

Care Quality Commission

Inspection Evidence Table

Threeways (1-542713686)

Inspection date: 22 June 2018

Date of data download: 11 June 2018

Please note: Any Quality and Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There were lead members 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.	Yes
Policies 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
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
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place.	Yes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: November 2017	Yes
There was a record of equipment calibration Date of last calibration: March 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	No
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment	Yes
Actions were identified and completed.	Yes

Additional observations:	
At the time of our inspection, the practice were reviewing the frequency and scheduling of fire drills. The practice brought this to our attention whilst the inspection was being planned. During the inspection, we saw and heard of intentions to complete a fire drill shortly after the inspection.	
Health and safety Health and safety risk assessment and actions Date of last assessment: February 2018	Yes
Additional comments:	
The practice was a modern purpose-built building, the majority of the safety records and supporting risk assessments were part of annual service contract agreements.	
Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control audit: July 2017	
The practice acted on any issues identified	Yes
Detail:	
We saw the practice had implemented several improvements following the July 2017 audit. This included a review of the provisions of personal protective equipment, specifically gloves and replacing clinical waste bins in according to national guidelines. We saw the next infection control audit was planned for July 2018.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Yes

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
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

Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	0.92	0.97	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)	7.4%	8.7%	8.9%	Comparable to other practices

Medicines 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 Patient Group Directions or Patient Specific Directions).	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 Controlled Drugs Accountable Officer.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes

There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>Following previous concerns regarding the management and storage of medicines, we saw the arrangements for managing medicines in the practice had been strengthened.</p> <p>For example, we saw the cold chain policy had been reviewed and several amendments made including new refrigerators. Furthermore, we saw the practice had installed internal refrigerator data loggers which recorded the temperatures in hourly segments.</p>	

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:	13
Number of events that required action:	10

Examples of significant events recorded and actions by the practice:

Event	Specific action taken
<p>Asthma exacerbation</p> <p>(An asthma exacerbation is an acute or subacute episode of progressive worsening of symptoms of asthma)</p>	<p>This event led to a full review and subsequent action to improve the arrangements to monitor outcomes for patients with asthma (and other respiratory conditions).</p> <p>Actions included additional recalls and reviews of patients with asthma, a review of national guidance regarding the management of asthma exacerbations and a recall programme of all patients under 16 years of age with asthma.</p> <p>This recall included a review of asthma symptoms, a review of inhalers, a review of medicines used to treat asthma, a spirometry test to check the function of lungs, a review of the inhaler technique and where appropriate an update in the written asthma action plan.</p>
<p>Sepsis admission</p>	<p>Following an admission of suspected sepsis, the practice reviewed existing systems used to manage medical emergencies. This review included additional awareness training for all patient facing members of staff. This training was embedded with the implementation of toolkits used to recognise possible signs and symptoms of sepsis.</p>
<p>Physical assault on member of staff</p>	<p>Completed actions relating to this event included additional training for staff, specifically dealing with challenging patients training. There was also promotion of the Government's 'Zero Tolerance' campaign for Health Service Staff which states that GPs and their staff have a right to care for others without fear of being attacked or abused.</p>

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p data-bbox="70 443 528 479">Comments on systems in place:</p> <p data-bbox="70 568 1525 770">The practice manager and GPs received the safety alerts, reviewed the details of the alerts and if required shared the required actions to the relevant members of staff. When alerts concerned medicines the relevant clinician, usually the GP carried out patient searches to determine whether there were any potential risks to patients.</p> <p data-bbox="70 860 1525 1008">During the inspection we reviewed the process for two recently received including the actions completed following a medicines alert received in April 2018 regarding an epilepsy medicine with reference to female children, female adolescents, women of childbearing potential or pregnant women.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.58	0.70	0.90	Comparable to other practices

People with long-term conditions

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)	76.9%	81.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (13)	9.5%	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)	66.9%	76.7%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (24)	7.5%	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)	77.3%	79.7%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.4% (40)	11.9%	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)	78.1%	75.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (4)	7.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.6%	90.5%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (5)	8.1%	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)	82.1%	83.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (27)	3.7%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	91.7%	93.0%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (9)	6.6%	8.2%	

