

# Care Quality Commission

## Inspection Evidence Table

### Westgate Surgery (1-3217903927)

Inspection date: 28 June 2018

Date of data download: 21 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.	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
Additional information: All locums are booked through the central team and the necessary checks are undertaken at that level.	

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
Explanation of any answers: All staff were up to date with their mandatory training and appraisals.	

There was a comprehensive form used for capturing the immunisation status of staff.  
Checks of General Medical Council (GMC) and Nursing and Midwifery Council (NMC) staff registrations were undertaken.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 20 June 2018	Y
There was a record of equipment calibration Date of last calibration: 18 June 2018	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: November 2017	Y
Actions were identified and completed. Low risk – no identified actions	Y
Additional observations: No risks seen on day on inspection	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: November 2017	Y
Health and safety risk assessment and actions Date of last assessment: November 2017	Y
Additional comments: Legionella risk assessment November 2017 – no identified risk	

Infection control	Y/N
Risk assessment and policy in place and was due for review in September 2019. Date of last infection control audit: 20.6.18 – scored 96%.	Y
The practice acted on any issues identified, for example:	Y

<ul style="list-style-type: none"> <li>Fabric chairs and carpets – steam cleaned 25.6.18</li> <li>Clutter on surfaces in rooms – completed by 25.6.18</li> <li>Out of date stock (equipment) in some rooms- removed and replaced by 25.6.18</li> </ul> <p>Cleaning checklists seen - latest 25.6.18 all in order and signed. Cleaning services were provided by an external contractor. A cleaning audit was undertaken on a quarterly basis. We saw that the latest cleaning audit was undertaken 6 June 2018. Any actions had been identified and communicated with the cleaning company.</p>	
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
<p>Explanation of any answers:</p> <p>All staff within the practice had received sepsis training and there was an accessible information toolkit available, which had been developed by the provider.</p>	

## 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	0.70	0.89	0.98	Comparable to

Indicator	Practice	CCG average	England average	England comparison
prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)				other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	6.9%	6.0%	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
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 transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>We were informed that the practice would no longer be keeping any controlled drugs. These would be destroyed in line with guidance. We saw there were currently good systems in place regarding the management of controlled drugs.</p> <p>The organisational lead pharmacist had oversight regarding safe medicines management.</p>	

## Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	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.	83
Number of events that required action	83

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

Event	Specific action taken
Patient had booked an appointment to have their ears syringed without giving any details. This had resulted in them not being informed about pre-syringing care.	Patient had not initially been seen by a clinician, prior to booking an appointment, to advise that ear syringing was necessary. Subsequently, the patient had not been administering the required olive oil drops (to soften any wax). When they turned up for the appointment and had their ears checked, they did not need to have their ears syringed. Action: a protocol was developed and patients informed about requirements prior to ear syringing.
One of the GPs had sent themselves a task on the computer system, which they had subsequently closed the task down without actioning it.	Awareness was raised with all staff to ensure that all tasks are actioned and completed before being 'closed down'. The incident was also discussed in a clinical meeting to share learning.

Any additional evidence
<p>The practice informed us that they had significantly improved on reporting incidents. They proactively encouraged staff to report any incidents or near misses.</p> <p>We saw evidence of improvements in the identification, reporting and recording of incidents. The processes in the practice had been reviewed, which included the introduction of an organisational escalation policy. The policy was red, amber, green (RAG) rated and clearly showed what should be escalated, to whom, what action to be taken and the impact.</p> <p>There was a local matrix to capture the incidents, which identified the individual/s who would be dealing with it. There was organisational oversight to ensure all incidents had been actioned accordingly. Any areas requiring additional action would be fed back to the individual.</p> <p>Learning was discussed at the wide range of staff meetings and was a standing agenda item. We saw minutes of clinical and staff meetings which evidenced this took place. There was also a "lessons learned" bulletin which was shared with staff.</p> <p>We saw evidence where the provider had addressed the concerns they had received relating to the central administration call handling team (CAT). They had closely worked with the team to improve processes and efficiencies, particularly relating to the call answer times. Conference calls were held with the team and all the organisation's Leeds sites (including Westgate Surgery) to share any areas of concern or learning.</p>

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: There was a comprehensive system in place to manage patient safety alerts. These were cascaded to staff, discussed in clinical meetings and actioned as appropriate. Staff we spoke with confirmed this. We saw the practice had taken action in response to Medicines and Healthcare Products Regulatory Agency (MHRA) drug safety alerts. We saw that any patients which may have been affected by those alerts had been identified and reviewed accordingly. The organisational lead pharmacist had oversight of all medicine alerts.	

