

Care Quality Commission

Inspection Evidence Table

Bradgate Surgery (1-568176729)

Inspection date: 25 April 2018

Date of data download: 16 April 2018

Safe

Safety systems and processes

Source	
There was a lead member(s) 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
The service had a lead for safeguarding children and a lead for safeguarding adults. Meeting were held monthly with the midwives and health visitors to discuss all 'at risk' patients. All staff completing safeguarding awareness training as part of their induction alongside awareness training for Female Genital Mutilation, domestic violence and the Prevent guidance.	

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
Additional information: The service renewed DBS checks for all clinical staff on a three year cycle.	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test: October 2017	Yes
There was a record of equipment calibration. Date of last calibration: October 2017	Yes
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: 2016 with an annual review.	Yes
Actions were identified and completed.	Yes
Additional observations: The service ensured staff completed online fire training on an annual basis.	Yes
Health and safety risk assessment and actions. Date of last assessment: there is a yearly review of all health and safety risk assessments and a monthly health and safety check.	Yes
Additional comments: The service completed a monthly health and safety 'walk around' to identify any issues and had a reporting system for staff to raise concerns.	

Infection control There was a risk assessment and infection control policy in place. The provider acted on any issues identified. Date of last audit: March 2017	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Any additional evidence
The infection control lead attended the local infection, prevention & control meetings. Audits of hand washing were undertaken yearly. All staff completed a yearly online update in Infection, prevention & control. Staff completed an infection control quiz to test their knowledge.

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)	1.08	-	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)	10.9%	-	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). There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	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 and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site. The practice had a defibrillator. Both were checked regularly and this was recorded.	Yes
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

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.	14
Number of events that required action.	14

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

Event	Specific action taken
Needle disposal in practice patient's toilet.	Appropriate safe removal and disposal by nurse. The practice discussed with pharmacy next door regarding needle exchange service. Notices were put up in all toilets informing patients of this.
Wrong immunisations given.	The error was spotted immediately and apologies made to the parents. The policy was changed so there were two clinicians present at all times. The practice also place and 'do not interrupt' notice on the door and the nurse booking system was altered so no non-immunisation patients were booked in.
Unregistered walk in patient in crisis.	A protocol for unregistered patients was shared with staff at relevant meetings.

Safety Alerts	
There was a system for recording and acting on safety alerts.	Yes
Staff understand how to deal with alerts.	Yes
Comments on systems in place: We found the practice manager received all alerts and cascaded them to the most appropriate lead clinician who took responsibility for ensuring that any required action was taken. We saw records of the searches of records and the actions taken.	
Any additional evidence	
We saw that when needed the service appropriately referred incidents to the local Clinical Commissioning Group/NHS England.	

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)	1.38	-	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)	79.8%	-	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.9% (222)	22.5%	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)	75.1%	-	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.5% (128)	16.4%	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)	83.9%	-	80.1%	Comparable to other practices
QOF Exceptions				
	15.9% (178)	17.9%	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)	76.0%	-	76.4%	Comparable to other practices

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (48)	13.8%	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%	-	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (41)	17.8%	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)	82.7%	-	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (120)	7.5%	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)	91.5%	-	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (38)	10.3%	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)	232	246	94.3%	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) (01/04/2016 to 31/03/2017) (NHS England)	225	241	93.4%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	223	241	92.5%	Met 90% Minimum (no variation)
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)	222	241	92.1%	Met 90% Minimum (no variation)

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)	68.3%	-	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.9%	68.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	51.3%	52.9%	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)	76.4%	69.8%	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)	87.4%	-	90.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (9)	23.6%	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)	84.9%	-	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (11)	19.9%	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)	89.5%	-	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (3)	7.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549	545	539
Overall QOF exception reporting	6.6%	8.6%	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
<p>Any further comments or notable training.</p> <p>The service offered training to GPs and placements for medical and nursing students and were involved in the local physician associate training programme.</p>	

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)	94.8%	-	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (18)	1.4%	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)	55.1%	-	51.6%	Comparable to other practices

Any additional evidence

The practice had employed a professional IT service to search the patient database to identify wrongly coded patients for disease management.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	24
Number of CQC comments received which were positive about the service	20
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	2: one related to appointment access; one related to waiting for treatment which the practice were aware of and had actioned as a complaint.

