

Care Quality Commission

Inspection Evidence Table

Dr Deedar Singh Bhomra (1-484649687)

Inspection date: 11 April 2018

Date of data download: 05 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
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	
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	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 09/2017
There was a record of equipment calibration Date of last calibration:	Yes 09/2017
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	No
Fire drills and logs	No
Fire alarm checks	No
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	No
Actions were identified and completed.	No
Health and safety Premises/security risk assessment?	No
Health and safety risk assessment and actions	No

<p>Infection control</p> <p>Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified</p> <p>Detail:</p> <p>An external infection control specialist undertook annual infection control audits. The audit we viewed showed that the practice scored 88% and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice made changes to the building, which enabled the practice to have a designated room for the storage of cleaning equipment. Reception staff received training on how to monitor vaccination fridge temperature and appropriate actions required when reporting abnormal readings.</p> <p>Staff explained that due to the volume of work required following their 2016 infection control audit, the follow up audit was scheduled for May 2018.</p>	<p>Yes 07/2016 Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p> <p>The practice had not completed a fire risk assessment. Practice staff explained that fire drills were carried out six monthly and fire alarm as well as extinguisher checks were carried out. However, there were no logs to evidence completion of these checks.</p> <p>Staff we spoke with explained that monthly walk arounds to check health and safety within the practice were carried out and where required actions taken. For example, electrical outlet covers were placed over sockets which were not being used. However, a record to evidence this activity was not maintained.</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
Explanation of any 'No' answers:	

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
Explanation of any 'No' answers:	

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)	1.42	0.97	0.98	Variation (high prescribing)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	4.8%	7.7%	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.	NA
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.	No
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 Yes 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 'No' answers:

The practice fitted coils and performed minor surgery but did not stock medicines to respond to medical emergencies during these procedures. The practice did not stock medicines to enable staff to respond to nausea, vomiting and epileptic fits. Staff we spoke with explained that there was rapid access to secondary care. However, no risk assessment to mitigate risks was carried out. Following our inspection, the practice explained that they updated their stock of emergency medicines and the entire practice team had been informed of the changes.

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.	Eight
Number of events that required action	Eight

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

Event	Specific action taken
Recording error	Discussion with staff regarding the importance of documenting actions points. The practice reviewed their confidentiality policy.
Clinical	Incident discussed with individuals involved and the practice were making plans to move towards using electronic sick notes.

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>Practice leaders received alerts via email, these were then forwarded to all clinical staff and a copy of the alert printed as well as a record of the alert recorded on a spreadsheet. Staff explained that alerts were discussed during clinical meetings and we saw evidence of actions taken to ensure compliance with safety recommendations. For example, the practice responded appropriately to a recall on inhalers' and an alert, which required the practice to review the treatment of women of childbearing age, was appropriately actioned.</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)	1.03	0.91	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)	69.7%	80.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 1.1% (2)	CCG Exception rate 12.8%	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)	88.2%	77.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 0.5% (1)	CCG Exception rate 10.3%	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)	75.5%	81.0%	80.1%	Comparable to other practices
QOF Exceptions	1.6% (3)	12.3%	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)	82.7%	76.2%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (1)	7.8%	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)	90.3%	91.6%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (1)	12.1%	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)	92.3%	83.1%	83.4%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (6)	4.5%	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)	93.5%	87.4%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (1)	11.2%	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)	36	36	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)	34	34	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)	34	34	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)	34	34	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)	87.1%	68.3%	72.1%	Significant Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.6%	63.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	43.2%	43.7%	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)	62.5%	72.6%	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)	92.0%	91.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	11.3%	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)	92.0%	91.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.4%	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)	81.3%	84.7%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (1)	6.2%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	540	544	539
Overall QOF exception reporting	2.9%	6.6%	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

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)	98.9%	95.5%	95.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (11)	0.7%	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)	55.6%	50.3%	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	20
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
CQC Comments cards	As part of our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. Completed comment cards showed that patients felt staff were very conscientious when carrying out their duties and do their utmost best to deal with individual cases in the appropriate manner. Patients felt they were always treated with respect and dignity.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
2,827	343	12%	88	25.66%

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)	95.3%	74.5%	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)	97.0%	88.3%	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)	99.3%	95.5%	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)	100.0%	85.0%	85.5%	Significant 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)	95.3%	90.1%	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)	96.3%	88.7%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises No

Date of exercise	Summary of results
	A patient comment box was located in the practice reception area as well as NHS friends and family test (FFT) cards. However, staff explained that over the years patient had stopped completing the FFT cards.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC Comments cards	The 20 completed CQC comment cards all showed that patients felt they were involved in decisions about their care and treatment.

