

Care Quality Commission

Inspection Evidence Table

Humshaugh and Wark Medical Group (1-545519819)

Inspection date: 5 March 2019

Date of data download: 26 February 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

The practice 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
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	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).	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
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.	

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.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
Explanation of any answers and additional evidence:	
<p>Intercollegiate guidance issued by the Royal College of Nursing (January 2019) states that all clinical staff, including practice nurses should have undertaken safeguarding training to level three. The practice was unaware of this and the practice nurses had only undertaken training to level two. The practice manager assured us that level three training would be arranged as soon as possible.</p> <p>The practice maintained a record of staff immunity status in relation to Hepatitis B. They were in the process of gathering this information in relation to measles, mumps and rubella.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y Jan 2019 (both sites)
There was a record of equipment calibration. Date of last calibration:	Y Oct 2018 (both sites)
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y July 18 (both sites)
There was a log of fire drills. Date of last drill:	
There was a record of fire alarm checks. Date of last check:	Y* Feb 2019
There was a record of fire training for staff. Date of last training:	Y Nov 2018
There were fire marshals.	N
A fire risk assessment had been completed. Date of completion:	Y Jan 2019 (both sites)

Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Fire drills had not been held at either the main or branch surgery. The practice manager told us that staff had received fire safety training in November 2018 and that they intended to implement a schedule of fire drills soon.</p> <p>*Neither surgery had fire alarms, but they did have smoke alarms that were checked on a monthly basis, the last check being February 2019.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Y
Date of last assessment:	Various
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment:	Various
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of numerous premises and health related risk assessments. This included risk associated with driving (December 2017); slips, trips and falls (November 2018); premises (December 2016 and January 2017); violence at work (November 2018); lone working (November 2018) and stress at work (January 2019).</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	Nov 2018
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

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 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:	
All staff had received inhouse sepsis training using videos and guidance developed by the Sepsis Trust.	

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

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)	0.98	1.10	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	5.0%	7.2%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.62	5.01	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	2.94	3.01	2.22	No statistical variation

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.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/a
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines	Y

Medicines management	Y/N/Partial
including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	
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 for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	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 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>At our previous inspection in December 2015 we had not been assured that blank prescription stationery was stored securely in line with guidance. During this inspection we found that the provider had reviewed their processes regarding computer prescription stationery and that a satisfactory process was in operation. However, there was no process in place to log or monitor the movement and use of handwritten prescriptions.</p> <p>In 2018 the practice had reviewed their approach to ensure patients attended medication reviews. If a patient had failed to attend a review following three invitation letters their prescription was changed from repeat to acute. This meant that any request for a prescription was not issued automatically and had to be reviewed by a GP.</p> <p>Although we did not identify any concerns we found during the inspection that the practice did not have a policy to govern the monitoring of patients prescribed high-risk drugs. They addressed this issue the same day and now have a process in place.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Y

Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
<p>Explanation of any answers and other comments on dispensary services:</p> <p>Due to the rural location of the practice and poor transport links the practice was dispensing medicines to 88% of their patient population. They dispensed an average of 6800 items per month which included 61 weekly dosette boxes. A delivery service was in operation for 265 patients.</p> <p>The practice operated a twice weekly delivery service which included deliveries to home address as well as three local drop off points (a shop, post office and service station in nearby villages). Risk assessments and policies were in place to ensure:</p> <ul style="list-style-type: none"> • Prescriptions were collected by the correct person or nominated proxy (when signed consent had been obtained) • Uncollected prescriptions were returned to the practice • Vehicles used to deliver medicines were road worthy and serviced regularly • Drivers signed the controlled drugs register when delivering controlled drugs and ensured they were signed for by the patient. This included newly classified controlled drugs such as gabapentin and pregabalin. <p>All staff who worked in the dispensary had the necessary dispensing qualifications.</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.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded since May 2017	28
Number of events that required action:	28
Explanation of any answers and additional evidence: The practice maintained separate logs for significant events dependent on whether they related to a data breach, dispensing, clinical or administrative issue to help them identify recurrent trends and themes. Of the 28 significant events logged since May 2017, 16 related to dispensing, 8 to clinical, 4 to data breach and 1 to administration related issues.	