Examples of feedback received:

Source	Feedback
Comments cards,	Patients were complimentary about the level of care and support received from clinicians. Staff at the service were described as helpful and caring, patients stated that the service often went out of their way to help.
NHS Choices	The location scored 4 stars on NHS Choices; 16 comments were received over the last year, 13 positive and three negative, all which related to appointment access.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
19,715	303	1.5%	111	36.63%

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)	87.3%	-	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)	91.1%	-	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?" (01/01/2017 to 31/03/2017) (GPPS)	100.0%	-	95.5%	Significant Variation (positive)

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	87.7%	-	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 (01/01/2017 to 31/03/2017) (GPPS)	92.6%	-	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)	88.5%	-	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
Dec 17 – Feb 18	<p>Results were discussed at relevant team meetings to inform individual team actions plans and shared with the patient participation group.</p> <p>Audit evidence showed that within the NHS England locality the practice demonstrated there was 38% continuity of consultations with a GP which was above the locality average of 30%.</p>

Involvement in decisions about 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)	85.5%	-	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	83.5%	-	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)	93.5%	-	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)	87.0%	-	85.4%	Comparable to other practices
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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

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	<ul style="list-style-type: none"> The reception desk had screens to aid confidentiality; a patient queueing system was in place, no incoming telephone calls were received on the reception desk, the waiting areas were sited away from the reception desk.

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 761 of the practice population (3.8%) as carers and offered a carers service. Feedback from patients told us this was a valuable source of support.
How the practice supports carers	<p>They had two carer's champions at Bradgate Surgery.</p> <p>Carers were able to access priority appointments, attended for flu vaccinations and were invited to carers events by the practice.</p> <p>Carers support meetings/coffee mornings.</p> <p>Carers information pack.</p> <p>The practice hosts the community carer support worker for patients to access.</p> <p>Carers are offered a flu vaccine.</p>
How the practice supports recently bereaved patients	The practice has information available about the processes involved in obtaining death certificates. They routinely contact the family to offer condolences and support if required.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Saturday	08:00-13:00

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	
<p>The practice had an urgent care team who triaged all requests for home visits.</p> <p>The practice employed a paramedic to undertake some home visits.</p>	

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)	90.1%	-	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)	81.7%	-	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)	78.0%	-	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)	77.0%	-	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Feedback cards	<p>Patients comments included observations about the quality of skills the staff demonstrated; the helpful reception team and the information received about their treatment.</p> <p>One patient commented specifically on the speed of access to appointments.</p> <p>Many patients commented that staff listened to them and spent sufficient time with them to address any concerns.</p> <p>Patients also identified the value of follow up calls from clinicians to check on their well-being.</p>

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.	20
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Comments and concerns raised about the service were dealt with in an appropriate way and the practice used information to develop the service such as instigating changes to practice and introducing new protocols.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values

The vision – The vision and values were across the organisation.

Accessible, Responsive and Caring

Pioneer Medical Group will deliver a patient centred and responsive service by

- Listening
- Having a culture of openness and trust throughout the organisation
- Being honest and transparent
- Managing expectations by delivering what we promise

Pioneer Medical Group is committed to promoting a culture of learning and personal development by

- Having a systematic approach to identify both the individual and organisation learning needs
- Everyone within the organisation having the opportunity to learn and develop existing and/or new skills

Improving and sustaining the health and wellbeing of the community by

- Promoting opportunities to self-care
- Working with local practices, community partners and the third sector to ensure our patients are able to access care from the right person at the right time.

Pioneer Medical Group will run a safe service by:

- Creating a culture of honesty without criticism, transparency without blame.
- Completing regular audits and service reviews both clinical and non-clinical.
- All partners and staff taking part in an annual organisation improvement project.

Pioneer Medical Group will demonstrate leadership both internally and externally by

- Being professional, open, honest, transparent and trusted.
- Sharing our organisation learning and development with local and national stakeholders.
- Working with the CCG, locality and cluster practices to improve the health and wellbeing of our neighborhoods
- Contributing to the local design of the STP (Sustainability and Transformation Plans)
- Leading contributor in primary care research.

Pioneer Medical Group will create a sustainable business model that will support business growth, financial stability and quality and innovation projects by

- Exploring and embracing business opportunities by expanding our service and geographical footprint in line with current NHS guidance
- Maximising income streams
- Controlling costs
- Being open to new ideas
- Ensuring the process of continuous improvement is embedded in all that we do.

Pioneer Medical Group supports

- Charities and local projects connected to the practice, its staff and the local community
- The environment in which we live and work.

Culture

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

Source	Feedback
Staff	Feedback from staff commented that the organisation was inclusive.
Staff	Staff told us that the organisation was a good place to work with a positive caring atmosphere.
Staff	All of the staff we spoke with felt part of a team working toward provision of the best patient care.

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

Source	Example
Staff	Review of the recall system so that there was a weekly list of patients who were followed up to attend for reviews; this was recorded on their electronic record for audit purposes.
Staff	Review of telephony performance which resulted in timings for breaks being changed.

