

# Care Quality Commission

## Inspection Evidence Table

### Central Milton Keynes Medical Centre (1-547078352)

Inspection date: 13 June 2018

Date of data download: 12 June 2018

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

## Safe

### Safety systems and processes

Safeguarding	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.	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	No
Explanation of any 'No' answers:  Non- clinical staff performing chaperoning duties had not had DBS checks undertaken and a risk assessment had not been undertaken. On the day of our inspection the practice advised that staff without DBS checks would not undertake chaperone duties again until DBSs were completed. The day after our inspection we were advised that the practice had arranged for DBS checks to be undertaken on 21 June 2018.	

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.	No*
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
<p>Explanation of any answers:</p> <p>*The practice was in the process of consolidating immunity status for all staff. We saw that all staff had been asked to clarify their immunity status and whilst reports were kept verifying the immunity status of clinical staff this was not the case for all non-clinical staff. The practice advised that they would request formal reports for all staff to ensure risks to patient and staff safety were minimised.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 19/12/17
There was a record of equipment calibration Date of last calibration:	Yes 18/12/17
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes*
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes June 2018
Actions were identified and completed.	N/A
Additional observations: * The practice had last undertaken a fire drill in April 2017 and were due to undertake a fire drill following our inspection.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes May 2018
Health and safety risk assessment and actions Date of last assessment:	Yes May 2018
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The assessment identified that a drawer repair was needed in one of the rooms and this was to be actioned as part of the practice refurbishment works. It was also noted that some of the seating had staining on which needed to be addressed. We were informed that all the seating was to be replaced when the practice expansion was completed.</p>	<p>Yes</p> <p>02/06/18</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p> <p>Whilst there was no specific action plan outlined following the most recent infection control audit; we saw that the audit was maintained as a rolling record to ensure that previous action areas were rectified. We saw that clinical staff were responsible for completing daily checks of their own rooms and that the health care assistant conducted weekly infection control audits. We noted that the practice was visibly clean and well maintained.</p>	

## 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
In addition, 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
Explanation of any answers:	

## 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
Explanation of any answers:	

## 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)	1.00	1.04	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)	6.1%	6.9%	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
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	na
Up to date local prescribing guidelines were in use.	Yes
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 General Medical Council 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.	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	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
<p>Explanation of any answers:</p> <p>*The practice was recruiting a pharmacist to aid monitoring and auditing of patient medication. The GPs monitored their own personal lists and utilised the locality pharmacist for support when needed. We were told that the practice envisaged that once recruited, the newly appointed pharmacist would take over in-house medicines monitoring. The pharmacist would also support the practice in conducting additional audits.</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.	1
Number of events that required action	1

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
The practice failed to inform a patient of the need to change their anti-coagulant dosage when taking anti-biotic medication. As a result, the patient became extremely unwell.	The practice updated their systems to ensure that a warning notification appeared on the computer system when attempting to prescribe antibiotics for patients on anti-coagulants. In addition, medication changes were to be noted in the patient's anti-coagulant book to advise other healthcare professionals of any changes. Clinical staff were reminded of the need to keep patients informed in the future.

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>Comments on systems in place:</p> <p>All alerts were received electronically by the practice manager who would disseminate them as needed to the clinical team for action. Once reviewed and actioned if required, the clinicians would email the practice manager to advise that the alert had been actioned. We saw that the nurse kept copies of all the alerts she actioned with records of what had been done but there was no universal record maintained by the practice. On the day of our inspection we were advised that the practice would develop a log of alerts received and actions taken in response to them.</p>	



# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.14	0.93	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)	78.4%	78.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.8% (130)	15.7%	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)	82.2%	78.4%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.6% (120)	11.4%	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)	85.7%	80.9%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	17.0%	(140)	15.9%	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)	73.6%	79.5%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (21)	11.1%	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 (01/04/2016 to 31/03/2017) (QOF)	82.7%	92.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (12)	14.4%	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)	78.1%	81.2%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (59)	5.3%	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)	97.7%	89.1%	88.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.7% (14)	6.7%	8.2%	

