

Care Quality Commission

Inspection Evidence Table

Asplands Medical Centre (1-537889798)

Inspection date: 21 June 2018

Date of data download: 24 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
Explanation of any 'No' answers:	

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
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 17 October 2017
There was a record of equipment calibration Date of last calibration:	Yes 22 February 2018
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 marshal*	Yes
Fire risk assessment Date of completion	Yes 8 June 2017
Actions were identified and completed.	Yes
Additional observations: The practice manager was a trained fire marshall and had cascade the knowledge to the team. All staff were aware of their role and responsibility in the event of an alarm sounding. Evidence seen that fire risk assessment and management was in place for the branch site at Woburn.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 1March 2018
Health and safety risk assessment and actions Date of last assessment:	Yes 1 March 2018
Additional comments: Other risk assessments included management of Legionella, Gas safety certificate and electrical safety checks.	

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 practice was proactive in managing infection control and prevention for both sites daily. The infection prevention and control audit recorded where some consultation rooms had carpeted flooring and the cleaning schedule required to maintain them safely. We noted that comments included to review this during the refurbishment planned for later in 2018 and consider hard flooring.</p>	<p>Yes</p> <p>1 February 2018</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>	

Any additional evidence

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
<p>Explanation of any answers:</p> <p>The practice operated where possible personal lists to ensure maximum continuity of care. They also operated a buddy system ensuring that all results and referrals were dealt with timely and by a clinician that would know the patient. All GPs had remote access to the clinical system and they used this routinely when they were not in the practice.</p>	

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)	0.96	1.00	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)	9.3%	8.5%	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.	Yes
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.	
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Explanation of any answers:

We undertook searches for patients taking Warfarin, Methotrexate and Lithium. We found the practice systems and processes ensured that all patients had received appropriate and timely monitoring.

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Explanation of any answers	
<p>Any other comments on dispensary services:</p> <p>We visited the dispensaries at both sites. We found they were well managed to provide safe services to patients.</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.	15
Number of events that required action	Five

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

Event	Specific action taken
19 April 2016 onwards, CQC inspection identified issues with the management of controlled drugs within the dispensaries.	The practice team met and reviewed the verbal feedback given on the day. They developed a plan, and contacted the CCG medicines team. As a result, the CCG worked with the practice staff to develop the improvements and have used the learning across other practices.
27 February 2018, patient did not receive a home visit on the day required as the GP allocated was not working.	The practice reviewed the system and process for recording and allocating home visits. They implemented a fail-safe system to check that all visits had been actioned. This was achieved by a named receptionist checking all visit each day at mid-afternoon.
February 2018, the incorrect dose for a medicine was issued to a patient.	The practice recognised this was an error on the GP behalf. They used a system that offered the GP the agreed CCG prescribing formulary and identified that the order of the choice could be improved. They contacted the CCG and the system was amended for all practices to ensure the risk of error was mitigated.

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>We noted a comprehensive system in place with good awareness by the GP. The practice manager and GPs received the safety alerts. The alerts were disseminated to the appropriate person to action. For example, to the dispensary manager for dispensing alerts, the nursing team or to the GP and admin staff if patient searches were required. We saw that a copy of the alert and actions taken was recorded and recorded by the practice manager. We reviewed three alerts, two in relation to a recalled medicine, we saw that the dispensary had taken action to check their stock and dispensed items and noted that they did not have any of the effected medicines. Following an alert, the practice had undertaken an audit of patients of child bearing age and who were</p>	

taking a certain medicine and the risks associated to ensure all patients had been appropriately reviewed. Five patients had been identified, appropriately reviewed and managed.

Any additional evidence

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)	0.51	0.96	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)	79.2%	78.8%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (36)	12.9%	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)	87.1%	76.1%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (30)	11.5%	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)	82.0%	81.5%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2%	(73)	14.9%	13.3%

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	76.0%	77.0%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (18)	8.5%	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)	94.4%	89.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.6% (41)	13.8%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.7%	83.5%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (36)	4.7%	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)	91.2%	89.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.3% (20)	7.3%	8.2%	

Any additional evidence or comments

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)	27	31	87.1%	Below 90% Minimum (variation negative)
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)	23	23	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)	23	23	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)	23	23	100.0%	Met 95% WHO based target Significant Variation (positive)

Any additional evidence or comments

We discussed with the practice the result for Percentage of children aged 1 with completed primary course of 5:1 vaccine and that it just fell below the 90% target. The practice took immediate action and investigated the lower figure.

