

# Care Quality Commission

## Inspection Evidence Table

### Longbridge Practice (1-3878655897)

Inspection date: 18 April 2018

Date of data download: 03 May 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
Explanation of any 'No' answers:	

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
Explanation of any 'No' answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 28 February 2018	Yes
There was a record of equipment calibration Date of last calibration: 28 February 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	No
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: 31 January 2018	Yes
Actions were identified and completed.	Yes
Additional observations: COSHH risk assessments were not in place for some of the chemicals held on site such as bleach and surface cleaner.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: 31 January 2018	Yes
Health and safety risk assessment and actions Date of last assessment: 31 January 2018	Yes
Additional comments:  The practice undertook an additional disability access audit to identify hazards and risks which might affect those who are less mobile. Actions identified during the audit had been acted on by the practice.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last internal infection control audit: 7 March 2018</p> <p>The provider acted on any issues identified</p> <p><b>Additional detail:</b></p> <p>An external audit undertaken in March 2017 found one of the vaccine fridges had glass shelves which could interfere with good air circulation. The practice took remedial action to address the identified problem within the stipulated timeline by removing the obstructing shelves.</p>	<p>Yes</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p> <p>Explanation of any 'No' answers:</p>	<p>Yes</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
On the day of inspection we found that the practice did not have a safe system or process in place to manage hard copy pathology request forms awaiting collection. We found 57 forms that were uncollected by patients which were not followed up by the practice to ascertain the reasons for failing to collect test forms. Examples of uncollected tests requested by the GP included urine sample, microbiology and Hepatitis B immunity. Following the inspection the practice provided us with evidence that all 57 patients were contacted and steps were taken to mitigate any further risks to patient by embedding processes to ensure uncollected pathology scripts were monitored.	

## 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
<b>Other findings:</b>	

## Safe and appropriate use of medicines<sup>[SC1]</sup><sup>[SA2]</sup>

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). <b>(01/07/2016 to 30/06/2017)</b> <sup>(NHSBSA)</sup>	Data unavailable	0.93	0.98	
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. <b>(01/07/2016 to 30/06/2017)</b> <sup>(NHSBSA)</sup>	Data unavailable	10.3%	8.9%	

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
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.	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
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:	

## 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

## Examples of significant events recorded and actions by the practice;

Event	Specific action taken
Violent and aggressive patient	The practice reported the incident to the police as well as the CCG. The patient was de-registered by the practice and they were notified of this and how to register with a new GP.
Cyber attack	<ul style="list-style-type: none"> <li>Staff were made aware of cyber threats and instructed to follow security protocols.</li> </ul>

Safety Alerts	Y
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: Safety alerts were received by the principal GP and practice manager. Searches were carried out by the GP who would take the required action. These were also discussed in peer meetings with other local GPs who worked in other practices.</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)	Data unavailable	1.05	0.90	

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)	64.1%	72.0%	79.5%	Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.6% (29)	13.4%	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)	90.7%	79.2%	78.1%	Significant variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (9)	7.8%	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)	80.2%	76.4%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (21)	10.0%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	76.2%	76.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	2.1%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	96.8%	87.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (1)	4.6%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	83.6%	80.6%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (5)	3.1%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	100%	86.0%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.2% (2)	6.0%	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. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	60	65	92.3%	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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	50	61	82.0%	Below 90% Minimum (variation negative)
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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	51	61	83.6%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	51	61	83.6%	Below 90% Minimum (variation negative)

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 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	70.9%	67.0%	70.3%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	55.0%	63.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	35.0%	38.1%	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%	81.4%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	96.3%	91.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.0%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	100%	95.3%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	3.1%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	90.5%	82.2%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.1%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	539	533	539
Overall QOF exception reporting	4.1%	5.1%	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
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, Nurse prescribers and the practice nurse.	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 <b>(01/04/2016 to 31/03/2017)</b> (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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	97.2%	96.6%	95.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	0.6%	0.8%	

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	37
Number of CQC comments received which were positive about the service	31
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	0

## Examples of feedback received:

Source	Feedback
Comments cards	Patients said staff were always polite, helpful and described the GP as very supportive.
NHS Choices	The practice was rated three out of a possible five stars. Some patients were positive about the standard of care received at the practice, however others commented on difficulty obtaining appointments and attitude of reception staff.