## 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)	0.59	0.75	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)	84.4%	79.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.5% (41)	11.9%	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)	88.0%	76.8%	78.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (28)	10.0%	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)	85.1%	78.0%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.7% (81)	13.7%	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)	78.4%	78.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (6)	6.7%	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)	93.5%	91.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (4)	11.7%	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)	83.0%	81.9%	83.4%	Comparable to other practices



QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (17)	4.6%	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)	93.1%	94.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.9% (22)	16.4%	8.2%	

#### Any additional evidence or comments

There was a blood pressure (BP) machine located within a 'pod' in the patient waiting area, which patients could access to record their own BP. This information was communicated electronically directly into the patient's record. This enabled the GP/clinician to see 'live' information straight away. Any anomalies were picked up and addressed in a timely way by a clinician.

We discussed the above average exception reporting in specific areas. We were informed they had encountered some issues regarding accurate coding during that time. We were assured that the issue had been resolved. A subsequent report showed that the numbers of patients who had been exception reported was lower. For example, 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) was reduced from 81 to 29. The practice had also engaged with the local CCG to look at their QOF reporting.

#### 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)	69	71	97.2%	Met 95% WHO based target Significant Variation (positive)
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)	54	55	98.2%	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	54	55	98.2%	Met 95% WHO based target Significant



(MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)				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)	54	55	98.2%	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)	81.9%	74.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.7%	67.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	65.7%	58.4%	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)	51.7%	68.9%	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)	47.2%	52.8%	51.6%	Comparable to other practices

#### People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.9%	92.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (2)	10.1%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia,	92.6%	93.4%	90.7%	Comparable to

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)				other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (3)	9.8%	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)	95.0%	86.9%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (4)	6.0%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	548	539
Overall QOF exception reporting	4.4%	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) (QOF)	Y

### Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.9%	95.4%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (9)	0.7%	0.8%	

## Consent to care and treatment

### Description of how the practice monitors that consent is sought appropriately

Verbal consent for procedures, such as cervical screening, vaccination and immunisation was obtained and recorded in the patient's record. Any written consent was scanned onto the patient's record.

## Caring

### Kindness, respect and compassion

#### CQC comments cards

Total comments cards received	38
Number of CQC comments received which were positive about the service	32
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
CQC comment cards	<p>The one negative comment card we received was regarding a complaint that the practice was aware of and were dealing with.</p> <p>The mixed comments were positive about the care they received but were negative about the appointment system or being able to see the same doctor.</p> <p>A few of the positive comment said that they had not been satisfied earlier in the year but had seen improvements and were pleased with the care and service they now received.</p> <p>Many comments positively cited individual staff as being kind and respectful and providing good care and treatment.</p>
Patients	We again received mixed comments regarding the appointment system. However, all were positive about the care they received.

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,885	229	125	54.59%	2.12%

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	89.2%	81.7%	78.9%	Comparable to other practices

someone who has just moved to the local area (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 listening to them (01/01/2017 to 31/03/2017)	92.5%	89.9%	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)	94.2%	96.1%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	90.5%	87.4%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	94.5%	90.7%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	97.9%	89.8%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
May 2018	<p>The practice had collated the NHS Friends and Family test responses from July 2017 to May 2018. It was noted that 83% of responses would recommend the practice to others. There was a dedicated Friends and Family board where they had displayed a range of comments, which included both positive and negative comments. We were informed that the practice was acting on the negatives in order to improve overall patient satisfaction.</p> <p>There was a "you said, we did" board in the patient waiting area to identify what the practice had done to address any areas of concern.</p>

Any additional evidence
The practice was in the process of using the "what matters to you" questionnaire with patients to gain additional feedback.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patients and CQC comment cards	Patients told us they felt listened to and involved in decisions regarding 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 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)	90.0%	86.6%	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)	88.4%	82.0%	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)	96.2%	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)	94.4%	83.3%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	At the time of inspection there had been 108 carers identified. This equated to approximately 2% of the total patient population.

