

Care Quality Commission

Inspection Evidence Table

The Billesdon Surgery (1-554415135)

Inspection date: 26th April 2018

Date of data download: 4th April 2018

Safe

Safety systems and processes

Source	
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
Explanation of any 'No' answers:	

Recruitment Systems	
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
Explanation of any 'No' answers:	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes March 2018*
There was a record of equipment calibration Date of last calibration:	Yes 09/04/2018
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
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 28/08/17 Billesdon 05/10/2017 - Bushby
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes July 2017
Health and safety risk assessment and actions Date of last assessment:	Yes Aug 2017
Additional comments: *PAT testing was overdue by one month but testing had been cancelled due to sickness and was scheduled for 02/05/2018	

<p>Infection control</p> <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>Infection control audit completed at both sites 11/04/2018.</p> <p>One room was carpeted and deep cleaned in agreed timescale. All other actions regarding minor problems like selotape on walls and missing bin liners which were all actioned promptly.</p> <p>The action plan was RAG rated to show risk involved with each issue.</p>	<p>Yes</p> <p>11/4/18</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Risks to patients

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

Information to deliver safe care and treatment

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)	1.03	0.94	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) _(NHSBSA)	11.0%	10.8%	8.9%	Comparable to other practices

Medicine Management	
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.	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	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	Yes
The practice had a defibrillator	Yes
Both were checked regularly and this was recorded.	Yes
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 answers

PSDs were not used at the practice as only the nurse administered injections.

On the day of inspection there were patients who were receiving medication for blood pressure yet did not have a recent blood test recorded on their records. This was actioned by the practice straight away and the affected patients were called for blood tests urgently

Dispensing practices only	
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
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.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	N/A*
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	N/A*
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
<p>Further information:</p> <p>The practice did not dispense any blister packs nor held a delivery service for patient's medications. If either of these were required for the patient they would refer them to an appropriate community pharmacy.</p>	

Track record on safety and lessons learned and improvements made

Significant events	
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.	48
Number of events that required action	0

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

Event	Specific action taken
Wrong medication issued to patient	SOP for handing out medication amended to include the need for staff to ask for patients address. This is to be checked against the bag label and the prescription before handing over to patient or relative. This practice was observed on day of inspection.
Emergency button was not working	A new panic button was installed in the specific treatment room. All clinic rooms now have a physical panic button and all computers also have a panic button on the screen to use in emergency. These are regularly tested.
Incorrect medications were added to patients records following hospital discharge	The policy was changed that dispensers are not to amend patient medications and it must be amended by GP or pharmacist. This was communicated to all staff who signed the new policy.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes*
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>There was a system in place to record and act on safety alerts however not all alerts were being received on the day of inspection. The practice has now ensured they are receiving all alerts and they are all documented and acted upon.</p>	

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)	0.75	0.69	0.90	Comparable to other practices

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)	79.2%	82.3%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 5.8% (17)	CCG Exception rate 9.2%	England Exception rate 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)	66.7%	77.1%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 10.3% (30)	CCG Exception rate 9.3%	England Exception rate 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)	82.5%	82.1%	80.1%	Comparable to other practices
QOF Exceptions	9.6% (28)	13.2%	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)	73.0%	74.8%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.8% (39)	9.9%	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)	94.3%	91.1%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (17)	12.7%	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)	77.5%	83.0%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (41)	4.2%	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)	91.9%	90.6%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (3)	7.1%	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)	53	53	100.0%	Met 95% WHO based target Significant Variation (positive)
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)	63	63	100.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	63	63	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 (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	63	63	100.0%	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)	79.6%	77.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.4%	78.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	63.3%	62.0%	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)	70.4%	67.1%	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)	100.0%	97.1%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	61.5% (24)	47.9%	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)	94.7%	95.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	51.3% (20)	38.8%	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)	95.0%	81.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (5)	8.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549	546	539
Overall QOF exception reporting	5.2%	5.2%	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. Reception staff had requested training on QOF in order for them to assist with some QOF data collection to reduce burden on other clinical team members.	

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)	93.9%	95.6%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (8)	1.1%	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) (PHE)	50.0%	59.3%	51.6%	Comparable to other practices

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	20
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>All comment cards received were positive however two also included that it was sometimes difficult to access the practice.</p> <p>NHS choices feedback was overall positive with only one slightly negative comment about dealing with mental health issues. However the comment was anonymous and the practice had no way of following up on the feedback.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
6,963	219	3%	115	52.51%

