

Care Quality Commission

Inspection Evidence Table

Dr Naz Asghar (1-510305825)

Inspection date: 15 May 2018

Date of data download: 11 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 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 and pharmacists) 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:	Yes. December 2017
There was a record of equipment calibration Date of last calibration:	Yes. December 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes. June 2017
Fire drills and logs	Yes. Twice a year.
Fire alarm checks	Yes. Weekly checks.
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes. January 2018.
Actions were identified and completed.	Yes.
Health and safety Premises/security risk assessment? Date of last assessment:	Yes. January 2018
Health and safety risk assessment and actions Date of last assessment:	Yes. January 2018
<p>Additional comments:</p> <ul style="list-style-type: none"> • The practice carried out an annual risk assessment which covered areas such as fire safety; COSHH; infection prevention and control; environment; and health and safety. The risk assessment was updated if risks presented before the annual review. For example, in May 2018 a radiator cover had been ordered to replace a broken unit in a clinical room. • The practice underwent a health and safety compliance audit (November 2016); a fire compliance audit (November 2016); and a disability access audit (November 2017) by external companies. Actions were completed in response to these audits. For example, another exit had been created for use in the event of a fire and a portable ramp for disabled patients was purchased and stored in reception. 	

Infection control	Y/N
Risk assessment and policy in place	Yes.
Date of last infection control audit:	August 2017.
The practice acted on any issues identified	Yes.
Detail: <ul style="list-style-type: none"> Issues rectified in response to the latest infection prevent and control audit included replacing three clinical examination couches; ensuring records of immune status for clinical staff were kept on file; and ensuring cleaning equipment was dried and stored appropriately. An action which remained outstanding was replacing a sink in a clinical room to comply with infection prevention and control guidelines. The practice had sourced a unit with the correct dimensions and were making arrangements to replace the older unit. 	
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Additional comments: <ul style="list-style-type: none"> An external company carried out a legionella risk assessment for the building in May 2017 (review date May 2019). (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice carried out an internal legionella risk assessment in March 2018. 	

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

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
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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)	1.42	0.82	0.98	Variation (negative)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	8.2%	10.4%	8.9%	Comparable to other practices
Any additional evidence or comments				
<p>The practice was aware that the number of antibacterial prescription items prescribed per STAR PU was high compared to the CCG and national figures. The GPs discussed this in October 2017 and identified the following actions to reduce antibiotic prescriptions:</p> <ul style="list-style-type: none"> • Patient education, including NHS leaflets on antibiotics • Delayed prescriptions (advise patient to collect prescription later) • Recommend over the counter remedies for relief where appropriate <p>Unverified practice data showed an improvement in the number of antibacterial prescription items prescribed per STAR PU from 1.42 in May 2017 to 0.97 in February 2018.</p>				

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
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. Checked monthly.
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	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.	Two
Number of events that required action	Two

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

Event	Specific action taken
Burst water pipe in the practice.	<ul style="list-style-type: none"> The practice's business continuity plan was utilised. A plumbing company was contacted to rectify the issue and a notice was displayed on the main entrance door to inform patients to enter the premises via a side door. The problem was rectified the same day and the practice replaced the flooring in the area affected by water damage. An action point following this event included discussing the business continuity plan with staff at quarterly meetings.

Safety Alerts	Y/N
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: <ul style="list-style-type: none"> Safety alerts were received by the practice manager and GPs. The practice manager forwarded the alert to relevant staff. All alerts were added to a practice log which contained details of the alert, when it was received, when it was discussed, the actions taken, and any further advice required. We saw an example of action taken in response to a medicine alert where the practice sent letters to 24 patients for a review if they were experiencing certain symptoms whilst taking the medicine stated in the alert. 	

