

Care Quality Commission

Inspection Evidence Table

Harbourside Family Practice (1-552788830)

Inspection date: 10 July 2018

Date of data download: 02 July 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.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients.	Y
Disclosure and Barring Service checks were undertaken where required	Y

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person	Y May 2018

Date of last inspection/Test:	
There was a record of equipment calibration Date of last calibration:	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y May 2018
Actions were identified and completed. Cars were previously parked too near to the practice's fire escape door. A sign has been placed to demarcate the area. Items were placed too near to a fridge, and have now been removed.	Y
Additional observations: A premises risk assessment is undertaken every two to three years.	Y
Health and safety Premises/security risk assessment? Date of last assessment:	Y
Health and safety risk assessment and actions Date of last assessment:	Y August 2017

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: An infection control audit was completed by an outside consultancy. There were no recommended actions.	Y July 2018 Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
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.	Y
Explanation of any answers: The practice had a sepsis symptoms poster from NICE displayed on a consulting room wall.	

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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y

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)	0.71	0.93	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	10.9%	9.6%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and	N

transported in line with PHE guidance to ensure they remained safe and effective in use.	
<p>Explanation of any answers:</p> <p>We found temperature records for fridges that stored vaccines were consistently high, and above the acceptable temperature range. Between 27 March 2018 and 10 July 2018, the practice's three vaccine fridges exceeded the maximum safe storage temperature (eight degrees Celsius) on 60 separate occasions, from a total of 120 days when the temperature was recorded. When we spoke to the practice about this, they put into place a series of measures. Since the inspection, we have seen documentary evidence that:</p> <ul style="list-style-type: none"> • All vaccine fridges were serviced and calibrated, to ensure they are safe to use. • The practice contacted the pharmaceutical companies for advice regarding the vaccines in one fridge, which were deemed safe to use. • Following advice, the practice disposed of all vaccines in the other two fridges. • Having consulted NHS England, the practice was advised that they did not need to recall patients who have received vaccines from fridges two and three. • The environment in the room in which the vaccine fridges are situated was largely the cause of high temperature readings, as this rose to 28 degrees Celsius. The practice has put measures in place to dissipate the heat generated. 	

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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	20
Number of events that required action	17

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

Event	Specific action taken
A patient presented to a practice GP with symptoms of diabetes, and was asked to make a blood test appointment. The blood test was not done for two-and-a-half weeks, and the patient's test result indicated an increased risk of diabetes.	A practice investigation revealed that the delay was due to staff sickness and annual leave. GPs were reminded that they can mark a request as urgent, and that nurses will therefore accommodate urgent blood tests. The patient was referred urgently to hospital, and put on a course of insulin injections.
A practice GP phoned a patient and activated the phone's loudspeaker when leaving an answerphone message. The GP thought they had ended the call by hanging up the receiver, but this was not the case,	The GP contacted the patient and apologised for the error. The patient confirmed that they had not heard any other patient identifiers. The practice now ensured that headsets are available in all GP rooms to aid confidentiality.

and another GP entered room. Two other patients were then discussed. A beep from the GP's phone indicated that the conversation may have been recorded on the patient's answering machine.	
Two teenagers were mistakenly given the trivalent vaccine (normally given to adults) instead of the quadrivalent vaccine.	The error was identified at the end of the vaccination clinic. The GP called the local hospital's virology department, who advised that the vaccine given would give less protection and that the quadrivalent vaccine could be administered if parents wished after one month. The GP called the parents of both patients and apologised. The practice identified an action to ensure going forward that all patients aged under 18 go to the nurses' line for vaccination so they are easily identified.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: The practice manager received relevant alerts (for example from MHRA, the Medicines and Healthcare products Regulatory Agency) electronically, and cascaded these to relevant staff. Safety alerts were disseminated to all staff, and filed.	

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)	0.52	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)	83.9%	79.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.7% (69)	15.9%	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)	86.6%	81.5%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.0% (35)	9.2%	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)	84.3%	81.4%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	20.1%	(64)	14.9%	13.3%	

Additional information

We discussed QOF achievement with the practice who told us their relatively high (compared to local and national figures) exception reporting was due to a coding error following a change in the recording template. This issue has been addressed and the practice has invested in a system which (among other improvements) creates a message on patient records towards the end of the year to prompt clinicians to input QOF data. Data supplied to us by the practice for April 2017 – March 2018 is unable to show specific indicators within each clinical domain, but does indicate the percentage of patients who have been exception reported for a clinical domain overall. This data indicated that exception rates were falling. For example:

- The overall exception reporting for patients with diabetes was now 10%. This was comparable to local and national averages for 2016-2017.