**Any additional evidence or comments**

We saw that the practice maintained effective systems for the management of patients with long term conditions. There were nurses with advanced training in long term condition management and a GP with a special interest in diabetes and mental health. The practice equated their positive performance in some areas of QOF to the effective work of their clinical team in managing these patients. The paramedic also supported this work, for instance he checked the pulse of all patients at risk that he saw and referred them on accordingly when needed. We were told that the team had developed good working relations with other local services, for example, the rapid response team and this had a positive impact on the care their patients received.

## 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)	236	249	94.8%	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)	228	255	89.4%	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) (01/04/2016 to 31/03/2017) (NHS England)	232	255	91.0%	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)	233	255	91.4%	Met 90% Minimum (no variation)
<b>Any additional evidence or comments</b>				
The practice advised that the lower performance for two year olds receiving their PCV booster was due to an administrative error as the immunisations are undertaken at the same time as the Hib/Men C booster; where performance was within the required range.				

## 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)	61.0%	71.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.6%	73.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	52.0%	53.8%	54.6%	N/A
The percentage of patients with cancer,	56.1%	63.3%	71.2%	N/A

diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)				
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)	59.5%	56.4%	51.6%	Comparable to other practices
<b>Any additional evidence or comments</b>  The practice had taken a proactive approach in trying to improve uptake of cervical screening. For example, the practice had held an education and promotion event at a local religious centre to encourage women to participate in the programme.				

## 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)	98.6%	86.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.4% (22)	16.6%	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)	84.3%	93.0%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.5% (24)	15.5%	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)	100.0%	84.3%	83.7%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (7)	8.2%	6.8%	
Any additional evidence or comments				
The paramedic and the care coordinator supported GPs to manage patients with dementia with a strong focus on providing a holistic approach to care.				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	541	545	539

Overall QOF exception reporting	10.6%	7.2%	5.7%
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## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.7%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (34)	1.0%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<ul style="list-style-type: none"> <li>• Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.</li> <li>• When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.</li> <li>• Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.</li> <li>• Written consent forms were used for specific procedures as appropriate.</li> </ul>

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	4
Number of CQC comments received which were positive about the service	2
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
Comments cards.	Patients commented that they found the staff at the practice to be helpful and polite. Two patients commented on prolonged waiting times when waiting to be seen.
Interviews with patients.	We spoke with six patients on the day of inspection and the majority advised that they found staff were friendly, professional and accommodating to patient requests. Patients told us that GPs were good at listening to their concerns and informing them of the treatment options available to them. Patients told us they felt they were given adequate time in appointments and that the standard of care was good. One patient commented on difficulties experienced with reception when making an appointment on one occasion; they went on to advise that they had been offered an appointment the same day.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18,869	316	100	31.65%	0.5%

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)	83.3%	72.9%	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)	91.5%	85.0%	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)	98.6%	93.7%	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 (01/01/2017 to 31/03/2017)	88.5%	81.1%	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)	92.7%	91.8%	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)	89.2%	89.9%	90.7%	Comparable to other practices
<b>Any additional evidence or comments</b>				

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

Any additional evidence
<p>The practice was working with the Patient Participation Group (PPG) to develop an in-house patient survey. We were informed that the practice intended to launch the survey later in the year and would use the flu vaccination clinics as an opportunity to encourage patients to complete the survey.</p> <p>The practice sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from August 2017 to October 2017 showed that 94% (111 of the 118 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We asked patients whether they felt they were involved in decisions about their care and treatment. We were told they found the GPs and nurses were good at ensuring their personal decisions were considered when discussing treatment options.