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

Event	Specific action taken
A notification of medication changes in a hospital discharge letter had not been actioned	The practice had produced a new clinical/discharge letter protocol. The protocol included asking GPs to document their decision making if a prescription deviated from that recommended on the patient's hospital discharge information.
A practice GP had requested advice from a consultant but had not been notified of the response when it was received.	Staff were reminded that administrative staff should continue to adhere to the practice scanning protocol whereby urgent correspondence was reviewed by the duty GP. All other correspondence was shared equally between the remaining GPs on duty that day who would assume responsibility for ensuring relevant clinician had been informed via the computer task system.

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
Explanation of any answers and additional evidence: A protocol was in place to ensure patient safety alerts were dealt with appropriately. Practice secretaries ensured all patient safety alert emails were forwarded to the practice manager (or deputy in their absence) for consideration. They were disseminated to relevant staff members and a lead identified to ensure all relevant action was taken. Action taken was monitored using a regularly reviewed spreadsheet.	

The practice was able to show us that appropriate action had been taken in relation to a recent medicines alert regarding the prescribing of sodium valproate in women of a childbearing age who were not on long term contraception.

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
There were 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: The practice offered minor surgery. However, there was no system in place to ensure histology results were received and acted upon. Practice staff assured us during the inspection that a system would be implemented immediately.	

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) <small>(NHSBSA)</small>	0.64	0.59	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice had updated their chronic disease templates to include clinical tools to identify older patients who were living with moderate or severe frailty and to assess for dementia. Those identified received a full assessment of their physical, mental and social needs.
- GPs met with the district nursing team on a weekly basis to discuss the needs of patients causing concern to prevent unplanned and avoidable admissions to hospital. From March 2019 these meetings had also been attended by a social worker and a care manager on a monthly basis.
- 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.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: add rating here

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.
- 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. High risk asthma patients were asked to consent to an enriched summary care record and special patient note to enable them to be supported effectively and access priority appointments.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- The practice offered stoma patients an annual review with a stoma nurse.
- The practice had implemented a system to review patients with osteoporosis to ensure they were taking calcium and bisphosphonates when appropriate.
- The practice was proactive in the prevention of diabetes. Patients at risk of developing diabetes were invited to engage with the national diabetes prevention programme. The practice held weekly diabetic clinics which were attended by a podiatrist (weekly) and dietician (monthly).
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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) <small>(QOF)</small>	80.6%	83.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.2% (16)	16.5%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.5%	80.1%	77.7%	No statistical variation

Exception rate (number of exceptions).	9.9% (22)	12.1%	9.8%	N/A
Explanation of any answers or further evidence: Patients with high-risk diabetes were offered an appointment with an assistant practitioner (healthcare assistant) for diet and lifestyle advice on their first raised HBA1C. Follow up requirements were then discussed with the patient and could be at either three, six or 12 monthly intervals.				

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.9%	80.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.4% (32)	17.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.1%	75.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	11.2% (26)	8.5%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.0%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	11.8% (9)	13.6%	11.5%	N/A
Explanation of any answers or further evidence: The practice had considered alternative ways in which to encourage asthmatic patients to attend reviews. This included ringing patients before sending them an invitation letter, so they could book a convenient appointment whilst on the phone. This had resulted in an increased uptake of asthma reviews:				
<ul style="list-style-type: none"> • 1.2.2017 to 31.1.2018 – 204 asthma reviews • 1.2.2018 to 31.1.2019 – 232 asthma reviews 				

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	88.6%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.1% (32)	4.3%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	84.1%	85.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.9% (8)	7.3%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- At 100% for all four indicators childhood immunisation uptake rates were above the World Health Organisation (WHO) target of 95%.
- 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.
- 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.
- Young people could access services for sexual health and contraception.

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 influenzae type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	32	32	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received	28	28	100.0%	Met 95% WHO based target (significant variation positive)

Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)				
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)	28	28	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	28	28	100.0%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. The practice offered a minor surgery service.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	86.1%	77.9%	71.7%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	74.9%	78.1%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	65.8%	64.7%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	84.0%	66.1%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	70.4%	46.6%	51.9%	No statistical variation

Any additional evidence or comments

The practice uptake rate for cervical screening was significantly higher than local and national averages and well above the national target rate of 80%. The practice had achieved this by participating in the 'Think Pink' invitation letter scheme and had displays promoting the benefits of cervical screening in the waiting rooms of both the main and branch surgeries. In addition, they had included information in their Spring 2019 newsletter.