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	78.1%	75.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.2% (72)	9.8%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.0%	91.2%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.4% (21)	10.1%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.7%	81.7%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (36)	3.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	84.7%	85.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (10)	6.3%	8.2%	

Additional information

We discussed QOF achievement with the practice who told us their relatively high (compared to local and national figures) exception reporting was due to a coding error following a change in the recording template. This issue has been addressed and the practice has invested in a system which (among other improvements) creates a message on patient records towards the end of the year to prompt clinicians to input QOF data. Data supplied to us by the practice for April 2017 – March 2018 is unable to show specific indicators within each clinical domain, but does indicate the percentage of patients who have been exception reported for a clinical domain overall. This data indicated that exception rates were falling. For example:

- The overall exception reporting for patients with COPD was now 13%. This was comparable to local and national averages for 2016-2017.

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)	110	116	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)	106	111	95.5%	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)	107	111	96.4%	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)	107	111	96.4%	Met 95% WHO based target Significant Variation (positive)

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)	80.4%	76.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	64.7%	71.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.1%	59.6%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	69.2%	72.9%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a	63.3%	56.8%	51.6%	Comparable to other practices

two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)				
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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)	91.3%	93.5%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	36.1% (13)	13.2%	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)	96.0%	92.7%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	30.6% (11)	12.7%	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)	93.4%	81.6%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (3)	4.6%	6.8%	
Any additional evidence or comments				

Additional information
We discussed QOF achievement with the practice who told us their relatively high (compared to local and national figures) exception reporting was due to a coding error following a change in the recording template. This issue has been addressed and the practice has invested in a system which (among other improvements) creates a message on patient records towards the end of the year to prompt clinicians to input QOF data. Data supplied to us by the practice for April 2017 – March 2018 is unable to show specific indicators within each clinical domain, but does indicate the percentage of patients

who have been exception reported for a clinical domain overall. This data indicated that exception rates were falling. For example:

- The overall exception reporting for patients with poor mental health was now 18%. This was comparable to local and national averages for 2016-2017.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	544	539
Overall QOF exception reporting	5.9%	5.5%	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>	95.6%	94.7%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (26)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Any clinical procedures were recorded, and a signed consent form was recorded on the practice clinical IT system.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	12
Number of CQC comments received which were positive about the service	11
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	CQC comments cards were generally very positive about the service as a whole, with all referring to 'excellent' clinical care and 'extremely helpful' reception staff. One patient was unhappy about what they perceived to be the long wait for a routine appointment, but also stated that the practice were doing what they could to reduce waiting times. This feedback was consistent with the NHS Friends and Family Test, and other feedback received by the practice.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,037	220	119	54.09%	1.2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	72.6%	82.0%	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)	87.9%	90.1%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and	95.2%	96.8%	95.5%	Comparable to other practices

trust in the GP you 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)	82.0%	86.3%	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)	93.0%	92.3%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	92.7%	91.2%	90.7%	Comparable to other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
27 April to 10 May 2018	One hundred and twenty-eight (128) patients surveyed. Patients praised the practice for its new phone queuing system, and the quality of GP and nursing care. Patients also referenced disabled access arrangements, and the practice cleanliness. Some patients stated that they waited too long for a routine GP appointment and were not always able to access their preferred GP.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke to four patients who were all happy with the service received and felt fully involved in decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time	85.0%	88.6%	86.4%	Comparable to other practices

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)				
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)	73.1%	83.3%	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)	95.6%	89.7%	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)	86.5%	84.1%	85.4%	Comparable to other practices

Additional Information

The practice had low (relative to local and national averages) patient satisfaction levels for GPs involving them in decisions about their care. When we spoke to the practice, they told us they were aware of this. The practice explained that several staff retirements and staff on maternity leave at the same time adversely affected the continuity of care offered to patients. The practice had put a number of measures in place, such as recruiting salaried GPs and other clinical staff, and a new practice manager. The practice's own patient survey indicates that since these measures were introduced, patient satisfaction in this area has increased.

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices can be made available in the patient waiting area, advising patients how to access support groups and organisations. At the time of inspection, this information was available on the practice website.	Y
Information leaflets could be made available in easy read format if required.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	243 carers were identified by the practice computer system. This figure represented around 3% of the total practice population.
How the practice supports carers	Patients received a carer's pack providing details of available support services. The practice also had a carer's notice board in the waiting room, which was maintained by a receptionist. The receptionist, who was also the carer's lead, coded patient's medical notes if they were carers.
How the practice	A relative of the deceased patient received a phone call from a practice GP.

supports recently bereaved patients	
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Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice waiting area was situated a few yards from the reception desk, however, patients told us this did not always aid confidentiality. When we spoke to the practice about this, they told us that reception staff were trained in confidentiality and we observed this to be the case. They also told us they were considering playing background music, as an additional measure.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients felt they were respected, listened to, and received sympathetic responses when distressed. Patients valued the opportunity to access a quiet space if needed.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm

Appointments available
Routine GP appointments were generally available from 8.30am to 12.30pm and 2.30pm to 6.30pm, Monday to Friday.
Extended hours opening
Wednesday and Friday mornings, 7am to 8am; Monday, Thursday and Friday evenings, from 6.30pm to 7.30pm; Saturday mornings on one day per month.

