

Care Quality Commission

Inspection Evidence Table

Park Grange Medical Centre (1-3627534894)

Inspection date: 02 May 2018

Date of data download: 30 April 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes April 18
There was a record of equipment calibration Date of last calibration:	Yes April 18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes Jan 18
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 26/10/2017
Actions were identified and completed. We saw that fire exit signs and other signage was in place to assist patients to orientate themselves around the building in the event of an emergency.	Yes
Additional observations: Following our comprehensive inspection in September 2017, a suitable fire exit stairway was installed on the outside of the building which would assist in the safe evacuation of patients. This was noted in our follow up report dated 07/03/2018.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 04/10/2017
Health and safety risk assessment and actions Date of last assessment:	04/10/2017
Additional comments: The health and safety risk assessment had been completed and did not detail any required action. A disability access audit was undertaken and we saw that as a result of this, an alarm cord was fitted in the disabled toilet. Certificate for the completion of works to the extension of the practice, dated 03/10/18 stating that works had been complied with. Gas safety certificate dated 07/09/2018 Electrical installation certificate dated 15/01/2018 A Legionella risk assessment was in place and monthly temperature monitoring as advised was being undertaken.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>IPC policy and risk assessment dated 13/09/2017</p> <p>Cold chain policy in place dated 6/10/17</p>	<p>Yes</p> <p>23/08/2017</p> <p>Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Any additional evidence
<p>Cleaning schedules were in place for clinical equipment.</p> <p>A clinical and non-clinical lead had been appointed for IPC.</p> <p>An IPC audit and action plan were in place.</p> <p>Disposable clinical room curtains were in place and dated appropriately.</p> <p>Staff were up to date with IPC training.</p> <p>Sharps bins were dated and signed.</p>

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Staff were supported to recognise 'red flag' sepsis symptoms. Following in house training, reception staff were using a comprehensive clinically developed triage template which would alert them to any concerning symptoms. This was also displayed in the practice for patients to view. Adult and paediatric pulse oximeters were available.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes

Safe and appropriate use of medicines

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).(01/07/2016 to 30/06/2017)(NHSBSA)	0.66	1.12	0.98	Variation (low prescribing) (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	3.8%	5.2%	8.9%	Variation (positive)

Medicine Management	Y/N
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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A

Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes No Yes O2
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers: The practice had a risk assessment in place which detailed their proximity to the local general hospital with an emergency department, however it was noted that this is two miles away.	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	4
Number of events that required action	4

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

Event	Specific action taken
Incorrect dose of medication prescribed	Apology to patient. Repeat prescribing policy reviewed. Requests for acute prescriptions now trigger an appointment
Two patients with same name had appointments the same day. Information entered into wrong patient record.	Error noted and apologies and explanation to both patients. All staff to ask patients for date of birth, address and name.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: We saw that a system was in place whereby staff would sign the alerts list to evidence that they had read and reviewed the alert. These would be actioned by clinicians and the practice manager had oversight of the system.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	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). (01/07/2016 to 30/06/2017) (NHSBSA)	0.29	0.82	0.90	Variation (positive)

Diabetes Indicators				
Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	71.7%	74.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (15)	10.2%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	83.1%	78.2%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (12)	7.1%	9.3%	
Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	81.7%	79.5%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (16)	7.8%	13.3%	

Other long term conditions				
Indicator	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. (01/04/2016 to 31/03/2017) (QOF)	75.0%	79.5%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (8)	3.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.3%	92.1%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (4)	11.3%	11.4%	
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 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	85.2%	84.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (6)	5.7%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
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. (01/04/2016 to 31/03/2017) (QOF)	75.0%	90.1%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (1)	14.2%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	39	43	90.7%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	48	49	98.0%	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) (01/04/2016 to 31/03/2017) (NHS England)	48	49	98.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	48	49	98.0%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately 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)	56.9%	62.2%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	52.4%	55.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	25.2%	35.6%	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)	100.0%	61.3%	71.2%	N/A

Mental Health Indicators				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	93.3%	93.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (2)	8.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	94.6%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (2)	6.5%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	88.0%	88.2%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	547	532	539
Overall QOF exception reporting	5.3%	7.0%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
Any further comments or notable training: We saw that administration and reception staff had attended customer care training and telephone skills training to assist them to develop skills and meet patients' needs in the reception area.	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.2%	97.4%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (2)	0.9%	0.8%	