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)	88.4%	79.8%	78.9%	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 GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	95.6%	90.6%	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)	98.6%	96.4%	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)	95.6%	88.1%	85.5%	Variation (positive)
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)	97.3%	90.3%	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)	96.9%	90.4%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
<p>Dispensary Questionnaire December 2017</p>	<ol style="list-style-type: none"> 1. Only 64% patients were satisfied with the time it took to provide a prescription, 21% were not very or not at all satisfied. The practice asked for 48 hours to provide a prescription and it was identified that some patients did not understand this being two full working days. Action: Information explaining the life cycle of prescriptions were displayed for patients to understand the process. 2. 80% of patients were satisfied the method used to order medication, options are by post, ordering at the surgery by person or through a repeat slip or on line-currently we do not take telephone orders. 14% were fairly satisfied and only 6% not very or not at all satisfied. There were a number of comments on the dispensary not offering a telephone service. Action: A telephone service option was discussed with staff and was not practical due to staff hours, although the practice intended to monitor this. 3. 73% patients reported very good stock and medicines needed in the dispensary, 14%thought fairly good and 13% thought fairly or very poor. Action: The practice identified that stock balances in the dispensary were not always correct and scheduled a full stock count. 4. 80% of patients reported very good when waiting to be served, 16% thought fairly good and 4% thought poor or very poor. Action: Dispensers could not always immediately attend to patients at the hatch due to dealing with other patients requests. The daily jobs for dispensers was reorganised so that dispensers could respond quicker, safely and deliver a high quality of customer service.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>Patients we spoke with on the day said they had no issues with the practice and all staff were friendly and helpful.</p> <p>No patients reported any issues with accessing appointments as there was the two sites to visit and also had the open surgery each morning.</p> <p>All patients said that the GP was good at explaining things to them and they felt they cared about their treatment.</p>

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)	96.9%	88.5%	86.4%	Variation (positive)
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)	92.7%	83.1%	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)	94.4%	88.7%	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)	89.1%	83.5%	85.4%	Comparable to other practices

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	128 patients were identified as being a carer, this represents approximately 2% of practice population
How the practice supports carers	The practice had a carers champion to support carers with local groups and advice centres. All carers were sent leaflets of useful information and supported with any other issues they are facing.
How the practice supports recently bereaved patients	The GP sends a letter to the family which includes condolences and offers an appointment with the GP for the family. The GP would visit the next of kin or family if appropriate. The practice also provided help with other arrangements and would signpost relatives to other local support services if required. Staff were aware of a number of local services offering support for different situations.

Privacy and dignity

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	The reception area was in a separate room to the waiting room. Reception staff reported it was rarely full of people and details could be discussed quietly.

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

Examples of specific feedback received:

Source	Feedback
Reception staff	The repeat prescription box was previously located in reception however reception staff identified this could compromise patient confidentiality when patients were dropping off repeat prescription requests and other patients were speaking with receptionists. For this reason and to reduce the numbers waiting in reception the box was relocated to near the dispensary.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	Billesdon Surgery: 8am – 1pm and 2pm – 6.30pm Bushby Surgery: 8.30am - 12:30pm and 4pm – 6pm
Tuesday	Billesdon Surgery: 8am – 1pm and 2pm – 6.30pm Bushby Surgery: 8.30am-12.30pm
Wednesday	Billesdon Surgery: 8am – 1pm and 2pm – 6.30pm Bushby Surgery: 8.30am-12.30pm
Thursday	Billesdon Surgery: 8am – 1pm and 2pm – 6.30pm Bushby Surgery: 8.30am-12.30pm
Friday	Billesdon Surgery: 8am – 1pm and 2pm – 6.30pm Bushby Surgery: 8.30am-12.30pm
Appointments available	
	From 8.30am until 1pm and 2pm until 6pm daily at Billesdon From 8.30am until 12.30pm daily at Bushby surgery and 4pm – 6pm on Mondays.
Extended hours opening	
	Not available

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	
Home visits were offered to all patients who felt they needed them. Requests for home visits were triaged by the duty GP who determined whether the home visit was necessary, and if a GP or a nurse appointment was required.	
The practice had a policy for all urgent medical attention where all staff were aware of urgent symptoms and would alert the GP urgently or advise the patient to call 999 if necessary.	

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)	72.4%	75.6%	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)	93.6%	64.4%	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)	93.1%	74.2%	75.5%	Variation (positive)
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)	88.8%	68.6%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient interview	We spoke with patients on the day of inspection who were satisfied with the availability of appointments within the practice. They were aware of the open surgery appointments in the morning and were able to pre-book appointments for reviews.
Comment cards	Patients were generally satisfied with the appointment system and knew the options available to them for booking appointments. Two patients reported difficulties in booking appointments in advance.

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	10
Number of complaints we examined	10
Number of complaints we examined that were satisfactorily handled in a timely way	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
All complaints were handled in a timely manner and recorded for audit trails. The practice recorded the date of review, outcome and learning from each complaint and documented all correspondence with the patient. The date of learning outcomes were discussed as a practice was also recorded for reference.	

Any additional evidence
Many complaints which were not written complaints were recorded as significant events and handled through the significant event process.

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
The practice had an ethos of “Partners in Care” which all staff knew and adhered to by putting patients’ needs at the centre of their work.