How the practice supports carers	<p>There was a nominated member of staff who acted in the capacity of a carers' champion.</p> <p>There was a dedicated carers' board in the patient waiting area, which provided a variety of information.</p> <p>Annual health checks and influenza vaccinations were offered.</p> <p>Carer awareness training had been delivered to staff by a member of the local Carers' Leeds team.</p> <p>The practice facilitated a carers' café. This had been developed as a result of engagement between practice staff and the local connect well facilitator. The café took place every six weeks.</p> <p>We were given several examples of positive feedback from patients who had attended the cafe requiring additional support, both emotionally and financially. It was reported that both male and female carers attended the café.</p>
How the practice supports recently bereaved patients	<p>Patients were contacted and made aware of what support is available to them.</p> <p>A bereavement workshop for patients had been facilitated by the practice, supported by a member of the local Carers' voluntary organisation.</p> <p>Bereavement cards were sent to patients.</p> <p>Information about bereavement services was available in the practice for patients.</p>

#### Any additional evidence

We were informed of several examples where staff had supported patients who may have been lonely. For example, sitting with elderly patients and talking with them or offering a drink as appropriate.

#### 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	<p>Music is played in the patient waiting area. At the time of our inspection some patients we spoke with commented positively on the music.</p> <p>There was a low-level desk area for disabled/wheelchair users.</p>

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

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 to 18:00
Tuesday	08:00 to 18:00
Wednesday	07:00 to 18:00
Thursday	08:00 to 18:00
Friday	07:00 to 18:00

Appointments were bookable via the telephone, in person at reception or online.
Patients had access to Saturday morning appointments at a local 'hub'.

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	
Requests for a home visit would be passed to the on-call clinician who would assess if this was clinically necessary.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,885	229	125	54.59%	2.12%

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)	92.2%	79.3%	80.0%	Variation (positive)
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)	95.9%	77.2%	70.9%	Comparable to other practices



The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	93.3%	77.4%	75.5%	Variation (positive)
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)	90.4%	74.5%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
CQC comment cards and patients	Overall, patients were satisfied with access to the practice and appointments. However, there were a small number who were not happy with the appointment system or being able to see the same GP at every consultation.  Some patients commented on the improvements made in the previous few months.
Any additional evidence	
<p>The practice had aids to support patients in being able to make appointments, for example:</p> <ul style="list-style-type: none"> <li>• A hearing loop.</li> <li>• SMS voice service which reads the message out, available for the visually impaired.</li> <li>• Language line was available. Double appointments were given for patients requiring this service. Each clinical room had a sticker on the telephone with contact details of the service.</li> <li>• Sign language interpreters were booked for profoundly deaf patients.</li> </ul> <p>The practice had undertaken a review of frequent attenders (some of whom may not necessarily have had a clinical need to attend a consultation as much as they did) from a 12-month period between May 2017 and April 2018. They had identified that the highest attending patient had received a total of 114 appointments, which amounted to a total consultation time of 19 hours. The top ten highest attenders had received a total of 724 appointments, which amounted to a total of 121 hours consultation time.</p> <p>In addition, the practice had also reviewed demand and capacity for appointments as a whole. They used feedback from both patients and staff to look at improvements to the telephone and appointment system. They had identified that patients' demands for 'urgent' same day appointments were high. In response they developed additional appointments and have found this has reduced the demand for 'urgent' consultations. They had also increased the length of appointment time to 15 minutes for patients with greater needs.</p>	

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year	33
Number of complaints we examined	10
Number of complaints we examined that were satisfactorily handled in a timely way	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

We saw:

- A complaints policy and information leaflet available for patients.
- There was a complaints escalation process in place.
- Family and friends feedback board.
- Responses to NHS choices feedback.
- A complaints tracker – when the current manager took over there were some outstanding complaints which had not been dealt with – some had not been acknowledged or patients spoken with in a timely manner due to this issue. The manager subsequently reviewed all those complaints and dealt with them appropriately.
- Responses to a ‘serial complainer’. The manager explained how they understood the patient’s concerns and was providing support appropriately. They had also been signposted to other support services as befit their needs.
- The practice was also dealing with an ongoing complaint that had been lodged with NHS England and related to the previous provider.