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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with a learning disability were offered an annual health check and double appointments.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Staff had received dementia training.
- A system was in place to alert the GPs when patients were due a mental health review in the following month. The GPs were then able to determine exactly what tests needed to be carried out by the practice nurse when the patient attended the review.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	93.1%	89.5%	Variation (positive)
Exception rate (number of exceptions).	15.8% (3)	17.2%	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)	100.0%	93.8%	90.0%	Variation (positive)
Exception rate (number of exceptions).	10.5% (2)	12.1%	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)	92.3%	81.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	25.7% (9)	6.9%	6.6%	N/A

Any additional evidence or comments

We spoke with the practice about why they had an exception rate which was much higher than local and national averages in relation to the number of patients diagnosed with dementia whose care plan had been reviewed during the previous 12 months. They were able to explain that 24 of the 26 patients (92%) due to have a dementia review during 2017/18 had attended. The remaining two patients had been excepted due to exceptional circumstances. The data manager identified that an exception code had been attributed to some of the patients who had attended a review in error.

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)	556.7	549.9	537.5
Overall QOF exception reporting (all domains)	5.4%	6.1%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y

The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
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Examples of improvements demonstrated because of recent clinical audits or other improvement activity

Audit into the follow-up of women with gestational diabetes – March 2018

- The aim of the audit was to review follow-up arrangements to ensure they were in line with NICE guidance.
- The 1st cycle of the audit showed that three of the seven women who had post-partum diabetes screening went on to being diagnosed with a high risk of developing either type 1 or type 2 diabetes (43%).
- The practice therefore implemented a process to ensure all women diagnosed with gestational diabetes were invited to attend an annual review and to check fasting glucose at the mother's 6-week postnatal check.
- The 2nd cycle showed 100% of women with gestational diabetes were offered annual screening.

Antibiotic prescribing for sore throats – November 2016.

- The aim of the audit was to evaluate prescribing for sore throats against NICE clinical guideline 69.
- As a result of the 1st cycle of the audit GP's were reminded of the NICE guidance and Centor criteria. The practice also developed an aide memoire for clinicians. As a result, the 2nd cycle showed improvement:

		2 nd cycle
Antibiotic choice correct	17/19 – 89%	19/19 – 100%
Dose correct	15/19 – 79%	18/19 – 95%
Frequency correct	17/19 – 89%	19/19 – 100%
Course length correct	7/19 – 37%	10/19 – 53%
Overall compliance	6/19 – 32%	10/19 – 53%

Tamoxifen and selective serotonin reuptake inhibitor (SSRI) antidepressants prescribing audit – May 2018

- The aim of the audit was to ensure that patients were not being prescribed SSRIs known as paroxetine or fluoxetine at the same time as tamoxifen as this could reduce the effectiveness of the tamoxifen.
- The audit identified that five patients had been prescribed both tamoxifen and an SSRI. However, none of these patients had been prescribed paroxetine or fluoxetine.
- A further cycle of the audit was planned for May 2020.

Any additional evidence or comments

The practice also audited their joint injection and minor surgery success rates.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective	Y

processes to make referrals to other services.	
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:	
The practice had identified two members of staff to act as care navigators, develop a directory of services and help patients access relevant advice and support services. The care navigators had received training to help them carry out this role through their local clinical commissioning group.	
Clinical staff and the healthcare assistant were able to refer patients to a health trainer.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.1%	95.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.1% (12)	0.7%	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

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

CQC comments cards	
Total comments cards received.	24
Number of CQC comments received which were positive about the service.	23
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	All the 24 comment cards we received indicated that patients felt they were treated with respect, kindness and compassion. Words used to describe practice staff were professional, outstanding, excellent, superb, polite, friendly, responsive, supportive and amazing.
NHS Choices website	There were 3 reviews of the main surgery on the NHS choices website dating from April 2017 to July 2018 resulting in an overall rating of 5/5 stars. There was one review of the branch surgery dated August 2017 rating the practice as five-star. All reviews were very positive.

