

Care Quality Commission

Inspection Evidence Table

Chineham Medical Practice (1-676976975)

Inspection date: 21 June 2018

Date of data download: 06 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)	Partial
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
<p>Explanation of any answers:</p> <p>All policies were accessible via the practice's internal shared drive and staff demonstrated that they knew where to find them.</p> <p>Of the two registrars attached to the practice at the time of inspection, only one had provided evidence of undertaking safeguarding training, and this had been completed in 2014. The practice could not provide any evidence of training for the other registrar. The practice reported that GP registrars are no longer employed directly by the practice. Instead the lead employer for the local area is Hampshire Hospitals NHS Foundation Trust (HHFT), and prior to any GP registrar starting employment, the practice receives confirmation from HHFT that all pre-employment checks have been completed. We saw one of these forms in which the safeguarding training was recorded from 2014. The practice also showed us evidence of their own 'pre-engagement' checklist template which they used to assess that temporary staff were suitable to work at the practice.</p>	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency	Yes

staff and locums).	
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: 12 June 2018	Yes
There was a record of equipment calibration Date of last calibration: 25 January 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 10 February 2015	Yes
Actions were identified and completed. Details identified in the practice's last fire risk assessment included reinstating the weekly fire alarm check, arranging an update on fire safety training, and updating the Electrical Installation Condition Report (EICR) fixed wire test, which is required every five years.	Yes
Additional observations: The practice confirmed it had designated several members of staff as fire marshalls, but staff had not received specialised training to fulfil this role. At the time of inspection, the EICR fixed wire testing had been commenced but not yet completed. Following the inspection, the practice confirmed this test was completed and the practice were waiting for the report to be delivered. The practice confirmed an unplanned fire drill had taken place on 4 February 2018 due to a toaster being left unattended. The fire brigade attended and no issues with the fire evacuation were identified. The practice had a future date set for a planned fire drill to take place in the month following the inspection.	

The practice confirmed that the building's emergency lighting was last tested in May 2018.	
Health and safety Premises/security risk assessment? Date of last assessment:	Unknown
Health and safety risk assessment and actions Date of last assessment: 2015 and then reviewed 2017.	Yes
Additional comments: No evidence of a risk assessment regarding the security of the premises was requested at this inspection so the practice did not provide any evidence.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 5 June 2018 The practice acted on any issues identified Detail: The last infection control audit identified that not all staff had completed the mandatory training for infection control. This was reported to be actioned by sending a prompt email to all staff to remind them of the requirement to complete infection control training every year. The practice used the Southern Health Infection Prevention Policy which states clinical staff must complete an annual update while non-clinical staff must complete a three-yearly update. At the time of inspection, of the 31 permanent staff members, 24 staff including 15 clinicians, had completed infection control training in the previous 12 months. Two clinicians, were recorded to have completed infection control training but were overdue the annual review. One clinician had no record of training but the practice has since informed the inspector that this clinician only started employment with the practice in May 2018 and had completed their infection control annual update in April 2018 with their previous employer.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: We saw evidence of clinical waste being stored in locked bins on the outside of the practice building, but the bins themselves were not securely stored, only kept out of sight. The practice has since reported this was due to vandalism and they have contacted a locksmith to resolve the situation.	

Any additional evidence
The practice confirmed the premises building was owned and maintained by the practice.
The practice maintained a spare waiting area that could be used by patients who were thought to be infectious to reduce the risk of exposure to other patients in the main waiting area.

Risks to patients

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

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers: Test results were reviewed and actioned daily, and clinicians followed a 'buddy system' whereby their results were actioned by a 'buddy' clinician if they were away from the practice for any reason.	

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)	0.87	0.89	0.98	Comparable to other practices

Indicator	Practice	CCG average	England average	England comparison
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	8.4%	7.4%	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.	Partial
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 transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>The stationery used for prescriptions were logged when delivered to the practice. The practice also recorded which room the prescription stationery was distributed to. However, the practice did not remove unused blank prescription stationery from the printers at the end of each day and the consulting and treatment rooms were not locked at the end of clinical sessions. This meant the practice could not</p>	

be assured that unauthorised access to blank stationery was prevented.