## 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)	83.1%	82.4%	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)	85.7%	76.3%	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)	92.5%	89.6%	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)	82.0%	83.2%	85.4%	Comparable to other practices
<b>Any additional evidence or comments</b>				

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 on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 212 patients who were carers (1% of the practice list).
How the practice supports carers	Carers were identified at registration by the practice. The practice's computer system alerted GPs if a patient was also a carer. The care coordinator provided support for carers and sign posted patients to Carers MK and other voluntary organisations where appropriate. We were advised that the care coordinator also provided direct support for carers experiencing bereavement and loss of their dependants.
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The care coordinator provided additional support where needed.

Any additional evidence
The GPs utilised a personal list system in managing their patients. We were advised that this had a positive influence on providing compassionate care for patients as it ensured continuity of care wherever possible and enabled GPs to become familiar with their patients, enabling them to identify changes in behaviour or concerns more easily.

## 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 patient seating was situated away from the reception desk and signage was in place asking patients to respect the privacy of patient speaking to receptionists by standing back from the desk. A queue barrier was in situ to guide patients to wait at an appropriate distance. Staff informed that only one patient was called to the desk at a time and that the radio was playing as an additional measure to protect patient privacy when talking to the receptionists.

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

Examples of specific feedback received:

Source	Feedback
Interviews with patients.	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception, staff would facilitate this by talking quietly or inviting patients into a separate area.
Interviews with staff.	Staff told us that patients suffering from contagious conditions, those with particularly distressing conditions or those requesting privacy had access to a private room to wait to be seen.

# 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

Appointments available	
	Appointments were available from 8am until 11.30am and from 3pm until 6pm Monday to Friday.
Extended hours opening	
	The practice was part of the general practice access fund (GPAF) and patients could book appointments between 7am and 8am and 6pm and 8pm Mondays to Fridays and between 8am and 8pm at weekends.

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	
Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. 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. The paramedic supported GPs to undertake home visits where needed. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.	



## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18,869	316	100	31.65%	0.5%

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)	75.4%	78.3%	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)	57.4%	58.1%	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)	62.8%	71.5%	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)	59.6%	65.6%	72.7%	Comparable to other practices
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
Comments cards	Out of the four cards received, two patients commented on delayed waiting times when waiting for an appointment. One patient also commented on difficulties booking appointments when needed.
Interviews with patients	Patients we spoke with told us they were able to book urgent appointments when needed. We were told that GPs were prompt to return calls and arrange appointments or provide advice as needed. Patients we spoke with were particularly complimentary of the service provide by the paramedic and the responsive, personalised care provided.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	14
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
<p>The practice did not undertake a routine analysis of all complaints to identify trends. We saw that complaints were reviewed as they occurred and identified areas of learning or improvement were shared. The office manager did review complaints relating to reception and shared learning of identified trends with the reception team.</p>	

Example of how quality has improved in response to complaints
<p>Following a complaint received from a patient regarding their embarrassment when waiting in reception whilst suffering from an ongoing visible condition the practice improved its processes to ensure that patients in similar situations were offered a private room to wait in, to preserve their dignity when visiting the practice.</p>

# Well-led

## Leadership capacity and capability

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

The leadership team had a good understanding of the future challenges facing the practice and worked innovatively to improve patient care. The practice was a training practice and staff advised that this had been beneficial in securing GPs to work at the practice.

The practice worked in collaboration with three other practices to manage the general practice access fund hub within the locality, improving access to GP care for patients across the locality.

The practice had been successful in securing funding for the extension of the practice. We were told of plans to expand the building to incorporate additional clinical rooms and enable the practice to facilitate additional health care services for the locality.

## Vision and strategy

### Practice Vision and values

The practice had an ethos which highlighted the need for collaborative working to provide excellent care to its patients. The practice emphasised the importance of preventative work in improving outcomes for its patients. The practice had a statement of purpose which reflected the vision and values and was regularly monitored. However, we noted that the statement of purpose was not accurate as it described how all staff would receive DBS checks. We found this had not been realised on the day of inspection.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice maintained a relatively secure workforce and pertained this to the culture of the organisation and its team. The practice staff were proud of their commitment to their patients and to improving outcomes for their patients.