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
3646	230	118	51.3%	3.24%

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)	96.7%	92.1%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	96.3%	91.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.7%	97.0%	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)	94.3%	86.6%	83.8%	No statistical variation

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

Any additional evidence
<p>The practice participated in the Friends and Family test. Of the 245 patients who had given feedback during the period February 2018 to February 2018:</p> <ul style="list-style-type: none"> • 209 (85%) had said they would be extremely likely to recommend the practice to friends or family members. • 34 (14%) said they would be likely to recommend the practice • 2 (1%) said they would be neither likely nor unlikely to recommend the practice. <p>117 of the 122 comments (96%) left by patients were wholly positive.</p>

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,	Y

treatment and condition, and any advice given.	
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Members of staff who acted as a carers champion and care navigators had developed a directory of support and advice services which included information for carers.	

Source	Feedback
CQC comment cards	None of the 24 patients who completed CQC comment cards indicated that they had not been involved in decisions about their care and treatment.
NHS Choices website	There were four reviews of the practice on the NHS Choices website which were all very complimentary about the practice and its staff.

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)	98.5%	95.7%	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 other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	120 – 3.3% of the practice patient population
How the practice supported carers.	Carers were offered an annual health check and annual flu immunisation. They were also signposted to relevant advice and support agencies.
How the practice supported recently bereaved patients.	Patients experiencing a bereavement were sent a condolence card. GPs also rang bereaved patients to offer support and offer them an appointment.

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.	Y
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.	N
Explanation of any answers and additional evidence: The size and layout of the waiting rooms at both surgeries compromised confidentiality at the reception desk. We did not see any signs advising patients that they could request a discussion in private should they prefer.	

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
Explanation of any answers and additional evidence:	
The practice continually reviewed appointment demand and tailored services accordingly. For example, they had increased the number of urgent appointments available on an afternoon to cater for parents seeking an urgent appointment for children after school.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6pm (Humshaugh Surgery) 8am to 7.30pm (Wark Surgery)
Tuesday	8am to 6pm (Humshaugh Surgery) 8am to 1pm (Wark Surgery) N.B. Surgery door closed 1-3pm for staff training but telephone access still available.
Wednesday	8am to 6pm (both sites)
Thursday	8am to 7.30pm (Humshaugh Surgery) 8am to 1pm (Wark Surgery)
Friday	8am to 6pm (both sites)
Appointments available:	
Monday	8am to 11.30am & 3.30pm to 6pm
Tuesday	8am to 11.30am & 3.30pm to 6pm
Wednesday	8am to 11.30am & 3.30pm to 6pm
Thursday	8am to 11.30am & 3.30pm to 6pm
Friday	8am to 11.30am & 3.30pm to 6pm
Patients registered with the practice can also access pre-bookable routine appointments with a GP, nurse or healthcare assistant at Hadrian Extra Care Hub extended access service from 6pm to 8pm on a Monday to Friday and 9am to 5pm on a Saturday.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3646	230	118	51.3%	3.24%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	100.0%	96.6%	94.8%	Variation (positive)

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. Home visit requests were assessed early in the day to ensure early admission to the ambulatory care unit if necessary
- The practice had a dispensary and a medicines delivery service for patients.

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 community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who did not attend appointments.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. The practice had reviewed their appointment system to ensure more urgent appointments were available on an afternoon for parents who had concerns about their child after picking them up from school.
- The practice nurse had attended assemblies at two local primary schools to give a talk on germs, hygiene, handwashing techniques and what to expect from the nasal flu vaccination.

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.
- The main surgery at Humshaugh was open until 7.30pm on a Thursday. The branch surgery at Wark was open until 7.30pm on a Monday.
- Patients registered with the practice could also access pre-bookable routine appointments with a GP, nurse or healthcare assistant at Hadrian Extra Care Hub extended access service from 6pm to 8pm on a Monday to Friday and 9am to 5pm on a Saturday.
- The practice offered a minor surgery service.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- 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.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	96.9%	N/A	70.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	89.1%	70.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	76.0%	66.2%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	89.1%	77.9%	74.4%	No statistical variation

Source	Feedback
For example, NHS Choices	There are 3 reviews of the main surgery on the NHS choices website dating from April 2017 to July 2018 resulting in an overall rating of 5/5 stars. There is one review of the branch surgery dated August 2017 rating the practice as five stars. All reviews are very positive, and none raise any concerns about access to appointments.
CQC Comment Cards	We received 24 completed comments cards. One respondent said it was sometimes difficult to get an appointment when working full-time.