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)	0.67	0.59	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)	78.5%	77.3%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.0% (75)	12.1%	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)	78.0%	76.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.4% (30)	8.6%	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)	78.3%	74.7%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	12.1%	(35)	9.1%	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)	75.2%	79.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (1)	3.6%	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)	92.9%	92.5%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	41.7% (10)	8.7%	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)	77.2%	83.4%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.6% (51)	4.3%	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)	95.2%	87.3%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	0	(0)	6.7%	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)	25	27	92.6%	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)	28	31	90.3%	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)	28	31	90.3%	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)	28	31	90.3%	Met 90% Minimum (no variation)

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)	61.1%	63.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.3%	66.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	37.9%	45.9%	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	66.7%	64.3%	71.2%	N/A

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)	50.0%	55.2%	51.6%	Comparable to other practices

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)	95.0%	92.1%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (4)	10.5%	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%	92.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (2)	8.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	80.0%	87.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.9% (11)	7.3%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	542	545	539
Overall QOF exception reporting	9.8%	6.6%	5.7%

Any additional evidence or comments

- The practice was aware their exception reporting for some clinical domains was high and had worked to improve this. Unpublished and unverified practice data for 2017/18 showed overall exception reporting remained at 10% and clinical exception reporting had reduced to 6%. The practice had focused on improving their achievement of clinical outcomes and had improved exception rates compared to previous years. For example, unpublished and unverified practice data for 2017/18 showed exception reporting rates for all clinical domains was below 10% with the exception of peripheral arterial disease which had been reduced from 22% to 17%.

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)	93.3%	95.6%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (8)	1.2%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice obtained consent to care and treatment in line with legislation and guidance. Written consent was currently obtained for minor surgical procedures such as joint injections.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	38
Number of CQC comments received which were positive about the service	38
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	The comment cards received were all positive. Patients said they felt all staff were caring, polite, thoughtful and helpful. Clinical staff were described as respectful, patient, and supportive. Patients described examples where they were listened to and treated with respect, dignity and kindness. Reception staff were described as welcoming and receptive to patients' needs.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,276	313	94	30.03%	10%

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)	69.0%	71.6%	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)	79.6%	85.3%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you	94.3%	93.1%	95.5%	Comparable to other practices

saw or spoke to?" (01/01/2017 to 31/03/2017)				
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)	76.3%	80.8%	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)	91.7%	84.7%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	89.8%	83.5%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
July 2017	<p>Anticoagulation service feedback</p> <ul style="list-style-type: none"> • Eight responses received with all patients rating their overall experience of using the service as 'excellent'. • In response to the survey and advice from the CCG anticoagulation lead nurse, the practice updated the warfarin service policy and other relevant protocols; the GP principal and HCA attended warfarin update courses; and the HCA's competency to provide the service was reviewed by the CCG anticoagulation lead nurse.
2017	<p>Feedback on HCA</p> <ul style="list-style-type: none"> • 24 responses received. • 23/24 respondents said the HCA was 'very good' at putting them at ease; was polite and considerate; listened to them; involved them in decisions; explained their condition and treatment; and had confidence that the HCA would keep their information confidential. • 1/24 respondents rated the HCA as 'satisfactory' to the above questions. • The feedback was used as part of the annual appraisal for the HCA.

Any additional evidence
<ul style="list-style-type: none"> • The practice monitored patient feedback from the Friends and Family test every month. Results from January to April 2018 showed 98% of patients would recommend the practice. • The practice reviewed the results from the National GP Survey (July 2017) with the PPG at a meeting held in March 2018. Areas for improvement were identified in collaboration with the PPG.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comment cards and patients spoken with on day of inspection	Patients were positive about the involvement they had in their care and treatment. They said they were listened to and given time to make decisions about their 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)	76.8%	82.3%	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)	79.2%	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)	85.1%	82.9%	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)	81.8%	78.4%	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 on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	74 carers identified (approximately 2% of the practice population)
How the practice supports carers	<ul style="list-style-type: none"> • Carers were identified at registration and via consultations. The practice had increased the number of patients identified as carers from 42 in August 2017 to 74 in May 2018. • Carers were offered the flu vaccination and health screening. • Carers were signposted to support services, including the local carers centre, and information was advertised on a carer's noticeboard in the waiting room. • The practice had established a carers group who met at the practice every two to three months to discuss support available to carers. The meetings were held on a Saturday and were attended by patients identified as carers, the GP principal, and members of the administrative team. The group planned to invite guest speakers to future meetings.
How the practice supports recently bereaved patients	<ul style="list-style-type: none"> • The practice telephoned the family or sent a letter of condolence following bereavement. Consultations were arranged for patients who requested one and details of support services were given.