Families, children and young people

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)	121	122	99.2%	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)	76	76	100.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	76	76	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)	76	76	100.0%	Met 95% WHO based target Significant Variation (positive)
<p>Any additional evidence or comments:</p> <p>We discussed the positive childhood immunisation data with the practice and found this was achieved following a review and subsequent strengthened coordinated approach with the local health visitor team.</p>				

Working age people (including those recently retired and students)

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)	73.4%	74.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.0%	76.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	58.0%	58.1%	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)	79.5%	77.3%	71.2%	N/A
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)	57.9%	47.0%	51.6%	Comparable to other practices

Additional information:

We saw more recent data, 01/04/2017 to 31/03/2018 which indicated an improved uptake for the cervical cancer screening programme. The latest data showed 81% 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. This was a 6.6% increase and was in line with the national target of 80%.

People experiencing poor mental health (including people with dementia)

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)	95.6%	93.4%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (2)	8.6%	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)	95.5%	90.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (3)	8.1%	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 (01/04/2016 to 31/03/2017) (QOF)	96.4%	87.3%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (3)	5.8%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549	548	539
Overall QOF exception reporting	3.8%	4.7%	5.7%

Additional information:

The practice was working with the local CCG and introduced a care and support approach, known as Primary Care Development Scheme (PCDS), for the care of many long-term conditions and was a significant shift away from QOF reporting.

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)	98.1%	94.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (7)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

During our discussions with the nursing team, they confirmed when providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. For example, a clear understanding of the Gillick competency test. (There were used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Clinical members of staff also told where a patient's mental capacity to consent to care and treatment was unclear they assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Caring

Kindness, respect and compassion

Care Quality Commission (CQC) comments cards	
Total CQC comments cards received	22
Number of CQC comments received which were positive about the service	21
Number of CQC comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example: CQC comment cards	<ul style="list-style-type: none"> Written feedback from patients was overwhelming positive about the level of care received. Several items of patient feedback commented on how lucky they were being a patient at the practice.
Interviews with patients	<ul style="list-style-type: none"> We spoke with four patients during our inspection. All patient feedback praised the practice and individual members of staff.
External stakeholder feedback	<ul style="list-style-type: none"> The practice also provides primary care GP services for three local care and nursing homes (35 patients) within the local area and two specialist residential homes for people with learning disabilities (28 patients). We spoke to representatives from all five homes. Their feedback aligned to the theme of positive comments about the service.
NHS Friends and Family Test	<ul style="list-style-type: none"> The practice recorded, reviewed and shared results from the NHS Friends and Family Test. The most recent combined data for March, April and May 2018 showed 90% of respondents (684 responses) stated that they would definitely or probably recommend their practice to someone who has just moved to the local area. This aligned to the data recorded for the same question in the GP patient survey which had 127 responses collected between January 2017 and March 2017.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,350	280	127	45.4%	2%

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)	89.7%	78.8%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	93.6%	89.4%	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)	98.5%	96.8%	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)	92.4%	85.4%	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)	87.7%	91.3%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	88.2%	92.0%	90.7%	Comparable to other practices

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

Additional evidence
Following feedback about the survey collection methodology, the practice had plans to use mobile technology devices to collect and record patient feedback. The practice told us the next feedback exercise would coincide with the known busy periods in the practice, the flu season in 2018, to increase the number of responses and accuracy of feedback received.

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)	91.4%	87.9%	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)	89.0%	82.2%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	87.1%	90.1%	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)	83.2%	85.7%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	In June 2018, the practice patient population list was 6,350. The practice had identified 146 patients, who were also a carer; this amounted to 2.3% of the practice list.
How the practice supports carers	<p>The practice had increased activity to proactively identify and support people with caring responsibilities.</p> <ul style="list-style-type: none"> • The practice worked closely with Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire) to increase identification of carers who were registered at the practice. Furthermore, Carers Bucks provided additional staff awareness training to practice staff. • The practice had hosted and facilitated two carers events within the practice. The last event was in May 2018 and resulted in an additional eight referrals to Carers Bucks for further support. • We saw feedback that the event also provided opportunistic support to a carer who was attending the practice with their relative. • The care navigators we spoke with were aware of the local services available to carers and helped patients and their carers find further information and access community and advocacy services. • The practice had plans to review the identification and potential support available for young carers who care for a parent or another member of their family.