The practice confirmed they performed all the International Normalized Ratio (INR) tests for their patients and the local hospital had access to the test results to make changes to the prescribed medicines. (INRs are used in the monitoring of patients who regularly take medicines to thin their blood).

The practice had liaised with their local Controlled Drugs Accountable Officer to ensure correct disposal of their controlled drugs.

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	Partial
Number of events recorded in last 12 months.	9
Number of events that required action	4

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

Event	Specific action taken
An incident was reported when a letter for a patient was found in the records of another patient.	The practice offered apologies to both affected parties. The letter was removed from the incorrect patient record and added to the correct patient. The practice has also arranged for all scanning of documents to take place at a set time each day in a separate office, away from any form of distraction. Staff have been informed not to interrupt the administrator when scanning was being done.
An incident was reported when an incorrect medicine formulation was prescribed to a patient following directions from a hospital consultant.	The patient was immediately contacted and informed of the error. The practice's clinical pharmacist has been introduced to oversee the prescriptions of any new or repeat medicines to reduce the pressure on GP workload. This incident was also discussed at a clinical governance meeting.
An incident was reported when the fridge that contains the immunisations for the practice recorded a temperature outside of the expected range. The change in temperature was not actioned for three days.	All patients who had received an immunisation in the affected timescale were contacted, apologised to and provided with information leaflets of any potential complications. The fridge was removed and all affected immunisations were correctly disposed of. A new fridge has been purchased and temperature data loggers have been installed. The data loggers were being downloaded on a weekly basis and daily records of the fridge's temperature ranges were still being recorded in a spreadsheet. The immunisation manufacturers and Public Health England were notified of the incident as soon as it was discovered. This incident was also discussed at a clinical governance meeting.

Safety Alerts	Y/N
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There was a system for recording and acting on safety alerts	Partial
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice confirmed that all safety alerts came directly to the practice manager via email. The practice manager then added the links associated with the safety alerts to the weekly practice newsletter that was then distributed to all members of staff. Copies of the safety alerts were stored on the practice's shared drive and printed off to be stored as a hard copy. Clinicians were expected to action the alerts as appropriate. The practice could not provide any evidence to show that all safety alerts had been actioned appropriately.</p> <p>We saw a copy of the weekly newsletter provided by the practice. It contained multiple but brief titles of topics with links to appropriate websites for staff to access themselves for more information.</p>	

Any additional evidence
<p>The practice performed a weekly report to monitor any appointments for children under 16 that were not attended. For those that were identified, a phone call would be made to the family to follow up and arrange a new appointment.</p> <p>Staff reported learning from significant events was shared with clinical staff unless the event was specific to non-clinical staff members.</p> <p>The practice confirmed that significant events were now reported using the National Reporting and Learning System which comprised of an online reporting form. Significant events were also reported to the local clinical commissioning group in this manner.</p>

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.63	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	69.3%	77.0%	79.5%	Comparable to

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)				other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (59)	16.0%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	66.8%	73.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.2% (54)	13.0%	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)	66.2%	78.3%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (59)	14.7%	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)	82.9%	77.5%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (29)	8.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research	92.8%	92.1%	90.4%	Comparable to other practices

Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)					
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate		
	17.9% (15)	12.7%	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)		81.1%	82.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate		
	3.0% (30)	5.6%	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)		82.6%	88.5%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate		
	6.1% (6)	8.2%	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)	183	194	94.3%	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)	167	180	92.8%	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	166	180	92.2%	Met 90% Minimum (no variation)

(MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)				
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)	167	180	92.8%	Met 90% Minimum (no variation)
Any additional evidence or comments				

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)	75.6%	72.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.3%	74.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	61.3%	61.0%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	61.0%	68.8%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	57.8%	53.1%	51.6%	Comparable to other practices
Any additional evidence or comments				
The practice confirmed that all two-week wait referrals were tracked by the referrals administrator to ensure no referrals were missed.				

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)	88.9%	94.1%	90.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	15.2%	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)	55.6%	88.9%	90.7%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	12.6%	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)	82.5%	84.3%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (1)	8.1%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	478	541	539
Overall QOF exception reporting	4.3%	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) (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	90.9%	93.8%	95.3%	Comparable to other practices

smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (7)	1.3%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

The practice confirmed that written consent was sought and documented when minor surgical procedures took place. Written and verbal consent was documented in the patient's records appropriately.