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

Source	Example
Practice	Yearly summary of concerns which identified how patients were contacted following an incident - this was face to face, by telephone or by letter.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Team member relationship difficulties – this was investigated and counselling offered to staff.
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
Practice	External wellbeing support such as counselling is available.
	External contact for whistleblowing.
	Flexibility in rota planning to accommodate work /life balance.

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

Source	Example
Practice	Work place risk assessments for staff.
	Training provided on a yearly basis.

Examples of actions to improve quality in past 2 years

Area	Impact
Telephony	The practice responded to feedback from patients and installed software to monitor call queue times which has enabled the organisation to plan resources to meet need more effectively.

EMIS improvements	Common templates for use which captures patient information which meets best practice guidance. Additional safety alerts. Quality of care alerts i.e. prompt for BMI calculation. Easy access computer button which holds additional guidance and information.
Clinical audit	An audit of patients taking un- opposed oestrogen to ensure they had either appropriate endometrial protection or had a documented hysterectomy, found three patients where was not the case and remedial action was needed .

Examples of service developments implemented in past 2 years

Development area	Impact
Specialisation	There are specialist teams established within the service to improve the continuity of care and provide a more specialist service to patients i.e. diabetes.
Patient Access – online booking	Patients were able to book appointments and see results. There are 32% of patients who are registered for patient access and the organisation has 50% higher level of use than other practices in the locality.

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 Feedback box in reception Text Surveys Complaints Website	Feedback used to inform service planning such as enlarging the care park; increasing the telephone handling capacity; availability of appointments.
Public	Facebook Website Community meetings School visits Community newsletter	Awareness amongst public of the organisation.
Staff	Meetings Intranet Daily/Weekly huddle meetings Team days	Feedback from staff was positive about the organisation. The service had undertaken the Score Survey with all staff in 2017 and used the results to change how the practice was working. The survey had highlighted potential GP burnout as a result of increasing workload and expectation. The service had introduced a workflow optimisation programme

		and reduced the number of documents GPs reviewed, and limited the number of 'overflow' patients booked. The results from the 2018 survey showed a significant reduction of 16% in the number of respondents who identified potential burnout as an issue. This was an on-going survey process which they use to monitor their culture and make improvements.
External partners	Statutory reporting Meetings Referral	Working as part of a cluster of practices to develop more integrated ways of working.

Feedback from Patient Participation Group;

Feedback

The patient participation group was an established group which met regularly and was consulted about any practice developments. They had been consulted about developments such as the car park, the choice of patient survey, and that suggestions such as being a Dementia Friendly practice, were acted on. The organisation had reviewed the PPG and produced an action plan with them to develop the group by greater use of social media, the website and publicising more widely information about the group and its achievements.

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

Examples	Impact
Telephony	The service used their telephony monitoring system to identify the call wait for patients and make any necessary changes, for example, call wait times had escalated during the lunchtime so changes were made to shift patterns to address this issue.
Dementia friendly practice	Practice have applied for accreditation.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The provider operates an Integrated Care System.	Infrastructure improvements and working at scale toward development of and access to specialist primary care services, seven day primary care service, urgent care service. There was a high level of patient satisfaction.
Ongoing audit and review of all systems and services.	Continuous improvement to services and streamlining of processes. For example the audit of patient records identified greater disease prevalence than was on the disease register. This was a significant piece of work for the practice. For example, we saw the register of patients diagnosed with heart failure increased by 0.2% (29 patients), the register of patients diagnosed with diabetes increased by 0.8% (30 patients), and the register of patients diagnosed with obesity increased by 1.4%. Patients identified by this process had been invited to attend the practice.

Primary care improvement initiative partner.	They were part of the One Care Limited, an organisation for primary care improvement and commissioning and had accessed additional services for patients. An example of this was for musculoskeletal services which allowed patients who fit the referral criteria to have access to an assessment/consultation within five working days. This meant that 32 patients had had benefitted from quicker access to physiotherapy in the last three months.
Research practice.	The service took part in research which contributed to the service remaining up to date with latest developments in clinical care. The service operated an internal 'hub and spoke' model of research activity with a hub site with dedicated daily GP and nurse practitioner research appointments. Clinicians were able to book patients directly into the research slots and refer patients directly to the research teams where appropriate. They had participated in seven National Institute for Health Research Clinical Research Network non- commercial / academic studies.
Sharing learning.	A comprehensive library of information had been sourced or written by staff which covered a range of themes including top tips for specific conditions. This was available on the practice's intranet. We saw that where staff had attended specific training or new guidance had been issued the lead clinician took responsibility to cascade this to relevant staff and store it in the library system. This allowed for easy access for latest developments and access to latest in-team discussions about its application within the service.

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>