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	Y
If yes, describe how this was done	
Reception staff triaged requests for home visits, and would alert the GP if any concerns were raised. Receptionists had been trained to identify 'red flag' symptoms.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,037	220	119	54.09%	1.2%

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)	74.3%	81.6%	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)	44.8%	70.0%	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)	86.2%	80.9%	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)	59.9%	74.5%	72.7%	Comparable to other practices

Any additional evidence or comments

The practice had low (relative to local and national averages) patient satisfaction levels for getting through on the 'phone to make a GP appointment, and their overall experience when doing so. When we spoke to the practice, they told us they were aware of this, and have put a number of measures in place, such as installing a new telephone system in 2018. The new telephone system provided a queuing facility and allowed patients to select options to take them through to the department they required. The practice also extended the hours that staff were on reception and invested in staff training to improve telephone access for patients. The practice's own patient survey indicates that since these measures were introduced, patient satisfaction in this area has increased. The practice also told us they were applying for a grant to open additional phone lines.

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The practice is rated with 4.5 out of 5 stars, based on 41 reviews. Responses are predominantly positive. Patients praised attitudes of staff, quality of clinical care, and cleanliness of the practice environment. Negative issues were appointment waiting times, and a perceived long wait to access the practice by phone.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	45
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

Example of how quality has improved in response to complaints

The practice responded to a complaint about opening times by offering extended hours morning and evening appointments, and a Saturday Morning clinic once a month so that appointments can be booked with a nurse and doctor.

The practice extended its vaccination appointments times for patients unable to bring their children to be vaccinated during normal clinic operating times.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
Staff bulletin produced monthly, and containing current practice news. Example of enhanced communication. Alongside multi-disciplinary team meetings every two months.

Vision and strategy

Practice Vision and values
The practice's stated purpose 'is to provide the best clinical and holistic care we can for our patients, to enable job satisfaction and personal fulfillment for ourselves and our staff, and to ensure the sustainability of the business for the future.'

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

Source	Feedback
Interviews with staff	Staff described the practice as friendly, supportive of staff and well organised, with patient care as a priority, and senior partners accessible.
Interviews with staff	The practice was described as a good place to work, with a focus on individual professional development and encouragement to pursue courses for personal development. Examples included training in contraception and sexual health issues.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Practice specific policies	These were comprehensive and updated regularly.	
Other examples	Learning from complaints and significant events is identified and cascaded to staff, and discussed across a range of staff forums.	
		Y/N
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Ensuring an adequate level of clinical cover.	Recruitment of staff (for example, a reception supervisor) and ongoing review of skills mix.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Practice website. Direct email contact with the practice. Engagement with the patient participation group (PPG).	Ongoing assessment of services and discussion of any suggested improvements.
Public	Practice website. Attendance at local Healthwatch meetings.	Improved flow of information to and from the practice. Better awareness of local services and amenities, for example the local carer's support group.
Staff	Open door policy. Staff meetings and minutes. Staff appraisal.	Open and transparent communication. Staff felt able to raise concerns and involved in service development.
External partners	Regular programme of meetings. Communication channels, for example email and electronic software systems.	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.

Feedback from Patient Participation Group;

Feedback
The Patient Participation Group described the non-clinical staff as helpful and considerate; and the clinical staff as providing excellent health care.

Continuous improvement and innovation

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

Audit area	Improvement
An audit to improve safe prescribing by identifying patients who have been started on antibiotics for treatment of recurrent Urinary Tract Infections (UTIs) but where this had not been reviewed.	<ul style="list-style-type: none"> Introduced an IT template reflecting the local clinical commissioning group guidance for treating urinary tract infections; A paper / email copy sent to nursing homes and disseminated to doctors and nurses within the practice so that testing is appropriate and therefore subsequent results and prescribing more appropriate; Findings discussed at a clinical meeting and a tick list produced for patients to give them more clinical information; A six-month review date if a prophylaxis is prescribed long term, and patients provided with this information; Searches set up on the practice IT system and can be reviewed annually.
An audit to monitor quality of care delivered for patients with Chronic Obstructive Pulmonary Disease (COPD), which is a chronic lung condition, to see if they tolerate a step down (or staged reduction in dosage) of drugs used in their treatment, as per recent NICE (The National Institute for Health and Clinical care Excellence) guidelines.	<ul style="list-style-type: none"> The audit found that many patients did not tolerate a step down in treatment, and therefore the treatment was reinstated. The findings were circulated and discussed amongst chronic disease nurses to ensure that stepping down was an agenda item at the patients' annual review.
Identifying patients with Ulcerative Colitis (a long-term condition where the colon and bowel become inflamed) who have been lost to follow-up for bowel cancer screening.	<p>Five patients identified who had been lost to follow up. The patients are all aware of when they are due screening colonoscopies and there are alerts on their notes in case they are missed by the screening service.</p> <p>Searches for patients that have approached 10 years post diagnosis can be performed easily by administrative staff, and on an annual basis.</p>

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](#)).