How the practice supports recently bereaved patients	<p>Staff told us that if families had suffered bereavement, their usual GP contacted them. This could be followed by a consultation at a flexible time and location to meet the family's needs.</p> <p>One of the care navigators had created a directory of local services to support the role and increase the avenues of support available. This directory included local and national contact and referral details for families who had suffered a bereavement.</p>
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Privacy and dignity

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

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

Additional evidence
The practice had considered the privacy and dignity for breastfeeding mothers with the provision of a designated private room which was clearly signposted.

Responsive

Responding to and meeting people's needs

Opening times (Core hours)	
Day	Time
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm

<p>Appointments available:</p> <ul style="list-style-type: none"> Appointment times during core opening hours start at 8am and finish at 6.20pm.
<p>Extended hours opening:</p> <ul style="list-style-type: none"> Extended hours appointments (GP and nurse) were available between 7.30am and 8am every Tuesday, Thursday and alternate Wednesday/Friday mornings. Further extended hours appointments were available until 7pm every Tuesday and Wednesday. We also saw arrangements with other local GP practices were being finalised to provide Monday to Friday 8am-8pm extended hours with Threeways as the base site.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
If yes, describe how this was done	
The reception team logged all request for home visits on the computer record system. They alerted the patients GP of urgent requests. The duty GP reviewed all requests and contacted the patients by telephone to determine if a home visit was clinically required.	

Timely access to the service

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)	80.3%	76.4%	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)	79.1%	70.1%	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)	76.4%	75.3%	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)	75.6%	72.4%	72.7%	Comparable to other practices

Examples of feedback received:

Source	Feedback
Patient feedback (Verbal & written)	During the inspection, we received patient feedback about accessing services. Patients told us they could always book routine appointments with ease, on-the-day appointments were almost always available and the practice would see children, older people and vulnerable patients as a priority.
External stakeholder feedback	We spoke with the representatives from the care, nursing and learning disability homes who access GP services from the practice; they advised the practice was highly responsive.

Any additional evidence
The practice regularly reviewed access and the appointment system including telephone system to review if any amendments could be made to improve patient satisfaction regarding access. The most recent review highlighted improvements could be made to the telephone system. The practice was working with the telephone system provider to discuss additional functions such as call waiting.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year:	14
Number of complaints we examined:	5
Number of complaints we examined that were satisfactorily handled in a timely way:	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman:	0
Additional comments:	
<p>All complaints were investigated and responded to in detail in a timely manner. All replies to complaints referred to the options available to complainants who were not happy with the response they received. Staff we spoke with were able to advise patients on how to submit a complaint.</p> <p>The practice identified trends in complaints and responded to the themes identified. For example, a trend had been identified about the attitude and helpfulness of the reception team. Although, this did not align to the GP National Survey results:</p> <ul style="list-style-type: none"> 86% of patients found the receptionists at this surgery helpful: CCG average (84%) and national average (87%) <p>The practice arranged for additional customer service related training to all the reception team. This training was known as 'First Class Medical Receptionist' training with a view to help receptionists deliver a first-class service to patients.</p>	

Well-led

Leadership capacity and capability

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

Leaders were knowledgeable about local and national issues and priorities relating to the quality and future of services. The management team, had a comprehensive understanding about the General Practice Forward View (GP Forward View), with a view to improve patient care and access, and invest in new ways of providing primary care.

The practice had a detailed business plan and strategy endorsed by the GP partners. The plan identified challenges the practice faced within the changing local health economy.