Culture

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

Source	Feedback
Verbal feedback	Staff felt proud to be part of the team at the practice and felt like everyone was treated equally. Staff told us the GP’s and management were approachable and felt supported in their work.
Feedback from external staff	Staff from another agency called to report the practice had excellent customer service. This was recorded as a significant event and shared with staff members.

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

Source	Example
Verbal feedback	The relocation of repeat prescription box to maintain patient confidentiality.
Feedback from nursing staff	Staff identified that patients were not utilising the open surgery for nurse appointments and felt it would be more appropriate for all nurse appointments to be pre-bookable. The appointment system was amended and this worked better for continuity and for patients. The practice monitored this annually to assess if still appropriate for patients.

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

Source	Example
Incidents and complaints records	All incidents and complaints are recorded and investigated by the practice manager with any learning or changed protocols circulated to all staff for awareness. Within the record the patient or people involved in the matter are kept informed of the process throughout explaining the procedure. A final letter is sent to explain what has happened as a result of the incident or complaint. All correspondence included apologies where necessary.
Incidents and complaints records	When a final letter was sent to the complainant or patient involved the practice included a leaflet for the charity POhWER which is a local advocacy service to ensure the patient feels that they were treated fairly and they could be supported if they felt they needed to take it further.

Examples of concerns raised by staff and addressed by the practice

Source	Example
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Dispensary staff	On the day of inspection we saw evidence of dispensary staff identifying to a GP that a patient had requested a high number of inhalers, requesting the GP to look into the patient's medications to see if a different inhaler would be more effective and reduce the amount of times the patient had to keep ordering inhalers.
Dispensary staff	Dispensers identified that if any prescription contained owing's they would often be missed when handing out medicines meaning the patient could not receive all of their medications at the same time. The dispensary changed the procedure to ensure that it was clear which prescriptions had any items as owing's to reduce the amount of times patients had to attend the practice.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff feedback	Members of staff reported that the management team were supportive and offered flexible working hours if experiencing difficulties outside of work.
Significant events	All areas of the practice had installed panic buttons for emergency situations or if the staff were feeling threatened.
Staff feedback	Practice staff held regularly team building exercises which were organised by team members to promote a team environment. Many staff were also interested in promoting a healthy workplace so created a weekly weigh in session and discussed health and wellbeing.

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

Source	Example
Staff training	Staff had completed the equality and diversity training available and was discussed in team meetings.
Staff management	To promote the team environment the practice created a team room which could be used by all members of staff. Since this had been introduced it was reported the team felt more valued and embraced as part of the team.
Bright HR	The practice utilises Bright HR for managing team's absence and holiday. This also includes support for team members if they felt they needed support from outside the team.

Examples of actions to improve quality in past 2 years

Area	Impact
Long term conditions	All long term conditions had a named clinical lead meaning that all patients with specific conditions were overseen by a specialised GP. This ensured that monitoring and medication changes were effectively managed by one GP ensuring patient safety.
Non-clinical leads	The practice had non clinical leads for dementia and carers. This encouraged patients who were identified as being a carer or suffering with dementia to understand support available in the local community for them and could have non-clinical conversations to discuss any issues.
New staffing roles added to team	A dispensary manager was appointed Summer 2017 and a Senior receptionist has also joined the team. These roles have enabled the teams to have a clear structure to implement changes and manage teams.

Examples of service developments implemented in past 2 years

Development area	Impact
	PPG, pharmacist (discharges and medication reviews) physio once a week, recycle inhalers breathe – supported by GSK. Recycle espresso
Physiotherapist appointments	The practice offers physiotherapy appointments once a week to aid patients and reduce the need for travelling for physiotherapy appointments and promote a holistic therapy approach.
Pharmacist employed	A practice pharmacist has been employed to support GPs with medication reviews, hospital discharges, medication enquiries and interactions and safety alerts.
Inhaler recycling	The practice is part of the recycling of inhalers scheme 'Breathe' to reduce the impact on the environment.
IT manager has created EMIS forum	An EMIS forum is conducted bimonthly with a specialist EMIS advisor. Other practice managers or data managers in the local area who use EMIS are invited to share ideas and best practice.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	PPG, noticeboards	Noticeboards were used to display missed appointment times, any changes in process, dispensary information and health information.
Staff	Staff feedback form, regular staff meetings, team building events, annual appraisals	Staff feedback is discussed and implemented where appropriate.
External partners	Clinical commissioning group	The practice engages with the CCG through a monthly practice manager forum. The practice is working towards the CCG dementia friendly practice scheme.

Feedback from Patient Participation Group;

Feedback

The patient participation group was in the process of appointing a chair to manage and direct the group's ideas and thoughts. The practice supported the group and was actively trying to recruit more members to have representative group to represent the patients of the practice.

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

Examples	Impact
Display the amount of missed appointments within the practice.	The amount of missed appointments had reduced since the introduction of the number being displayed.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Clinical audit schedule	Improved care for patients, for example improved monitoring schedules and prescribing of high risk medications.
Annual patient feedback	Ensure that the appointment system is consistently appropriate to patients.

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>