Any additional evidence

The practice confirmed they were aware that the QOF data was below the local clinical commissioning group (CCG) and national averages for some indicators, and reported they had introduced ways in which they would rectify it. However, the impact of these new strategies had not had enough time to demonstrate an adequate improvement'.

Since inspection, the practice has provided unverified data from a recent clinical commissioning group Diabetes forum that showed they had risen from 16th to 9th position with regards to their performance following the National Diabetes Audit 2016/17.

We saw evidence of mandatory training not being fully embedded despite the practice having a guide on the mandatory training that staff must complete, including recommended frequency of certain modules. For example, Information Governance was recommended to be completed on an annual basis. On review of the practice's training matrix, we saw evidence of eight staff members having no records of Information Governance training, three of these staff members were temporary staff, while an additional four staff members were overdue their annual update.

The practice did not consider Mental Capacity Act and Equality and Diversity training to be mandatory so these were not included in the practice's mandatory training summary. Staff were not aware of how often they needed to complete these modules. According to the training matrix, seven staff members had no record of completing Equality and Diversity training, while sixteen staff members had no record of completing Mental Capacity Act training.

We saw evidence that eight members of staff had not received their annual appraisal within the previous 12 months, three of these staff had no record of any appraisal being undertaken at all. The practice has since confirmed two appraisals that had been due in March 2018 have now been completed.

Caring

Kindness, respect and compassion

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

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Comments received via the comments cards for the inspection described staff as always being caring and friendly and as having lots of time for their patients.</p> <p>Patients that were spoken to on the day of inspection reported that staff were mostly nice and friendly, although some members of the reception staff were described as not very emphatic in person or on the telephone.</p> <p>Comments documented on NHS Choices stated that staff have been friendly, quick to assist with issues that have led to patients accessing the practice, professional, kind and caring.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13,039	251	123	49.00%	1.9%

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)	81.0%	79.1%	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)	96.2%	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 trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	96.5%	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	92.7%	85.8%	85.5%	Comparable to other practices

31/03/2017)				
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)	94.1%	91.5%	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)	92.0%	91.0%	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.	Yes

Date of exercise	Summary of results
Friends and Family Test (FFT) 2017-2018	The results of the practice's most recent FFT showed that patients felt clinicians often ran over time causing long delays for patients, receptionists had been described as rude and unhelpful, and the length of time to wait for an available appointment was described as too long.
Patients feedback for a clinician's appraisal.	The results showed that the clinician received positive feedback from the 52 patients who had been asked to participate. On average the clinician scored 90% or more in the questions that patients were asked, for example 96% of respondents felt the clinician had listened to their concerns, 98% felt the clinician's clinical knowledge was good and 96% of respondents felt the doctor was honest and trustworthy.

Any additional evidence
<p>In response to the practice's most recent FFT, the practice reported they had added alerts to those patients with complex issues to ensure receptionists are aware to book double appointments, those patients would then have 20 minutes with a clinician, rather than the standard ten-minute appointment. To address the issue of the practice's receptionists being perceived as rude and unhelpful, all the receptionists were reported to have attended a training session in October 2017 with an external provider and learnt new techniques for communicating effectively with patients. In response to waiting times for an appointment, the practice had recruited two nurse practitioners to support the clinical team. (Nurse practitioners are nurses that have completed additional training in triaging and prescribing).</p> <p>Staff members shared copies of their WOW award certificates. (The WOW awards are a nationwide recognition scheme for the promotion of outstanding customer care). One example we saw stated how a member of staff had contributed to the well-being of a patient by assisting in their access to prescriptions and appointments, subsequently reducing the overall anxiety felt by the patient about doing such tasks.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
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Interviews with patients.	Some patients spoken to during the inspection reported that they felt involved with their care and treatment, they felt they could discuss their options of treatment with the clinicians and that the clinicians took notice of their preferences in treatment. Others reported that when they saw different GPs it would sometimes affect how their involvement in their treatment was dealt with.
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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)	93.7%	86.8%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	89.0%	82.8%	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)	88.0%	89.2%	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)	87.3%	85.9%	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 108 patients who were also carers, which was less than 1% of the practice's patient population.