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)	98.3%	86.3%	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)	98.3%	81.2%	82.0%	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 explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	93.9%	88.2%	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)	91.3%	84.2%	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	The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (1% of the practice list).
How the practice supports carers	Information leaflets and posters regarding support services were available in the reception area. Staff explained that the carers lead provided carers with advice; carers were offered flu vaccinations, stress level reviews and were able to register at the practice as a temporary patient in order to access general health care services.
How the practice supports recently bereaved patients	If families had suffered bereavement, their usual GP contacted them and they were invited in to speak with the GPs or sent a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had bereavement packs which included information and detail of support services available for the family.

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	Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The reception desk had a designated area where the counter was slightly lower and patients had access to a privacy hatch where they were able to discuss sensitive issues.

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
Staff	Staff told us that a private room was available for patients who wished to discuss any issues in confidence or required support in reading and completing forms. Part of the reception desk was lowered and a private hatch available for patients who did not wish to access a private room; however, still wanted to discuss private matters at the reception desk.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-12:30
Monday	16:00-18:30
Tuesday	08:00-12:30
Tuesday	16:00-18:30
Wednesday	08:30-14:30
Thursday	08:30-13:00
Thursday	16:00-19:30
Friday	08:30-13:00
Friday	16:00-18:00

Appointments available	
	<p>GP consulting hours are available from 10am to 12.30pm and 4.30pm and 6.30pm on Mondays, Tuesdays and Fridays. Wednesday's appointment times are from 10am to 12.30pm. On Thursdays appointments are available from 10am to 12.30pm and 4.30pm to 7.30pm.</p> <p>Wednesday afternoons when the practice closes from 1.30pm as well as 12.30pm and 4.30pm Mondays, Tuesdays and Fridays calls were diverted to the principal GP.</p> <p>The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.</p>
Extended hours opening	
	4.30pm to 7.30pm

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	
<p>To assess whether a home visit was clinically necessary and the urgency of the need for medical attention patients who requested a home visit would be placed on a home visit request list, which GPs worked through collectively. Staff explained that GPs would call the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need.</p> <p>In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP.</p>	

Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits. Staff we spoke with explained how they navigated patient's appointments effectively.

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)	88.1%	77.0%	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)	87.5%	58.7%	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)	74.7%	66.7%	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)	79.2%	66.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Feedback received over the last 18 months was less positive about appointment access. For example, anonymised comments showed that patients found it difficult to get an appointment with the GPs.

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.
Yes

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

Complaints	
Number of complaints received in the last year.	Three
Number of complaints we examined	Two
Number of complaints we examined that were satisfactorily handled in a timely way	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Any additional evidence
Some clinical and non-clinical staff were multilingual and able to speak languages such as Punjabi, Hindi and Urdu.

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
There was a clear vision to provide patients with high quality, patient-centred, holistic care, in a safe, responsive and courteous manner. The practice understood the challenges within the areas served by Aylesbury Surgery and were raising awareness of health benefits, whilst empowering patients to fully participate in their own care. All staff were aware of the vision and we saw that this translated into the action of the practice.

Culture

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

Source	Feedback
Staff	Staff we spoke with told us that the whole practice worked as a team and that the GPs and management were very approachable. Staff told us they found the practice a supportive environment both clinically and non-clinically.

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

Source	Example
Practice nurse	While carrying out the over 40s health checks the practice picked up a few pre-diabetes patients. As a result, the practice introduced annual checks for patients identified as being at risk and offered information on lifestyle changes such as health promotion, referral to the gym and the option of medical intervention.
Staff	Staff explained that the practice received verbal feedback from patients regarding the use of mobile phones within the reception area, as patients were not happy that some patients were having loud discussions on their phone. This was discussed with the PPG and as a result, the practice implemented a restriction on phone use in the reception area unless its and emergency.

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

Source	Example
The practice adverse events summary	A patient experienced a low blood sugar episode during a routine appointment of a fasting blood test. The patient had fasted from midnight as advised in order to carry out a panel of blood tests that serves as an initial screening tool for abnormalities. The patient became cold, clammy and started perspiring during the blood test. The patient lost consciousness for a few seconds, emergency medicine was given and the patient responded positively. Following the test the patient informed the clinician that they had taken the insulin without taking any breakfast in the morning. The practice reviewed national guidelines for carrying out blood tests in patients with diabetes. The practice implemented a process

	which involved advising patients not to take insulin during the morning and to ensure they present with their medicines so that it can be taken following the blood test.
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	The practice considered their staff and treated staff fairly and considered equality. There was an inclusive culture; for example, staff explained that ideas were discussed during meetings and improvements made as a result.

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

Source	Example
Health and Engagement Forum	The practice used their health and engagement forums as well as the monthly newsletters as a platform to raise awareness of equality and diversity. Throughout the forums clinicians talked about the meaning of equality and diversity and ensuring education, language and levels of deprivation did not become a barrier to providing effective care.
PPG	The practice used their links within the PPG to meet the needs of the local population. For example, PPG members included community leaders, this enabled the practice to communicate with various faiths within the community and we saw evidence that religious celebrations were featured in the practice newsletter.