### Example of how quality has improved in response to complaints

We saw evidence to support how complaints had been actioned with regards to the central administration team, who handled the telephone calls regarding appointments. There was a written record kept of the interaction and outcomes.

## Well-led

### Leadership capacity and capability

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

There was now permanent management and clinical leadership based at the practice. Staff informed us of the positive benefits this change had brought. Patients had daily access to these members of staff. Complaints and issues were being dealt with in a more timely manner. Managers and leaders were supportive of staff. Overarching support was provided at an organisational level.

#### Any additional evidence

- There was a standard operating framework in place.
- Clinical supervision was provided for staff. We saw the matrix which evidenced the sessions provided.
- There was a training matrix in place for all staff, which enabled easy identification of when training updates were due.
- A staff appraisal matrix enabled easy identification of when an individual’s appraisal was due.
- There was a GP locum information pack in place, which contained essential information relating to working at the practice.
- There was a General Data Protection Regulation (GDPR) lead and a compliance log and policy.

## Vision and strategy

### Practice Vision and values

There was a statement of purpose in place.

There was a clear vision to provide quality health care which met patient needs. This had been communicated widely to staff and was available for patients.

The practice had a realistic strategy and supporting business plans in place. These were reviewed at an organisational level, in keeping with the provider's overall strategy.

## Culture

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

We observed a more open and honest culture at this inspection than previously.

Staff reported to us the positive changes that had occurred, how they now felt supported and how they had previously felt compromised.

The practice and provider were fully aware of the changes in demand and were working to address issues.

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

Source	Feedback
"What matters to you" questionnaire for staff	The provider had undertaken an exercise across the whole of their locations in order to find out "what matters to you" from the staff. On a scale of one to ten, staff were asked how happy they were working at the practice: one said 8; two said 9 and two said 10. Comments included feeling like part of a team; having a sense of achievement and feeling valued.
Staff feedback forms	We received seven staff feedback forms which all highlighted that staff felt supported and were proud to work at the practice.

## Governance arrangements

### Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	We reviewed a range of policies and saw they were up-to-date and available to all staff members.
Other examples	Overarching governance was provided at an organisational level.
Staff were able to describe the governance arrangements	Y/N
Staff were clear on their roles and responsibilities	Y

### Any additional evidence

Clinical governance meetings – minutes seen 23 May 2018 – headings as per CQC domains

Action log seen, for example review of patient group directives (PGDs) and learning disseminated across all sites

Launch of Freedom to Speak up guardian

## Managing risks, issues and performance

Complaints	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
Health and safety	There was a policy in place and risk assessment to maintain health and safety at the practice.
Infection prevention and control (IPC) audits	IPC audits were undertaken and any identified risks were addressed in a timely way.

Any additional evidence
Any risks identified would be passed to the practice coordinator. Clinical issues were dealt with by the clinical lead. There was a risk register and business continuity plan in place.

## 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

### Feedback from Patient Participation Group;

Feedback
<p>Since the previous inspection the practice had been very proactive in engaging patient feedback to support improvements in service delivery and patient care.</p> <p>We saw patient participation group (PPG) minutes to evidence the engagements which had occurred between the group and the practice.</p> <p>The practice acted on comments from the NHS Friends and Family test (FFT). Both positive and negative comments from the FFT were displayed in the patient waiting area.</p> <p>In response to patient feedback there was a board with photographs and names of the staff working at the practice.</p>

## Continuous improvement and innovation

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

Audit area	Improvement
Demand and capacity	<p>The practice had undertaken a demand and capacity exercise to identify any areas which could be addressed.</p> <p>They had identified frequent attenders for appointments and the impact they had on consultation times.</p>

## Any additional evidence

The practice engaged with other local practices to look at ways of improving service delivery and patient care for the community as a whole.

### 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](#) ).