How the practice supports carers	The practice displayed posters in the waiting room offering local support group information to carers. The practice also has a carer's pack available which is given to patients who have registered as a carer.
How the practice supports recently bereaved patients	The practice supports recently bereaved patients by the GPs contacting the patients to offer support. This is then followed by a member of the administrative team contacting the family in the weeks following their bereavement to offer any additional support as required.

Any additional evidence

The practice reported they were in the process of becoming a Learning Disability Friendly practice. To become a Learning Disability Friendly practice, criteria must be met and practices must show that they have embedded the principles, become part of a champion's network, be advocates for those patients with Learning Disabilities and their carers, ensure information is accessible to those with Learning Disabilities, improve Learning Disability awareness and ensure the clinical environment of the practice takes into account the needs of those with Learning Disabilities.

Staff reported they were not aware of the Accessible Information Standard (AIS) but they knew how to support patients access the information they required to understand their care and treatment. (AIS a requirement to make sure that patients and their carers can access and understand the information that they are 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	The reception desk was at the front of the waiting area and when asked the receptionists were well informed of how to maintain a patient's confidentiality. For example, they reported they would ask a patient to confirm their details, and they would keep their own voices down. Telephone calls that came into the practice were answered away from the front reception desk. The receptionists confirmed that a semi-private area away from the reception desk and waiting area was also available if patients wanted to discuss any sensitive issues. The semi-private area was revealed to be an internal stairwell as the practice did not often have spare consultation or treatment room available.

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.	Partial

Examples of specific feedback received:

Source	Feedback
Patients feedback for a clinician's appraisal.	Feedback received from a questionnaire regarding a clinician's performance prior to their annual appraisal showed that 98% of respondents felt either very or extremely confident that the clinician would keep information about them confidential.
Interviews with patients	Patients reported they felt their privacy and dignity was respected by all staff at the practice.

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

Extended hours opening via the Primary Care Home	
Monday	18.30-20.00
Tuesday	18.30-20.00
Wednesday	18.30-20.00
Thursday	18.30-20.00
Friday	18.30-20.00
Saturday	09.00-11.00

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	
If a home visit was required, patients would contact the practice and request a home visit. A duty doctor telephone appointment was allocated with an electronic note attached to it informing the duty doctor that a home visit had been requested. The duty doctor would then contact the patient, triage their concerns and symptoms over the phone and decide if a home visit was appropriate.	

Timely access to the service

National GP Survey results

Practice	Surveys sent out	Surveys returned	Survey	% of practice
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population size			Response rate%	population
13,039	251	123	49.00%	1.9%

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)	84.3%	75.8%	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)	79.2%	71.1%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	73.9%	77.9%	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)	63.8%	67.6%	72.7%	Comparable to other practices
Any additional evidence or comments The practice was aware of their results with regards to patients being able to get an appointment when they wanted one or the experience of making an appointment. The practice's own patient feedback exercise had produced the same issue. As a result, the practice had employed nurse practitioners and a GP retainer to increase appointment availability. The practice reported they were aware that their building was no longer suitable for their practice population size and were in the process of discussing a potential location move with the local clinical commissioning group.				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Comments posted on NHS Choices regarding access to services demonstrated a mixed opinion. For example, one patient felt access to a specific service was so poor that they were forced to go to a walk-in service instead, while others have stated they have been able to access appointments, especially emergency appointments as needed.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	22

Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The practice confirmed that no complaints needed to be referred to the Parliamentary and Health Service Ombudsman but one complaint did come from NHS England regarding a patient's blood test that was dealt with appropriately.</p> <p>The practice confirmed that a senior member of the clinical team was the lead for managing the complaints received. Complaints raised on the NHS Choices website were addressed in full and in a timely way.</p> <p>The Patient Participation Group (PPG) confirmed that complaints received were shared by the practice with the PPG and involved the PPG in discussions about how to address some of the issues raised by patients, such as the attitude of receptionists.</p>	

Example of how quality has improved in response to complaints
<p>Following a complaint regarding the consent process of childhood immunisations, the practice has supported Southern Health in the creation of a specific 'consent' section in the letter that is sent out notifying parents of their child's immunisations. The consent section has allowed parents to give their consent and allow a relative to bring their child on their behalf.</p> <p>The practice has introduced a specific role within the administrative team to ensure all referrals are issued and monitored by one individual to reduce any future delays or errors in the referral process. The referrals administrator was reported to be in the process of streamlining the referral process so that all clinicians requested their referrals in the same way and could be processed in a timely manner.</p>