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)	78.6%	74.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.9%	70.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	62.6%	55.5%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who,	69.6%	62.0%	71.2%	N/A

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)	80.6%	55.9%	51.6%	Comparable to other practices
Any additional evidence or comments				
<p>The practice had a system to follow up any patient who had concerns or had not attended the screening appointment. The practice told us that they believed this had resulted in the practice uptake for bowel cancer screening being higher than the CCG average the national average.</p> <p>They were proactive with their care of patients who have a diagnosis of cancer and may be receiving treatment. The practice ensured that all staff were aware of the patients undergoing current chemotherapy to ensure that they were given priority for appointments and contact with their own GP. The practice was also engaged with the Milton Keynes Cancer Patient Partnership and with their PPG and neighbouring practices worked on a local project, Cancer and Beyond. This project explored ways to facilitate delivery of care to cancer and post cancer patients in their community ensuring compliance and understanding of treatments and care plans. The pilot delivered practical help such as meetings where patients could ask questions and access support for issues relating to treatments, finances, human resource/work issues, travel insurance and power of attorney/advance care planning.</p>				

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)	96.8%	89.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (3)	15.6%	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)	96.7%	90.4%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (4)	13.7%	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)	85.9%	84.9%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (5)	6.7%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554	535	539
Overall QOF exception reporting	4.1%	5.9%	5.7%

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) <small>(QOF)</small>	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) <small>(QOF)</small>	95.5%	94.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (37)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw evidence that the practice ensured they record written consent for all minor surgery of for contraceptive services such as device fittings. Regular audits were undertaken to make sure that all GPs and nurses maintained this. Verbal consent was recorded using a standard template with the clinical record system.

Any additional evidence
<p>The practice performance data showed they had achieved 99.5% for the quality and outcome framework. Exception reporting for the practice was in line with both the local and national averages. We found the practice had clear clinical oversight and had a comprehensive approach to monitoring quality and effectiveness of their services and to the monitoring of patients. All GPs had lead areas and worked with nursing and administration staff to ensure standards and targets were being met.</p> <p>An audit timetable was used to ensure that audits were performed as required following alerts or significant events but also new areas identified such as recording of patients who were carers. This programmed ensured that areas were re audited to monitor consistency and adherence to agreed policy and procedures.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	34
Number of CQC comments received which were positive about the service	32
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comment cards	Many comments on the caring nature of the practice staff including receptionist, dispensary staff and GPs and nurses. Patients reported that nothing was too much trouble for the staff.
National GP patient Survey	Results from the national GP patient survey published July 2017 showed the practice data was consistently higher than the local and national averages.
Staff members	Practice staff told us of occasions where practice staff had visited a vulnerable patient who did not have any family members to help to ensure they were safe until social services could re home the patient.
Family and Friends- 2017-2018	Many positive comments regarding care from all practice staff but some negative comments in relation to reception staff attitude. We noted that the practice acted following this report, discussed the finding with the team and implemented training and changes. For example, some staff members attended a conflict resolution training day held by the CCG. The practice has implemented a care navigation course to educate their staff in appropriate sign posting of patients to ensure the patient had access to the most appropriate clinical support.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,645	234	115	49.15%	1%

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)	90.7%	78.9%	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)	97.0%	87.0%	88.8%	Variation (positive)
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%	95.0%	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)	93.7%	83.0%	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)	94.9%	93.2%	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)	92.1%	92.4%	90.7%	Comparable to other practices

Any additional evidence or comments

The practice consistently reviewed feedback received from patients including that of written or verbal complaints. We saw evidence that the management discussed any areas where feedback had not been positive with staff members and in team discussions to ensure learning was gained and improvements made. Staff we spoke with told us they valued the direct feedback and found that the management listened to their challenges and made changes that helped the staff. For example, where patients had been rude to the staff member, conflict resolution training was given to help the staff deal with patients who maybe aggressive or demanding.