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	<p>Patients had access to a separate room should they need to discuss anything in private. There were notices in the waiting room informing patients of this.</p> <p>Reception staff told us they were careful not to disclose personal identifiable data whilst talking to patients on the phone and in person, and we observed this was the case during our inspection.</p>

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
CQC comment cards and patients spoken with on day of inspection	Patients told us their privacy and dignity was respected.

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	
Monday-Friday	08:00 – 18:30

Extended hours opening	
Tuesday	18:30 – 20:00

Any additional evidence	
<ul style="list-style-type: none"> Pre-bookable appointments were available at the local hub service till 8pm on weekday evenings and from 8am to 8pm on 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	
All requests for a home visit were triaged by a GP.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,276	313	94	30.03%	10%

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)	71.4%	74.8%	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)	61.3%	67.8%	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)	71.8%	68.6%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	61.0%	67.0%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
CQC comment cards and patient interviews	Patients reported that the appointment system was easy to use and they were able to get an appointment when they needed one.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
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
Additional comments:	
There was information available for patients on how to complain. Verbal and written complaints were investigated and discussed at team meetings as appropriate, to support learning, development, and to prevent recurrence.	

Example of how quality has improved in response to complaints
Following a complaint regarding an elderly patient waiting for a long period of time for their fasting blood test, it was agreed that all staff should monitor patients waiting for an appointment especially if they were elderly or vulnerable. If the patient had waited more than 15 minutes staff should check whether the patient required any help. A notice in the waiting area also advised patients to speak with reception staff if they had waited for over 20 minutes for their appointment.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice	
<ul style="list-style-type: none"> • The practice had expanded their team to meet the needs of patients. For example, a GP locum who worked at the practice since March 2017 had been employed as a salaried GP in January 2018 to maintain continuity of care for patients. A full-time administration/reception manager had been recruited in February 2018 to support patients and staff. • The practice received support from an external advisor to assist with regulatory compliance and local initiatives. • Arrangements were in place to maintain oversight and review the competency of clinical work carried out by the health care assistant. 	

Vision and strategy

Practice Vision and values	
<p>Mission statement “We aim to treat patients with respect and provide patient-centred care that is sensitive to their needs. We are a well-trained, motivated and friendly primary health care team”</p>	
<p>Core values</p> <ul style="list-style-type: none"> • Openness • Fairness • Respect • Accountability 	
<p>The practice provided a list of 18 aims and objectives which related to patients and staff. For example, “to provide the best evidence-based care to our patients”, and “to recruit, retain and develop a highly motivated and appropriately skilled workforce”.</p>	
<p>Business Plan January 2018 The plan set out clear objectives with regards to what the practice planned to achieve over the next three years.</p>	

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care	
Staff interviews	<ul style="list-style-type: none"> • Some training sessions were carried out on a Saturday to ensure all staff were available to attend and to minimise disruption for patients during the week. Staff we spoke with told us this was convenient for them. There had been two training sessions held on a Saturday in 2018.

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> • Staff reported a positive working environment and described practice leaders as supportive and approachable.