Any additional evidence
<p>The practice confirmed the complaints policy was available in the waiting room, it was advertised on the TV screen in the waiting room and the receptionists had hard copies available for patients to request. The practice's website also contained a link to the complaints policy.</p> <p>The practice reported since February 2017 they have been working alongside two other local practices in maintaining a Primary Care Home which is part of the local Improved Access pilot. There is a three-week rota between the practices to offer patients access to appointments until 8pm every weekday night and every Saturday morning between 9-11am. The same practices have also created a paediatric clinic since December 2017 which has created quicker access to a paediatric consultant from the local hospital compared to being referred to the hospital itself.</p> <p>The practice was part of the local Cervical Screening Incentive Scheme to improve the cervical screening rates in the local area. Appointments are available online, accessible via the practice's website, for patients to book in for a cervical screen so patients do not have to contact the practice specifically to request one.</p> <p>The practice has employed their own clinical pharmacist on a part-time basis. The clinical pharmacist completes the medicine reviews for all the practice's patients.</p>

The practice was part of the Bluebird Care JET (Joint Emergency Team) pilot scheme, alongside the local clinical commissioning group (CCG). The scheme was designed to prevent acute hospital admissions and reduce potential bed-blocking situations by delivering care in a patient's home. The staff from Bluebird Care were trained to carry out observations as well as delivering social care services to the patients of Chineham Medical Centre and other practices in the local area.

One of the practice's GPs gives a presentation at the local school every year to deliver information to parents about issues regarding health care for children.

The practice introduced eConsult in December 2016, aimed specifically at working age population. (eConsult is an online triage tool that is designed to help GPs hold patient consultations more efficiently). The practice described it as very popular but specific figures were not provided.

The practice completed two ward rounds a week at a local nursing home and four weekly visits to a local learning disabilities school. Both sites have named GPs who oversee the care of the residents.

The practice has supported the training of their practice nurses to be specialists in several areas of long-term conditions. For example, the practice now has practice nurses trained to specialise in asthma, diabetes and chronic obstructive pulmonary disorder (COPD). This means that practice nurses can get to know the patients with those conditions and support them in their long-term management.

The practice had implemented a new service called 'Healthier You' which were education-based sessions on healthy eating, reducing weight and exercise. Patients who were at a high-risk of developing Type 2 diabetes were referred to this service and since the service started in May 2017, the practice had so far referred 34 patients.

The PPG confirmed that the practice has always welcome patient feedback and they have used learning from patients' experiences to introduce developments, update skills and change some of their processes and approaches that were not sufficient to patient satisfaction.

Well-led

Leadership capacity and capability

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

The practice demonstrated clear leadership by having a clear management structure and promoted an open door for any concerns or issues that staff might have. The practice reported their patient population was growing year on year, and they were proud to have staff that had previously been trainees at the practice return to them in a qualified clinical role.

Any additional evidence

We saw evidence of a six-weekly rota of meetings that took place within the practice to ensure clinical staff were kept up to date with developments, change and any issues identified within the practice. The

meetings were formal with written agendas and minutes were produced for staff to access. The meetings held centred on safeguarding, the practice itself, a partners meeting, a palliative care meeting, and nursing team meeting and a clinical governance meeting.

We saw evidence of two reception team meeting held in January and February 2018, and non-clinical staff reported meetings generally took place every six weeks. The practice confirmed they did not hold full practice meetings, with clinical and non-clinical staff together, due to work commitments and staff not being available at the same time as the practice did not operate a lunchtime closure system.