Patients we spoke with were positive about their interactions with the clinical team. The practices' personal list system encouraged continuity of care and enabled clinicians to understand the needs of their patients better.

The practice responded to needs of patients and staff and invested in new technologies where possible to help them maintain high standards. For example, the practice had invested in laptops for all GPs enabling them to work remotely when needed. The practice had also invested in software systems for managing staff appraisals and training to ensure consistency and encourage development.

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

Source	Feedback
Staff interviews	Staff stated they felt respected, supported and valued. They were proud to work in

	the practice. Staff advised that there were good relationships between managers and staff and that GPs were visible and approachable.
Patient Participation Group	The PPG members we spoke with told us that they felt there was a partnership between the patients and the practice. They told us that they felt listened to and that their work between the practice and patients was valued.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a range of policies available to support the delivery of good quality care.
Learning from complaints and significant events.	We saw that the practice reviewed complaints and significant events as they occurred to improve safety and identify risk. The practice did not undertake a routine analysis of significant events or complaints to identify trends.

## Managing risks, issues and performance

Complaints	Y/N
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
Child immunisation programme changes and increased complexity.	In response to changes in the child immunisation programme and feedback from the nursing team the practice extended the length of appointments to reduce the risks to patient safety.
Concern regarding the prescribing of oral nutritional supplements.	The practice liaised with the CCG and training was provided to the clinicians. Training was also made available to other practices within the locality to ensure consistency and reduce the risk of recurrence.
Lack of clarity on family structures.	Following a safeguarding incident, the practice updated their patient registration process. The registrations process was extended and included 'family mapping' to ensure that the practice had a clear understanding of family relations. This enabled them to improve safeguarding procedures as they were able to quickly identify additional family members at risk.

### Any additional evidence

\* On the day of inspection, the practices' 'Disaster management and business continuity plan' was out of date and had not been reviewed since 2012. The practice advised that their computer system had failed a few weeks before our inspection and this had led them to reconsider some of their incident planning. Immediately following our inspection, the practice sent an updated plan that reflected more accurately any proposed action to be taken in the event of adverse incidents.

## Appropriate and accurate information

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

### Any additional evidence

The practice had employed an external consultancy service to perform a data cleanse and help the practice to ensure it was operating from accurate data. This had been done in preparation for future changes to ensure quality assurance.

The practice also undertook additional training to ensure that staff were able to use the computerised patient record system to its full capacity.

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

#### Feedback

We spoke with a representative of the PPG who advised that the group was active and that the practice regularly engaged with them. We were told of improvements made by the PPG for example, in the layout of the practice waiting area. The PPG were also consulted in the development of the patient survey questions and with changes to the website and telephone system. We were informed that the practice was open and honest in sharing information with the PPG and that members felt their input was valued.

### Any additional evidence

The practice worked in collaboration with other practices locally. In response to ongoing changes and challenges the practice had joined local GP federation, MK Extra to improve services within the locality. (A federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts).

The practice worked actively alongside its local GP cluster. Meeting as a locality helped to map out service provision and plan for future developments. This enabled services to be planned and delivered effectively and for better sustainability of service provision in the future.

## Continuous improvement and innovation

### Examples of innovation and improvements in past 2 years

Innovation and improvement area	Impact
Involvement in local pilot schemes.	This enabled the practice to proactively develop services for its patients and the locality.
Innovative workforce development.	The practice had successfully recruited a paramedic to work alongside the clinical team and to support the work of the care coordinator. They worked to support vulnerable patients through a holistic approach and encouraged an integrated care approach, working with other sectors to support the needs of patients.

### DO NOT DELETE THE NOTES BELOW

#### 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](#)).