Indicator	Practice	CCG average	England average	England comparison
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) <small>(PHE)</small>	50.0%	56.1%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The practice had developed a template for the recording and obtaining of consent for different procedures, which they were able to review. The clinician could document that risks and side effects had been discussed.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	35
Number of CQC comments received which were positive about the service	35
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Friends and Family Test	79% of Patients would recommend the practice based on 14 responses.
PPG	The PPG confirmed that they and patients at the practice were treated with kindness, respect and compassion.
Comment cards.	Comment cards reflected that staff were caring, helpful and supportive. Patients said they would recommend the service and that the GPs were good at listening and met their needs.
Observation CQC inspector	On the day of inspection we observed and listened to staff treating patients in a respectful and friendly manner.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
3,114	374	12%	65	17.38% (2% of practice population).

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	49.3%	64.6%	78.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	78.4%	82.5%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	82.7%	93.9%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	68.8%	75.3%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	80.9%	85.4%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	82.6%	83.1%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
March 2018 (38 responses)	<p>The survey asked: Thinking about your consultation with your doctor today how do you rate the following: The doctors caring and concerns for you?</p> <ul style="list-style-type: none"> 100% of patients rated this as Good very good or excellent (GP Patient Survey 68.8%) <p>The survey asked: Thinking about your consultation with your doctor today how do you rate the following: How well the doctor listened to what you had to say?</p> <ul style="list-style-type: none"> 95% of patients rated this as good, very good or excellent (GP Patient Survey 78.4%)

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with three patients on the day of inspection. Patients told us it was easy to get an appointment, they were involved in their care and treatment and felt listened to by the GPs.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	77.7%	78.7%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	74.8%	75.2%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	87.7%	83.8%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	72.7%	79.1%	85.4%	Comparable to other practices

Date of exercise	Summary of results
March 2018 (38 responses)	<p>The survey asked: Thinking about your consultation with your doctor today how do you rate the following: How well the doctor explained your problems or the treatment that you need?</p> <ul style="list-style-type: none"> 95% of patients rated this as good, very good or excellent (GP Patient Survey 77.7%) <p>The survey asked: Thinking about your consultation with your doctor today how do you rate the following: How much the doctor involved you in decision about your care?</p> <ul style="list-style-type: none"> 97% of patients rated this as good, very good or excellent (GP Patient Survey 78.4%)

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	3.8% (119 patients)
How the practice supports carers	<ul style="list-style-type: none"> • Carers board containing information and access to the local support group in reception. Local knowledge of grants and schemes to offer financial assistance. • Annual health checks • Flu vaccinations in the winter.
How the practice supports recently bereaved patients	<p>The GP would provide the families of patients who were at the end of life with his personal mobile number over the weekend, in order to provide the necessary death certification to enable prompt burial in line with families' wishes.</p> <p>The practice would refer people to bereavement services if necessary. Information is available in the practice for support groups. The practice also offered visits or appointments to suit the individual.</p>

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	We observed that staff spoke to patients in low voices. A room was available to patients if they wanted to discuss something in private.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Source	Feedback
Patients we spoke with on the day of inspection	Patients commented positively that their privacy and dignity was maintained.
Patient comment cards	Patients commented that staff were very professional and that staff were respectful. No issues were noted by patients with regard to privacy or dignity.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-19:45
Appointments available:	The range of appointments included, emergency appointments, 'drop in' clinics, on the day appointments, pre-bookable appointments, telephone triage and telephone appointments.
Extended hours opening	Extended opening hours were available on a Friday evening. The practice was a member of a GP federation which offered out of hour's appointments daily. The practice was to be included in the second wave of the plan in October 2018.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
The GPs would contact each patient individually and assess if a home visit was clinically necessary, in line with the practice policy.	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	70.5%	72.8%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	51.6%	55.0%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	55.8%	62.6%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	50.5%	59.8%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	There was no recorded feedback on NHS choices.
Patient Survey March 2018 (38 responses)	<p>The survey asked: Thinking about your consultation with your doctor today how do you rate the following: How do you rate the satisfaction of the opening hours?</p> <ul style="list-style-type: none"> 96% of patients were satisfied or fairly satisfied (GP Patient Survey 70.5%) <p>The survey asked: Thinking of the times you have phones the practice, how do you rate the following. How easy is it to get through to someone at your GP practice on the phone?</p> <ul style="list-style-type: none"> 100% of patients said it was easy or fairly easy to contact the practice. (GP Patient Survey 51.6%) <p>The survey asked: Thinking of times when you want to see a doctor: How quickly do you usually get to see that doctor?</p> <ul style="list-style-type: none"> 94% of patients said they were able to see a doctor within two working days or less.
Patients we spoke with on the day of inspection	Patients we spoke with on the day of inspection told us it was easy to get an appointment.
Patient comment cards	Patients' comments reflected that they were able to get an appointment when they needed one. One patient commented that the service had improved.
Bradford City Clinical	The practice submitted 'Friends and family' data from patients based on the following three questions:

Commissioning Group data Sept-Nov 2017. (126 responses)	<p>How easy is it to speak to someone at your surgery? 89% of patients said it was very easy, fairly easy or easy.</p> <p>The last time you wanted to speak to someone at your surgery, were you able to make an appointment to see or speak to someone? 92% of patients answered yes.</p> <p>Overall how would you describe your experience of making and appointment? 84% of patients said it was very easy, fairly easy or easy.</p>
Patient participation group. (PPG)	<p>The PPG said that they had been involved in discussions about the 2017 GP patient survey and the consequent survey undertaken by the practice.</p> <p>We were told that appointments were available which met patient needs.</p>
Patient suggestion box	<p>Located in the reception area. We saw examples of when patients had made suggestions the practice had acted on these. For example, a female locum GP offered one session per week for patients who preferred to see a female.</p>

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
All complaints were treated as significant events and we saw evidence that staff were invited to specific meetings to discuss the complaints and actions to be taken. Staff were well informed and understood how to highlight concerns and complaints.	
Following a complaint made by a patient, the reception staff attended telephone skills training and customer service training.	

Any additional evidence
The practice had reviewed the requirements of the General Data Protection Regulation which was to be introduced in May 2018 to ensure it was compliant. The practice manager had attended a training day.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice

There had been a number of significant changes to the practice since the inspection in September 2017. Staff told us that they felt supported and were involved in decisions within the practice. We saw that the practice was interrogating the computer systems to assist in the provision of good clinical care and that staff were confident in the use of these templates and knew how to use them.

Vision and strategy

Practice Vision and values

The practice vision was to provide a high standard of medical care in a friendly and professional manner to all patients. We saw that there was close collaboration and involvement with the practice participation group and the local community and patient views were sought and valued.

Culture

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

Source	Feedback
Admin staff interview form	All staff attended practice protected learning time to learn, develop and review their practice. Staff worked together and shared ideas to make the practice better.
Health care assistant	Annual appraisals are held and staff reported that they felt very supported, attended regular meetings and had discussed sepsis awareness with the GPs.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff feedback	An administration email box was developed to ensure the fair distribution of tasks to the team. This was monitored and managed by the GPs to ensure that ongoing tasks were not sent to one person.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Review of complaints	We saw that patients were contacted as a result of significant events and complaints and that apologies were given where necessary.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff member	The practice had installed an advanced telephone system in September 2017, staff had discussed that the previous system did not give patients sufficient information about whom they could speak to or queuing information when contacting the practice.
Staff member	Staff had highlighted they were struggling to complete elective referrals for patients as information about how and where to refer was often out of date. The practice developed a 'live' referral directory within the computer system which pre-populated a template and reduced errors, delays and the time taken to complete.

The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Yes
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Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff members	Panic alarms were available on all the computers which enabled the staff to call for help if required.
Practice manager	A risk assessment was in place to cover the external areas of the building and staff would conduct weekly visual checks of the environment to ensure it remained safe.
Practice manager	The immunisation status of the staff team was assessed in line with Department of Health recommendations.
Provider	The practice would offer annual leave at short notice for staff during the fasting month of Ramadan to support them with their health and wellbeing.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Policies and procedures	We saw evidence that a recruitment policy and an equality and diversity policy was in place.

Examples of actions to improve quality in past 2 years

Area	Impact
Environment	The practice had responded positively to the inspection of their service in September 2017. We saw that a comprehensive action plan was produced with all areas completed. We saw evidence of completed risk assessments, additional works that had been undertaken and that appropriate actions had been taken to ensure patient safety.
Management oversight	The practice had introduced a computer based red/ amber / green rated system for areas such as PGD's, staff training and policies and procedures. When renewal dates were reached, the template would indicate this by changing to amber and then a red colour to indicate urgency.