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

Date of exercise	Summary of results
Continually ongoing-	The practice consistently reviewed feedback received from patients including that of written or verbal complaints.
Family and Friends review April 2018	Mostly positive results, where there were some negative comments about some staff members the practice took immediate action.
PPG	The feedback from patients and the PPG was reviewed regularly at the weekly clinical governance and staff meetings and PPG meetings.
Other professionals	The practice reviewed any feedback that had been received from other professionals such as GP registrars and medical students.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke told us that they found the practice clinical staff always engaged them in decisions about the care and treatment plans.
Managers from care homes	We spoke with managers from two local care homes where patients are registered with the practice. They told us they were very pleased with the service that the practice provided and that clinical staff always discussed care and plans with the patient, their relatives and appropriate care staff. They highly prized the care the practice provided in the care that patients who were at the end of their lives 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)	92.5%	84.4%	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)	89.4%	79.3%	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)	89.0%	90.7%	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)	90.6%	86.4%	85.4%	Comparable to other practices
Any additional evidence or comments				

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 339 patients (2.9%) of the practice population as carers. This included three patients under the age of 18 years old. Although these young people were not sole carers they lived in an environment where there was a relative who needed constant care.
How the practice supports carers	<p>The practice proactively worked to ensure carers were well supported and were working with the association to part of the Milton Keynes Investors in Carers programme. The practice manager was a carers champion and was working on this for the practice and other local practices.</p> <p>The practice held leaflets and had a notice board display advertising the contact details of where patients could access support and the practice website also contain the links through to other support websites.</p> <p>The practice hosted agencies enabling patients to access support in an environment close to home and in place they knew.</p>
How the practice supports recently bereaved patients	The practice sent condolence cards and GPs contacted relatives and arranged appointments at times that were convenient to the bereaved.

Any additional evidence

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	Practice staff we spoke with were clear on the need for confidentiality and privacy for patients. There were signs advising patients that they could ask staff to speak in a private room and staff knew how to access these.

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
PPG and Patients	We spoke with one member of the patient participation group (PPG) and three patients. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.
Comment cards	34 comment cards highlighted that staff responded compassionately and very caring when they needed help and provided support when required.
GP patient Survey	Results from the national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	Asplands Medical Centre and Woburn branch site 8am to 6.30pm
Tuesday	Asplands Medical Centre and Woburn branch site 8am to 6.30pm
Wednesday	Asplands Medical Centre and Woburn branch site 8am to 6.30pm
Thursday	Asplands Medical Centre 8.00am to 6.30 pm Woburn branch site 8.00am to 1pm
Friday	Asplands Medical Centre 8.00 to 6.30 pm Woburn branch site 8.00am to 1pm

Appointments available	
Patients can be seen at either location	8.20am to 5.40pm
Extended hours opening	
ASPLANDS Medical Centre	8.30am to 12pm

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
Reception staff recorded the visit request to the clinical system. The GPs triaged the requests and contacted or visited the patients as appropriate to clinical need. The reception staff undertook a check each afternoon to ensure all visits had been actioned.

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,645	234	115	49.15%	1%

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)	82.1%	79.8%	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)	81.0%	75.2%	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)	83.9%	77.0%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	78.1%	73.3%	72.7%	Comparable to other practices

Any additional evidence or comments

The practice proactively reviewed and monitored all feedback from patients and staff in relation to access. They made changes as necessary. For example, they recognised from feedback from staff that sometimes patients were not able to have an appointment with their own GP within two days, the practice implemented a system to protect some slots so that those patients requiring review by the same clinician could access them timely.

Examples of feedback received from patients:

Source	Feedback
For example, Comments Cards	Patients reported easy access to appointments with the person they wished to see or speak with.
Family and	There were mixed responses in the report with some patients experiencing delays to

Friends 2017 – 2018	getting appointments.
Patient we spoke with on the day of inspection.	All patients we spoke told us they could get appointments easily.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	Nine
Number of complaints we examined	Four
Number of complaints we examined that were satisfactorily handled in a timely way	Four
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>We found that the complaint process was detailed and comprehensive. We discussed complaints in detail with the GP and found the practice response was timely and appropriate. We saw examples of letters which were sent to patients.</p>	

Example of how quality has improved in response to complaints

A patient had moved address and was out of the practice area. The patient was disappointed about this and reported that the staff had not been helpful with information on how they would find another practice. The practice implemented an information leaflet to help other patients in the future.

A patient had been unhappy with the pathway for a referral to hospital and the practice explanation. The patient referred their complaint to NHS England, the practice provided a detail report and NHS England confirmed the practice had followed the recommended guidance.