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
4,333	381	9%	93	24.41%

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 <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	70%	65.7%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90%	81.1%	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?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97%	90.7%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	85%	75.7%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	89%	84.7%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	83%	82.6%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results	
2/10/2017-13/10/2017	The survey carried out in October 2017 and was re-audited in March 2018. See results below:	
Second survey: 05/03/2018-16/03/2018	October 2017 findings (66 patients were surveyed)	March 2018 findings (58 patients surveyed)
	82% of patients said appointment bookings were convenient.	79% of patients said appointment bookings were convenient.
	86% of patients got urgent appointments on request.	85% of patients got urgent appointments on request.
	96% of patients rated the service they received from the GP either "excellent" or "good."	100% of patients rated the service they received from the GP either "excellent" or "good."

Any additional evidence
The practice had plans to continue auditing patients experience using the in-house patient survey. We saw evidence the practice had implemented an action plan to address the areas where improvements were required. The practice also monitored and responded to feedback left on NHS Choices by patients.



## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with seven patients on the day of inspection. They told us they received good care by the doctors and nurses, however they commented on waiting a long time to obtain routine appointments.

## 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	83%	77.6%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	83%	71.6%	82%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92%	83.4%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90%	78.1%	85.4%	Comparable to other practices

Question	
Interpretation services were available for patients who did not have English as a first language. This was also displayed in a variety of other languages.	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.	No

Carers	Narrative
Percentage and number of carers identified	As of March 2018, 116 patients were identified as carers; this represented about 2.5% of the practice's current population.
How the practice supports carers	The practice maintained a carer's register which was regularly reviewed and maintained. Carers were offered the opportunity to have the annual flu vaccination. All 116 carers at the time of our inspection had received an annual health check. A carer's support pack was provided that included details of various avenues of support. The reception supervisor was the carers' champion who ensured that the various services for supporting carers were coordinated and fit for purpose, and who carers could contact if they required additional support.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, the GP contacted them or sent them 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.

## 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	The reception desk did not face the seating area. Staff we spoke with described steps taken to maintain confidentiality, for example asking patients to write down their names and date of birth rather than saying it aloud.

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
Comment Cards	Patients stated staff treated them with dignity and respect.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:30-18:30
Appointments available	
	09:30- 13:30hrs 16:00- 18:00hrs
Extended hours opening	
Tuesday	18:30-20:00

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	
Any patients requesting a home visit were expected to telephone the practice as soon as possible on the day they were requesting the visit. The reception team would record their details and add to the home visit list. The GP would telephone the patient to assess and arrange a convenient visit time if deemed necessary. 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, alternative emergency care arrangements were made. One of the reception staff gave an example of where they had to call an ambulance for a patient who exhibited life threatening symptoms.	

## 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)	76%	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)	64%	61.4%	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)	68%	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)	83%	62.4%	72.7%	Variation (positive)

### Examples of feedback received from patients:

Source	Feedback
Patient Interviews	Patients we spoke to were generally happy with the overall quality of the service and care received by the team. Some patients told us they had difficulty accessing appointments when they needed it.
Comment cards	We received 37 completed comment cards; 31 of which were positive about the practice and services offered. The remaining six cards commented on an appointment system which needed improving.

## Listening and learning from complaints received

Question	Y
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 referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The practice complaints policy stated that all written complaints should be responded to in writing, however we noted that the practice did not act in line with this policy. We saw that the practice investigated and discussed complaints; however they only provided verbal responses to complainants.	

# Well-led

## Leadership capacity and capability

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

- The practice had an organisational chart which depicted individual staff roles and functions.
- From evidence reviewed the single-handed GP demonstrated they had an oversight of most clinical areas.
- The practice manager could demonstrate steps and initiatives had been put in place to improve the overall effectiveness of the practice.

## Vision and strategy

### Practice Vision and values

The practice had a mission statement and that was to enhance the health, well-being and lives of those they cared for; this was displayed in the waiting area and staff we spoke with were able to articulate this. Underpinning the mission statement was the practice's vision which was to provide patients with high quality, accessible care in a safe, responsive and courteous manner. Detailed aims and objectives were in place to support both the mission statement and vision.