	<ul style="list-style-type: none"> • Staff described a positive learning environment where they were encouraged to complete training and professional development. • We were informed that the practice culture was one of being open, supportive and respectful of one another. We saw evidence of this through observation of staff interactions between themselves and patients.
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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's policies and procedures were up to date and all staff we spoke with knew how to access these.
Learning from complaints and significant events	Learning was shared at the monthly practice meetings, bimonthly administration meetings, by email and informally. There was evidence of how the practice had implemented new processes in response to complaints and significant events.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
<ul style="list-style-type: none"> • There were monthly whole practice meetings where health visitors, district nurses, care coordinators and psychologists were invited to attend. • Administration staff had bimonthly meetings which were minuted. • Clinical staff attended meetings with the locality group and the CCG.

Managing risks, issues and performance

Major incident planning	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
Staff levels	The practice identified the need to review staffing levels and as a result recruited a salaried GP and practice nurse.
Environmental risks	Risk assessments were continually updated. For example, the annual risk review completed in January 2018 was updated in May 2018 due to arising risks.
Environmental risks	During our inspection staff identified a leak from the sink in the upstairs treatment room. The practice arranged for a plumber to attend within 20 minutes to stop the leak, and return later in the day to rectify the issue.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The practice formed a patient participation group in 2013. There were a total of 14 members who agreed to meet twice a year. At the last meeting in March 2018 the practice shared the results of the National GP patient survey 2017 with the group to identify areas for development. The PPG identified three areas as priority to address. The practice were able to demonstrate what action they had taken to improve these areas. For example:</p> <ul style="list-style-type: none"> • 61% find it easy to get through to the practice by phone (CCG average 68%; National 71%) The practice increased the number of staff who answered telephone calls in the morning and during busy periods. • 73% find the receptionists helpful (CCG average 81%; National 87%) The practice recruited new reception staff and a full-time administration manager who could resolve issues without delay. • 44% usually get to see or speak to their preferred GP (CCG average 50%; National 56%) The practice recruited a salaried GP in December 2017 to provide continuity of care for patients. <p>We spoke with two members of the PPG who told us the practice were responsive to patient feedback and made changes to improve the service.</p>

Any additional evidence
Practice leaders engaged with staff via annual appraisals, staff meetings, training sessions and social events.

Continuous improvement and innovation

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

Audit area	Improvement
To increase cervical smear uptake (Dec 2017 – Mar 2018)	<ul style="list-style-type: none"> • 70% of eligible patients had a cervical smear test done as per the 2016/17 QOF register. This improved to 80% as per the 2017/18 QOF register. • The percentage of patients who did not attend their cervical smear appointment had reduced from 35% in the first audit cycle to 10% in the second cycle.
To review treatment of COPD (Dec 2017 – Apr 2018)	<ul style="list-style-type: none"> • 75% of patients with COPD were on the appropriate treatment, compared to 70% in first cycle. • Exception reporting for COPD reduced from 27% in the first audit

	cycle to 9% in the second cycle.
Monitoring of patients taking methotrexate (Dec 2017 – Mar 2018)	<ul style="list-style-type: none"> • 100% of patients had the indication for methotrexate documented in their records, compared to 28% in the first cycle. • 100% of patients were monitored in line with guidelines, compared to 57% in the first cycle. • 100% of patients had a separate prescription for prescribers to review prior to authorising a repeat prescription, compared to 28% in the first cycle.

Any additional evidence

- The practice could demonstrate that the HCA had the knowledge and skills to carry out their role. The practice enlisted the support of a CCG nursing lead to help mentor and supervise the HCA as well as undertake a full competency assessment. The HCA was supported with detailed protocols in line with their role (including when to refer patients to a GP or nurse), an extended appraisal, and daily supervision from the GP principal and salaried GP. The HCA's clinical work was monitored and evaluated via audit and patient feedback surveys.
- The practice held group consultations for patients with diabetes. The two sessions held in 2018 focused on patient education in following areas: management of the disease; exercise; diet; medication; blood tests; lifestyle factors; driving; pregnancy; specialist referral; care plans; goal setting; and signposting to support services. The practice collected patient feedback in response to the sessions and planned to implement sessions for patients with other chronic conditions.

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](#)).