Vision and strategy

Practice Vision and values

The practice had a vision and mission statement, our discussions with staff and evidence collected during the inspection aligned to the vision:

- Threeways Surgery aims to navigate patients safely and effectively through the care system

The practice intended to achieve this by:

- A culture of caring for patients and staff
- Having an awareness of health values
- To ensure training, policies and procedures were in place
- Staff are skilled to meet their clinical roles

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care	
<p>We spoke with members of staff and received written feedback from staff. All told us they felt valued and involved in the work of the practice. We were given examples of how staff influenced the processes and procedures in operation at the practice.</p> <p>Furthermore, we saw feedback from a medical student who had recently completed a placement (under the supervision of a GP) at the practice. This feedback highlighted the welcome, the positive culture within the practice, the teamwork and the mentorship of the GPs.</p> <p>The practice had an equality and human rights policy and supporting procedures, staff had completed equality and diversity training and the recruitment policy incorporated equality and diversity monitoring.</p>	

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	<p>Policies and procedures were in place to govern activity with the practice. They were accessible to all staff at both sites.</p> <p>All staff had a job description and a staff handbook that outlined their roles and responsibilities to deliver good quality and sustainable care.</p>
Other examples	The practice investigated complaints and incidents effectively and identified areas for improvement. Learning and actions taken was shared with staff.
Staff were able to describe the governance arrangements	Y/N Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes
Any additional evidence	
We saw the how the major incident plan had been implemented following a recent flood within the practice.	

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Increase demand on GP services – Change in skill mix	The skill mix within the practice was kept under review. This led the appointment of a minor illness nurse prescriber. The practice was reviewing the potential of a paramedic joining the team.
Telephone system upgrade	Additional functions added to the telephone system.
Sepsis awareness	Staff used toolkits and other recognised guidance to identify patients with severe infections including sepsis. We also saw the practice reviewed all sepsis admissions using the significant event process.

Appropriate and accurate information

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

Any additional evidence
<p>The practice had a robust system in place to identify patients with complex needs. We saw that these patients were highlighted on the practice clinical records system.</p> <p>Data protection training occurred internally for most staff and staff had undertaken additional reading in line with the implementation of the General Data Protection Regulation (GDPR) in May 2018.</p>

Engagement with patients, the public, staff and external partners

Source	Feedback
Patients	We spoke with a member of the patient participation group after the inspection. They advised they had been involved in expressing their views on possible service changes. To widen the engagement, they advised there had been discussions to raise the practices profile across social media channels to increase engagement and widen the avenues for communication.
Public	The practice regularly monitored online comments and reviews and responded to these and they were shared in staff meetings. For example, feedback and comments on the NHS Choices website were regularly reviewed.
Staff	There were high levels of satisfaction across the staff teams. Staff stated they felt respected, supported and valued. Staff told us they were proud to work at the practice.
External stakeholders	Before and after the inspection, we received feedback from local care and nursing homes which the practice provides GP services for. Feedback about all aspects of care and treatment was highly positive.

Continuous improvement and innovation

Examples of improvements demonstrated as quality improvement in past two years

Example	Improvement
Medicines monitoring and blood test scheduling	<p>Following a significant event in November 2017 the practice instigated a full review which lead to a clinical audit into how certain medicines were monitored, specifically the scheduling of blood tests used to monitor the effectiveness of the medicines.</p> <p>The review and audit highlighted several improvements that could be made. For example, a monthly search on the patient computer systems improves the monitoring process and reduced the likelihood of a missed or delayed blood test. This amendment to the process now ensured medicines were monitored correctly.</p>
Pilot medicine review and chronic disease management pathway	<p>The practice had piloted a care pathway which considered the complexity of the patient population and the growing number of administrative tasks.</p> <ul style="list-style-type: none">• The implementation of the pathway maximised time of clinicians, administrators, pharmacists and patients.• Ensured clinicians skills were used effectively• Empowered patients in the management of their conditions

Any additional evidence

The practice had recognised existing and potential future challenges. The practice was active and worked collaboratively with other local practices in the area. We saw proposals for collaborate working, known as cluster working and locality working. The proposal had four key objectives which included the use of skills across the local health economy. All four objectives were interlinked with the main direction of travel to improve the sustainability of local GP practices in South Buckinghamshire.

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.([See NHS Choices for more details](#)).