### The aims and objectives of Longbridge Practice as detailed in their Statement of Purpose:

- To provide an environment whereby the patients feel safe, secure and cared for.
- Provide a service of diagnosis, and through discussion and agreement provide treatment and management plans including medication and referral to specialist services when appropriate including liaison with other healthcare professionals.
- To offer advice on disease prevention and thereby promoting health and well being
- Arrange for hospital admission when the community is no longer appropriate
- Work together to access the most appropriate health and/or social care.
- When appropriate arrange for admission to nursing / care homes or arrange for community care if this is deemed appropriate.
- Learn from our patients experiences and share these with colleagues.
- Ensure the surgery is comfortable, clean, warm and welcoming, with a high standard of décor.
- To provide clearly outlined procedures and policies which enable good quality care and treatment for all patients, especially the most vulnerable.
- To provide all available resources to achieve the quality of care needed.
- Maintain and service equipment within manufacturer's guidelines.
- Provision of secure, lockable storage areas for items of value.
- Keep up to date and accurate records which is essential to the provision of high quality care. This includes the incorporation of recording from other medical agencies.
- To foster an atmosphere of openness and respect between staff and patients, including family, friends, carers or guardians.
- To have the best interests of our patients as a central theme to all the care we provide.

## Culture

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

Source	Feedback
Reception staff	Staff described the relationships between managers and staff has positive. In

	addition they told us communication was open and felt they were able to raise concerns if they needed to.
Clinical staff	Staff told us they had regular and ongoing discussions with the GP and told us they felt supported by management.

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

Source	Example
Complaint	The practice apologised to a patient when reception there was misunderstanding regarding a test result. Receptionists were informed that test results should not be discussed with patients over the telephone.
Significant event	An incident took place which involved an aggressive patient who caused damaged to the building. The practice reported the incident to the police and the registration team was informed. This incident prompted a review of the practice's "patient removal policy. The patient was de-registered immediately following the incident.

Examples of concerns raised by staff and addressed by the practice

The practice's speaking up policies are 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
Practice Meeting	Monthly practice meetings were held to discuss important business matters. Staff told us they used this opportunity to raise any issues. All issues identified were addressed immediately.
Risk assessment	Risk assessments were in place such as display screen equipment (DSE).
Remuneration	Staff were paid for working additional hours.

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

Source	Example
Training	Staff had received training in equality and diversity.
Policy	Policies were in place to support a positive working environment and non-discriminatory workplace.
Staff	Staff we spoke with did not report any feelings of inequity or discrimination from colleagues or management.
Appraisal	Annual appraisal was one tool staff could use to identify opportunities within the practice.

Examples of actions to improve quality in past 2 years

Area	Impact
Cervical Cytology Screening	Over the last two years the practice proactively invited women to attend for cervical cytology screening. There was evidence to show that this has improved year on year, for example: 15/16 QOF data achievement for uptake rate was 72% 16/17 uptake rate improved at 74% and 17/18 predicted achievement rate was 76%.



Access and appointments	<p>We reviewed the appointment books and found that more appointments were now available to patients. The practice admitted that this area still needed further improvements.</p> <p>The table below shows how appointments have increased between April 2017 and April 2018.</p> <table border="1"> <tr><td>Apr-17</td><td>778</td></tr> <tr><td>May-17</td><td>862</td></tr> <tr><td>Jun-17</td><td>822</td></tr> <tr><td>Jul-17</td><td>896</td></tr> <tr><td>Aug-17</td><td>930</td></tr> <tr><td>Sep-17</td><td>1004</td></tr> <tr><td>Oct-17</td><td>1123</td></tr> <tr><td>Nov-17</td><td>1192</td></tr> <tr><td>Dec-17</td><td>1033</td></tr> <tr><td>Jan-18</td><td>1166</td></tr> <tr><td>Feb-18</td><td>1073</td></tr> <tr><td>Mar-18</td><td>1135</td></tr> <tr><td>Apr-18</td><td>1119</td></tr> </table>	Apr-17	778	May-17	862	Jun-17	822	Jul-17	896	Aug-17	930	Sep-17	1004	Oct-17	1123	Nov-17	1192	Dec-17	1033	Jan-18	1166	Feb-18	1073	Mar-18	1135	Apr-18	1119
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#### Examples of service developments implemented in past 2 years

Development area	Impact
Access	There was now a practice website which was updated regularly. Patients could book appointments and request repeat prescriptions.
Training	<ul style="list-style-type: none"> <li>Clinicians have received training in mental capacity.</li> <li>All staff have received the PREVENT training (aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves).</li> </ul>
Staffing	The practice has expanded the clinical team by employing a salaried female GP and an additional Nurse prescriber who both worked one weekly session.

