issues, including reviews of workforce related policies. A whiteboard in a staff-only area displayed telephone numbers for a range of services that may need to be contacted in an emergency. This ensured staff could easily access this information quickly. We noted that following the NHS cyber-attack in 2017, the practice had used the learning from this to review their business continuity plan.	

Appropriate and accurate information

There was a commitment to using data and information 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:	

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
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
<p>Explanation of any answers and additional evidence:</p> <p>Patient feedback was analysed through the national GP patient survey, the NHS Friends and Family Test, and an annual patient survey in conjunction with the Patient Participation Group (PPG). A poster in the reception area displayed the results of the national GP survey to patients with a comparison to the national average, and the practice's performance in the previous year. The practice also reviewed feedback from the NHS website (formerly NHS Choices), and other sources including complaints.</p> <p>The staff appraisal process was being aligned with the business planning process to ensure individual objectives aligned with the practice strategic direction.</p> <p>Staff meetings were held monthly with a designated administration and reception staff meeting for an hour, followed by a two-hour session for the whole team which usually focused upon training. Most of the staff we spoke with told us that they felt confident to raise any concerns, and that they felt these were acted on. A joint team meeting had been arranged for January 2019 for the teams at both of the provider's practices, and it was envisaged that these would continue, possibly on a six-weekly basis.</p> <p>The practice had regular engagement with their commissioning group and local GP practices. GP partners attended meetings facilitated by the CCG, and the business manager participated in the local practice managers forum. One of the partners chaired the local GP Federation meetings.</p>	

Feedback from Patient Participation Group.

Feedback
We spoke with the chair of the PPG. The chair informed us they had approximately 24 members and 12-14 of these would regularly attend meetings. They met with the practice on a quarterly basis, although additional meetings were scheduled when necessary. The chair also attended locality and county held patient involvement groups for networking opportunities and sharing of ideas.

Following the partnership merger, the group had met with the PPG from the Ashover practice and there were plans to hold some joint meetings in the future to help with an integrated approach.

The PPG had links with a local secondary school and had successfully recruited two teenagers to attend the group which had brought a different perspective and viewpoint from younger people. The individuals had recently left to attend university but the PPG were hopeful that they could encourage others to become involved with the group, particularly those with an interest in a health career.

The chair informed us that the business and operations managers always attended their meeting, and there would usually be a GP representative. The PPG felt that they were respected and their views were listened to, and the practice was open with them (for example, discussing anonymised complaints). The PPG organised the annual patient survey on site, and attended the practice to promote uptake and help patients with the questionnaire if needed. The latest survey (September 2018) had been analysed and this was due for discussion with the practice at their next meeting, where any actions would be considered in response to the feedback received.

The PPG had participated in a 'Healthfest' event in July 2016 where local residents attended to receive information on a range of local services available to support them and their families.

The PPG told us that they were asked to provide views on any developments, for example the recent introduction of the 'sit and wait' appointment system. They also felt that their feedback had contributed to changes to the telephone system which had been improved to ensure patients were left on-hold for less time.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The new GP partner was starting to set up educational meetings. • KIT (keep in touch) meetings were held on an ad hoc basis but provided an opportunity to discuss issues to promote learning. 	

Examples of continuous learning and improvement

- Cardiology service – a cardiology clinic was held in July 2018 for patients who the practice was monitoring and were being considered for referral to a cardiologist. A consultant cardiologist attended the practice and saw six patients with the GP and GP registrar as a learning exercise. This was good for patients in being able to access expert advice without travelling to a hospital, and provided valuable training for the practice team. There were plans to repeat this in the future and other specialities were also being considered. We saw feedback from the consultant which was very positive and appreciative of the face to face contact between primary and secondary care

based doctors.

- The merger with Ashover was still evolving and workstreams were progressing including plans to restructure the nurse team across both locations headed by a nurse manager post.
- The training practice fostered a learning environment. We saw an example of very positive feedback from a GP trainee who had worked at the practice in 2016-17.

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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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

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

<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.