Examples of service developments implemented in past 2 years

Development area	Impact
Technology and innovation.	One of the GP partners was interested in how technology could improve service delivery of patient care. They had developed a system on the computer which allowed clinicians to complete referrals letters to a high standard directly from the patient record. The safe and innovative system automatically pre-populated the letter with referral and patient information, reducing human error, time and delays. We were informed that this was being shared with the local CCG.
Long term conditions	Patients who had a long- term condition were also screened for atrial fibrillation.
Meeting religious and cultural needs	The newly opened extension included a multi-faith room where patients could pray whenever the surgery was open. This was included in the

	development as a direct result of feedback from patients and we were told it had reduced DNA's during the summer months when intervals between prayer times were shorter. Patients were able to pray before or after appointments and were therefore more likely to attend reviews.
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Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Learning from complaints and significant events	The practice held a meeting for each complaint or significant event and reviewed these with the team. The team were able to discuss these and outcomes and changes which were made as a result.	
Practice specific policies	Up to date and reviewed appropriately, A matrix which detailed the review dates enabled the practice manager to ensure they remained current.	
Other examples	We saw evidence of newly developed governance and oversight, of a number of areas within the practice including appraisals, training, MHRA alerts and PGDs.	
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire Evacuation	A Fire evacuation sledge was purchased and we were told that staff had been trained in how to use this.
Measles outbreak within the City	The practice had proactively reviewed all their eligible children and reception staff were recalling relevant patients and offering emergency appointments/ opportunistic appointments for children to be vaccinated who had previously declined.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patient Participation Group	Website / Notice boards/ Survey	Patients were aware of the PPG and posters encouraging new members and information were displayed in the practice. The group liaised with local community groups and leaders to engage patients in managing their own health and well-being.
Patients	Feedback	The practice encouraged feedback from patients. A suggestion box was available in the waiting area and we saw 'you said, we did' information displayed. This included offering the use of a nebuliser for acute symptoms.
Staff	Communication and engagement	Staff attended regular meetings and felt able to offer opinions. Training opportunities were offered and a number of staff attended peer meetings and regular learning and development events held by the CCG. A patient engagement lead was identified within the practice.
External partners	Meetings and local knowledge.	The practice worked closely with the CCG. The registered manager was a member of the clinical board. The practice had links to local support groups such as a carers group. The practice was part of a GP federation which planned to offer extended hours access to patients for appointments.

Feedback from Patient Participation Group;

Feedback
<p>The patient participation group at the practice was well established and embedded into the local community. We were told that the practice was open and honest with the group and their contribution was respected. The preferences of patients were central to the planning and delivery of care. We saw examples of changes and improvements made by the practice to enhance services and the patient experience.</p> <p>PPG also spoke highly of the commitment of the service and the GPs to improve services for patients.</p> <p>We were told that services at the practice met patient needs</p>

Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
The development of a multi-faith room	As a result of feedback from patients and the PPG, a multi-faith room was provided by the practice. We were told this reduced the numbers of people who did not attend for appointments during the summer months, due to the shorter interval between prayer times
Telephone systems	The PPG were involved in highlighting patient concerns regarding contacting the practice prior to the updated system being implemented.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Innovative use of templates and directories to improve patient care.	One of the GP partners was interested in how technology could assist to improve and deliver safe and effective patient care. A number of templates, safety nets and processes had been developed within the computer systems; which allowed clinicians to complete referrals letters, prescribe safely and carry out thorough and comprehensive reviews to a high standard directly from the patient record. The safe and innovative system automatically pre-populated patient information, reducing human error, time and delays.
Primary Care Home	The practice was working collaboratively with neighbouring surgeries to develop a new model for diabetes care based on local population requirements.

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Antibiotic prescribing audit	Review of prescribing patterns and discussion at clinical meeting. Further discussion with one locum GP regarding higher rates of prescribing. The second cycle of the audit found that the prescribing of antibiotics had been reduced in line with the policy.
Referrals audit	Action plan in place for both GPs to ensure that all referrals were appropriate.

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices

- Variation (negative)
- Significant variation (negative)

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

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

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>