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 (since February 2018)	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice recorded informal verbal complaints as well as formal complaints. There was evidence of lessons learned being identified and discussed at practice meetings. There was also evidence of the duty of candour being demonstrated in complaint response letters which also informed patients of their right to escalate their complaint to the Parliamentary Health Service Ombudsman should they remain dissatisfied.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding a delay in making a referral to secondary care	Relevant staff were reminded of the importance of ensuring that a record is made in a patient's notes when a referral letter had been generated. GPs were reminded to issue information leaflets to patients for whom a referral was being made. Reception staff were provided with training on the receipt of samples and interpreting results.
Complaint regarding the way in which a patient sample was dealt with.	Staff were asked to reflect on what could have been done better. The practice revised their procedure to govern sample handling and discussed this during a whole practice team meeting. Reception staff were provided with training on the receipt of samples and interpreting results.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<p>The practice did not have a formal business plan but had developed aims and objectives which were set out in their statement of purpose:</p> <ul style="list-style-type: none"> To increase (or at minimum maintain) patient numbers. To increase dispensing and the ability to dispense dosette boxes as patient need dictates To support their ageing patient population and accompanying co-morbidities through good care planning and the provision of a holistic and comprehensive patient experience To continually improve safety and quality To streamline pathways and clinical systems within the practice to reduce waste and improve efficiency To source alternative revenue e.g. medical student placements To ensure learning opportunities are provided for all staff and to maintain excellent working relationships with attached staff To influence patient care locally through collaboration with West Northumberland Clinical Commissioning Group and, as developed, the accountable care organisation. <p>There was evidence of succession planning being discussed at partners meetings.</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 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:	
The practice mission statement was: ‘We aim to provide a high standard of medical practice and care, to treat patients with dignity, respect and honesty and to work together in partnership to protect and promote overall health and wellbeing’.	

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

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

Source	Feedback
Feedback from non-clinical staff members.	Twelve non-clinical members of staff completed questionnaires about working at the practice. Staff reported that they felt valued, respected and felt they had the knowledge, skills training and equipment to enable them effectively to carry out their roles. However, two members of staff did state that they felt communication could be better.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
The practice had recently reviewed their business continuity plan to reflect changes required as a result of the general data protection regulations.	

Appropriate and accurate information

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

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

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
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Explanation of any answers and additional evidence:

The practice manager told us that they regularly reviewed national GP patient survey, NHS choices and friend and family data to monitor patient satisfaction and feedback. The practice had carried out their last inhouse patient survey in 2015 when they consulted patients over a proposed change from an open surgery to pre-bookable appointments. They were planning to carry out a further survey in the summer of 2019 to assess the impact and effectiveness of increasing standard appointment duration times from 10 to 15 minutes.

The practice was exploring alternative ways of engaging with patients and the local community. This had included the practice nurse attending assemblies at local primary schools to give pupils a talk on germs, colds, handwashing and what to expect of the nasal flu vaccination. The practice nurse and a healthcare assistant were due to visit the local Women’s Institute shortly after our inspection to promote health and wellbeing.

Feedback from Patient Participation Group.

Feedback

We spoke with five members of the practice patient participation group (PPG) during the inspection. They told us that core membership consisted of approximately 66 patients but that an average of four members attended PPG meetings. They did not have a schedule of meetings but felt they met approximately twice yearly. Members reported that they were consulted about and involved in changes to the practice. For example, they had been involved in assuring patients that they would benefit in the change from an open to pre-bookable appointment system which took place in 2015.

The practice manager told us that they consulted with PPG members primarily by email which included newsletters, practice update information and invitations to events such as local clinical commissioning group patient forums.

Continuous improvement and innovation

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

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

Explanation of any answers and additional evidence:

There was a schedule of regular practice meetings to ensure learning from incidents, significant events, clinical audit and complaints was shared.

Examples of continuous learning and improvement

The practice had identified a rise in the number of significant events relating to dispensing errors. They had therefore taken steps to prevent recurrence. This had included giving the dispensing team additional protected time, moving the dispensary to the branch surgery and investment in a bespoke dispensary. This had resulted in a decline in dispensary significant events and near misses.

The practice manager was involved in the development of a peer review programme for practice managers in the Northumberland area. This initiative aims to develop strong, dynamic leadership to build resilience in primary care.

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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.