Examples of actions to improve quality in past 2 years

Area	Impact
Childhood Immunisations	Members of the practice identified the need to support children to overcome their fears of visiting the practice. In response to this the practice invited children from local schools reception class one and two into the practice and delivered talks and demonstration of equipment used by GPs. The practice achieved 100% uptake rate for childhood immunisations.
High risk medicines	Monthly audits have demonstrated continued improvement in the monitoring of patients prescribed high-risk medicines.
Clinical audits	<p>We reviewed a number of clinical audits where actions had been implemented and improvements monitored For example, an audit was undertaken of patients diagnosed with Pre-Diabetes to see if a reduction in blood glucose levels could be achieved. Patients identified were notified and invited to attend further education with the practice nurse. Following the intervention, 27% out of the identified patients had a normal blood sugar level following a second blood test and only 5% of patients went on to develop diabetes. Following this, the practice established a system where monthly checks of pre-diabetes management were carried out.</p> <p>Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice carried out a first stage audit, which looked at the use of multiple medicine items per patient. Actions to reduce the use of multiple medicines included ongoing medicine reviews and discussions with patients to ensure that medicines were being used as they were intended to ensure medicines were not being unused or wasted.</p>

Examples of service developments implemented in past 2 years

Development area	Impact
Helping patients to live healthier lives	During the practice health and engagement forums the need to encourage patients to become active had been explored. As a result, the practice arranged a health walk scheduled to take place June 2018. At the time of our inspection, 50 people had signed up to take part in this event.
Staff skill mix	Members of the management team had identified that the practice population was changing with the influx of migrants from African and Eastern European countries. The practice ensured access to adequate interpreter facilities, as well as allowing longer consultation times. Clinicians received training in Female Genital Mutilation (FGM) and communicates with the local Clinical Commissioning Group as part of an initiative to report any identified concerns regarding FGM.

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	Patient participation group	The number of appointments that patients did not attend was displayed in the waiting room, and the practice carried out a yearly analysis to demonstrate the impact missed appointments had on access. Patients fed back they were happy with appointment access; however, sharing data around missed appointments raised their awareness of the number of wasted appointments.
Staff	Staff suggestion box, annual appraisals, regular staff meetings	Staff suggestions were regularly discussed and implemented where appropriate. Appropriate training identified by staff had been provided. The practice encouraged patients to place comments in the practice suggestion box as well as complete NHS friends and family test (FFT) cards. However, staff explained that feedback received using these methods had reduced.
Staff	Health engagement forums	Staff and external organisations attended the practice monthly health and engagement forums. During these forums, local community organisations discussed local initiatives to improve the community. For example, there was a wide range of events, which the practice promoted such as community clean up to raise awareness about the damage litter caused to the local area.

		The practice funds a yearly three course traditional Christmas meal. This takes place at the local Church Hall and served by volunteers from local community groups. The annual event attracts between 40 and 50 residents as well as registered patients.
Staff	Members of the management team judged the annual Easter bonnet parade, which was held at a local primary school.	Each year members of the management team judged the annual Easter bonnet parade, which was held at the local primary school. The practice then presented a golden egg to the winner for the most creative Easter Bonnet and pictures of the event were placed in the forum newsletter.
Staff	Surgery visits by children from local junior schools to overcome fears of visiting GPs.	Every year the practice facilitated visits for children from the local primary school to attend the practice. During these visits, children were given a short talk to reduce fears of visiting the GP. Children were also given small demonstrations on how GPs carry out blood pressure checks as well as other equipment used within the practice. Children also had the opportunity to ask questions. The practice felt that these visits would enable children to know what to expect when visiting the GP so that visits were not such a massive ordeal. Data showed high uptakes of childhood immunisations.

Feedback from Patient Participation Group;

Feedback
Members of the patient participation group (PPG) we spoke with reported effective communication with the practice where everybody involved in PPG meetings was able to raise their thoughts. Ideas raised by the PPG were discussed and implemented where appropriate. The PPG felt involved in the practice and felt the practice worked proactively with local residents as well as community organisations, local church and schools.

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

Examples	Impact
A discussion with the PPG highlighted a concern that some people within the local community did not always have access to a hot meal. As a result, the practice funds a soup kitchen which is held at the local Church Hall once a month.	Once a month people had access to a hot, healthy and nutritious meal. Attendance range from 60 to 80 people, this generally doubled during Easter and Christmas.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
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Planned audit schedule	Improved care for patients, for example improved monitoring of patients prescribed high risk medicines and polypharmacy (the use of multiple medication by a patient).
Community engagement	The practice along with the support of the PPG organised a series of fundraising events, which resulted in large sums of money being donated to local charities. For example, PPG members held coffee mornings, cake sales, some members grew their hair for six months to support patients living with terminal illness and their families. Members of the management team also took part in a yearly local fun run as well as a sponsored hair shave, which raised a large amount for a chosen hospice.

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>