Any additional evidence

We saw that information on how to complain was available for patients.

Well-led

Leadership capacity and capability

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

Learning and improvements made as a result of the previous CQC inspection in June 2016. Improvements were made in practice which have been monitored and reviewed to ensure effective. Learning was shared with the CCG and other practices.

Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.

GP patient survey data July 2017 had shown further improved from the data published January 2016. The practice was consistently above the CCG and national averages.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice leaders and team shared the vision and values of the practice. Their ethos was modern medicine with a traditional core. The practice planned its services to meet the needs of the practice population and demonstrated their passion to bring services closer to their patients.

Culture

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

We saw evidence that staff and patients were confident to raise concerns or issues reflecting an open and no blame culture. For example, a staff member told us they had been concerned that a patient had received the wrong medicine. They spoke with the staff member concerned and the treatment was reviewed. The patient had not received the wrong medicine but the staff member was praised for raising their concern.

The nursing team recognised that patients had to travel some distance to the community wound clinic and that the transport links in the area were poor. The staff requested to be trained to undertake complex wound care and to provide the service in the practice.

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

Source	Feedback
Practice Manager	The practice manager told us that they valued the team support they received.

	During a period of extended planned leave, the practice team ensured that the practice continued to run safely and effectively.
Staff member	Some staff members told us of the support they had received from the management team during difficult times.
Staff member	Staff told us about the additional care other members of the team had given to patients. For example, daily visits to a vulnerable patient who were waiting to be re-homed.

Any additional evidence

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 comprehensive suite of policies and procedures which were easily available and routinely reviewed and updated. We saw that the practice reviewed policies and procedures when learning from events where changes were made to improve care.
Other examples	<p>The management had discussed with staff members the most effective and support they wanted within their own teams. The nursing team had a nursing team manager who had regular meetings with the team members, to ensure information was relayed and understood. The reception team agreed that they did not need a team leader but effectively managed themselves with support from the practice manager and other staff as required. This decision had been fully supported by the partners in the practice. Staff we spoke with valued this system and the management support to it.</p> <p>All the staff we spoke with told us they were included in clinical governance meetings. They told us their opinion and views were heard and that cohesive agreements were made to improve safety and care. Minutes were openly available to all staff.</p> <p>The practice held a learning event attended by all staff where they reviewed the pathway and actions required and by whom for telephone messages taken by reception staff. The staff were able to develop save pathways ensuring that the most appropriate person received and actioned the message.</p>
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

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
Loss of continuity of care	The appointment system was reviewed and a number of slots with each

due to appointments with GPs not being available within to 2 days for patients with clinical need.	GP were protected for follow up booking. If these were not used they were used for on the day booking.
Management of Legionella.	The practice had all water tanks removed and now have mains water reducing the risks of Legionella within the practices.

Any additional evidence

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Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The PPG were very positive about the working relationship with the practice. The group has been established for over fifteen years. They meet regularly and have comprehensive minutes from all meetings to share with other patients. The PPG produce a quarterly newsletter for the patients, the practice is very support in giving forward the information required to ensure all patients are aware of the services offered and changes at the practice.</p> <p>Health watch reported that all members of staff spoken to informed representatives that the practice allowed plenty of time and opportunity for training and advancement of their careers.</p>

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
The use Antipsychotic medicines in patients with dementia	Cycle four was undertaken November 2017. This showed the three-monthly review for these patients was not always met with the reason that coding was not always correctly used. Further changes implemented to around re authorising of medicines and reviews read codes. All medicines on three monthly review and therefore passed to GPs. Cycle five is planned for November 2018.
Drug misuse and hepatitis screening and vaccination	Cycle one showed that few patients who misused drugs had been offered testing or vaccination. Agreed that these should be considered at consultation /referral to patient presenting with drug misuse.

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

Audit area	Impact

Patients taking a medicine usually used for contraception.	This had been audited to ensure that patients taking this medicine were doing so in line with best practice. Where there was not a clear, recorded indication of the reason prescribed the patients were reviewed and any patient remaining on the medicine was reviewed three monthly by a GP.
Minor Surgery	The list of patients who had undergone a minor surgical procedure at the practice was reviewed. Outcomes to ensure that all histology was sent and results reviewed and reviewed. This ensure that GPs were not inadvertently removing malignant lesions.

Any additional evidence

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](#)).