Vision and strategy

Practice Vision and values
<p>The practice provided a copy of their Statement of Purpose which laid out their vision and values which the practice reported they were still committed to. For example, the practice reported they wanted to prevent ill health, improve well being, and provide services that improve local health outcomes as well as deliver services that are responsive to the needs of our local Communities and our Commissioners.</p> <p>The practice also wanted to understand and meet the needs of our patients, involve them in the decision making about their treatment and care, and encourage them to participate, whilst encouraging patients to use the Friends and Family Test to provide feedback on areas for improvement.</p> <p>To support their staff the practice ensured that all members of the team have the right skills and training to carry out their duties competently.</p> <p>The practice continued to deliver financial duties, and ensure the efficient use of resources, to provide services that are equitable and accessible whilst investing in the wider community interest.</p>

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
<p>The practice reported they have supported the professional development of several members of staff. For example, a healthcare assistant has completed nurse training and has recently returned to the practice to be a practice nurse, a receptionist has trained to become a healthcare assistant while another receptionist has moved to a more administrative role.</p>

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

Source	Feedback
Staff interviews	Staff reported they felt supported by their colleagues and managers, many enjoyed coming to work, and all stated they wanted to provide the best care they could to their patients.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	We saw evidence of a catalogue of practice specific policies. However, evidence was seen that some policies, such as those for whistleblowing, home visiting, controlled drugs, prescribing, chaperoning, and use of smart cards, had not been reviewed or updated since 2014, while other policies

	contained no date of when they were created.
Other examples	The practice confirmed they used some policies from First Practice Management and Practice Index Plus.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Complaints	Y/N
Major incident plan in place	Partial
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
Lack of space	The practice had recently begun some very early-stage discussions with the local clinical commissioning group about a possible relocation to a more appropriate sized building. The practice manager had given up her own office to make space for more administrative working areas which required more privacy and isolation away from the main office, such as scanning. The practice has also converted two rooms upstairs to be used as consultation rooms.
Extra staff required	The practice reported they were actively recruiting new staff to support their growing patient population, with a new GP partner due to join the practice in the summer of 2018.
Access to care due to increased patient numbers.	To address the growing number of patients, the practice had recently employed two advanced nurse practitioners to assist with the day to day triage of patients. These practitioners worked alongside the duty doctor and allowed for increased patient access to clinical care. Since February 2017, the practice became part of the Primary Care Home alongside two other GP practices in the local area, Whitewater Health and Clift Surgery. The Primary Care Home provided extended access to appointments for the patients of all three practices from 6.30pm to 8.00pm Monday to Friday, and 9am to 11am on Saturdays.

Any additional evidence
The practice was in the process of updating their major incident plan following a recent loss of the telephone system. The new major incident plan was to include details about alternative mobile phone use by the GPs which have been installed with an application that identified the incoming call to a patient was coming from the practice and not a mobile phone.

Appropriate and accurate information

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

entails.	
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Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The Patient Participation Group (PPG) confirmed that the practice is keen to engage with them and regularly involved them in surveys and discussions about the practice. The PPG itself is now mainly a virtual group with only the chair meeting with the practice manager on a face to face basis.</p> <p>The PPG confirmed they have supported the practice when they adjusted the information display in the reception area and acted as a 'critical friend' of the layout and content. The PPG also co-ordinated patients to act as mystery shoppers when the practice's new telephone system and online services were established to assist the practice get used to the new systems. The PPG were also consulted on the redesign of the practice's website.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Minor surgery	A two-cycle audit undertaken in 2017 and 2018 by one clinician regarding the use of antibiotics for post-minor surgery complication demonstrated that improvements had been made. The 2017 audit found six out of 47 patients who had a minor surgical procedure required antibiotics in the immediate post-operative period. The 2018 audit, following the learning and implementation of a new suture method, found none of the 51 patients who had minor surgery with this clinician required any antibiotics in the post-operative period.
High fracture risk patients	The two-cycle audit in 2017 and 2018 regarding the requirement of a DEXA scan when patients were receiving bisphosphonates (used in the treatment of osteoporosis) demonstrated that the practice had improved on referring patients for scans to monitor bone density. In 2017 63% of patients needing to be referred for a DEXA scan were identified, but in 2018 this had dropped to only 40% of patients. After the second audit in 2018, messages had been added to patients' records and diary entries were added to remind clinicians to continually review.

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

Audit area	Impact
Minor surgery	In the 2018 audit, none of the 51 patients who had a minor surgical procedure required any antibiotics, compared to the six out of 47 patients in 2017. The action taken by the clinician to improve their minor surgical performance had impacted on better patient outcomes, and they no longer required a post-operative course of antibiotics.

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](#)).