#### 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	These were reviewed and discussed in practice meetings. The practice had undertaken an annual complaint review of all comments made via NHS Choices.
Practice specific policies	These were updated and most were fit for purpose.
Other examples	Monthly peer to peer meetings- The GP met with other local GPs to discuss clinical matters which included safety alerts and cancer diagnosis.
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	<ul style="list-style-type: none"> <li>• Fire risk assessment, fire policy and procedure were all in place. Fire marshal had received specific training.</li> <li>• Regular fire drills were undertaken and records maintained.</li> <li>• Fire alarms were serviced and tested to ensure they were in good working order.</li> </ul>
Asbestos	Testing and assessment was undertaken by a competent person. No asbestos was detected.
Legionella	Risk assessment undertaken and reviewed as per recommendation.

## Appropriate and accurate information

Question	Y
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
Patients	Patient survey	The national GP patient survey prompted the in house survey which was used to monitor under-performing areas as fed back by patients. Completed survey forms findings were summarised and audited and shared with staff and patients.
Public	NHS Choices, QOF, GP patient survey, GP insight	The practice manager monitored and kept records of analysis of how the service could improve. There were action plans in place to address areas of concern.
Staff	Practice meeting	<ul style="list-style-type: none"> <li>The practice held monthly practice meetings.</li> <li>The Nurse prescriber we spoke with on the day told us the nursing team met regularly, however we were not able to verify this as minutes of these discussions were not held.</li> </ul>
External stakeholders	Emails, Intranet, letter	<ul style="list-style-type: none"> <li>The GP held monthly peer meetings with other GPs in the locality to discuss clinical matters such as safety alerts.</li> <li>Barking and Dagenham CCG intranet page was used as a source of information.</li> <li>The practice used NHS email to communicate with other colleagues in primary and secondary care.</li> </ul>

## Feedback from Patient Participation Group;

Feedback
The PPG told us they met quarterly and the GP, practice manager and a reception staff attended meetings. They told us the practice was open and honest and took patient concerns seriously. As a group they felt empowered to put across initiatives they think will help the practice, for example, they told us they had suggested an information board in the waiting area and this was acted on. In addition they also suggested for the practice to share the total number of appointments wasted due to patients who failed to attend and we saw this had been acted on by the practice. Failed to attend appointments were audited and the findings displayed in the waiting area.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
To improve telephone lines	This was noted in the practice's forward planning matrix as one of their medium term priorities. Results from the national GP patient survey showed that patients rated the practice similarly to the CCG and national averages for telephone access, the practice felt patient experience could be improved with a more modern telephone system.
Recruitment of GP	Recruiting additional clinical staff in the long term will increase the number of clinical sessions undertaken by the practice. This means more appointments would be available for patients who used the service.

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

Audit area	Impact
Osteoporosis and FRAX tool	Audit carried out as per NICE guidelines. First cycle showed that six out of the 14 patients on bisphosphonates were not on dual therapy as recommended. In the second cycle this had improved to 13 patients; one patient refused the medicine and was referred to secondary care as per recommendation.
Diabetes	It had been identified that 70% of the practice's diabetic population were on triple therapy such as metformin, sulfonylureas and glitazones, however their glycated haemoglobin (HbA1c) was poorly controlled due to diet, lifestyle and noncompliance. At random, 20 patients between 50 and 65 years old were selected and whose HbA1c was greater than 64mmol. The sample group had blood tests done before they were reviewed, after which they were referred for a DAFNE (Dose Adjustment for Normal rating) course as well as medication adjustments when and if necessary. The second data results found that 65% of patients showed marked improvement after maximising their medication and 35% required further investigation.

## Any additional evidence

The practice had a schedule of ongoing and completed clinical audits. Other audits related to:

- Medicine reconciliation
- COPD
- Uncontrolled diabetes in patients with hypertension
- Polypharmacy
- Cervical Smear

### 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>