

Care Quality Commission

Inspection Evidence Table

Burgess Road Surgery (1-547446539)

Inspection date: 26 June 2018

Date of data download: 19 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
Explanation of any 'No' answers:	

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:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: PAT southern electric November 17 annually	Y
There was a record of equipment calibration Date of last calibration: Medisafe June 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals Two Counties Cleaners	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: February 2018	Y
Actions were identified and completed. No actions were identified.	N/A
Additional observations:	N/A
Health and safety Premises/security risk assessment? Date of last assessment: March 2018.	Y
Health and safety risk assessment and actions Date of last assessment: January 2018	Y
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: August 2017</p> <p>The practice acted on any issues identified: No actions identified.</p> <p>Detail: N/A</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
<p>Explanation of any answers:</p> <p>consignment notices of regular collection of medical waste seen during inspection.</p>	

Any additional evidence
<p>Clinical waste and used sharps boxes were kept in a locked room next to the sluice room. This room was then accessed by an external company, who the practice had a waste collection contract with, via an outside locked door. Sharps boxes were collected with the clinical waste every Friday.</p>

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>Sepsis notices were displayed throughout the practice's treatment rooms. The practice had used 'Lunch & Learn' training sessions which had updated GPs, nursing staff and reception staff about sepsis.</p> <p>An incident had taken place in the practice's car park where a patient collapsed. The practice contacted the emergency services and an ambulance attended the scene within two minutes. We were informed that the incident had a successful outcome. Staff reported they used the emergency trolley, which included oxygen, defibrillator and emergency medicines.</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
<p>Explanation of any answers:</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.93	0.88	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	10.0%	9.9%	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.	Policy in place
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.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site. British Oxygen Company contract annual check June 2018.	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	Y

transported in line with PHE guidance to ensure they remained safe and effective in use.	
<p>Explanation of any answers:</p> <p>We saw an up to date cold chain protocol, this meant that patients were kept safe and the practice had a system for ensuring medicines were moved in a safe way and equipment was correctly monitored and services.</p> <p>The practice told us that 31% of patients used the online prescribing and all identity checks had been done by the practice.</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.	Seven
Number of events that required action	Seven

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

Event	Specific action taken
Incorrect coding of diabetic patient	The code was removed the same day and the patient was written to with a formal apology. Learning from this incident was that more care should be taken when adding codes using pre-existing templates. Also, to check the record before saving. The incident was also reported to the National Reporting and Learning System (NRLS) which is a central database of patient safety incident reports.
Overdue smear - no recall date	A new cytology procedure was implemented and picked up this patient. The patient was given new recall date and written to also with an explanation and apology. The learning adopted from this incident was updated smear recall procedures (from audit) put in place which run annually to pick these patients up. Practice has implemented new procedures for smear recalls and has a new smear recall lead.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Alerts were sent to a generic email account. The inbox attached to the following staff; Practice manager, operations manager and two secretaries, quality outcomes and medicines manager. Faxes	

all directed to emails. Recent insulin alert directed to most relevant person was actioned. There was a log at front of Alerts folder to check action has taken place.

Any additional evidence

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.88	0.86	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)	71.8%	74.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (31)	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)	99.6%	75.3%	78.1%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	43.9% (194)	10.9%	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)	83.3%	79.7%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	8.1%	(36)	13.4%	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)	74.9%	73.9%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (62)	10.4%	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)	90.2%	84.4%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	30.1% (53)	10.7%	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)	68.5%	80.2%	83.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.2% (89)	4.2%	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)	85.4%	89.6%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	2.2%	(2)	9.2%	8.2%	
Any additional evidence or comments The practice diabetic nurse checked the list of diabetic patients non-attending and called each one. The list started at 22 and through this contact was reduced to two. Patient attendance was good but in some cases the nurse was unable to weigh patients as they were unsteady on their feet or too large so unable to complete all nine sections of the diabetes care processes. The practice gave us unverified QOF figures for 2017-2018 which showed that the figures for patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less had risen to 85%.					

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)	112	118	94.9%	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)	97	112	86.6%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	94	112	83.9%	Below 90% Minimum (variation negative)
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)	96	112	85.7%	Below 90% Minimum (variation negative)
Any additional evidence or comments				
The practice provided verified data from the NHS Childhood Immunisations List that showed that the % rates had risen to above the 90% in 2017 and at 1 January 2018 was 94% overall.				

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)	66.1%	68.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	64.8%	69.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46.4%	54.5%	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)	62.2%	65.8%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait	65.5%	51.7%	51.6%	Comparable to other practices

(TWW) referral) (01/04/2016 to 31/03/2017) (PHE)				
Any additional evidence or comments				
<p>The practice provided unverified QOF data which showed that cervical smear screening had increased to 82% in the years 2017-2018. They had achieved this by encouraging patients eligible for this important health care service to attend and patients had responded to this.</p>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	98.9%	90.7%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (4)	12.7%	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) <small>(QOF)</small>	93.8%	91.2%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	83.7% (82)	14.3%	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) <small>(QOF)</small>	80.8%	84.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (1)	7.5%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	538	541	539
Overall QOF exception reporting	11.9%	7.3%	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)	91.4%	93.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (30)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw that the practice had completed an annual audit of minor operation consent form completion. The results were 100% on each occasion.

Any additional evidence

Caring

Kindness, respect and compassion

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

Examples of feedback received:

Source	Feedback
Comments cards	Patients stated that the practice was very professional and reliable. Receptionists were described as polite and helpful. Patients stated they were happy with the care received. GPs were described as caring and listened to them. Patients stated they felt involved in their care. The only mixed comment was around waiting for appointments.
NHS Choices	The practice manager always replies to messages left on NHS Choices. The overall response from patients was positive. For example, patients had stated they felt Burgess Road surgery benefitted from having an advanced nurse practitioner and praised her caring nature.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9,588	305	95	31.15%	3%

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)	85.0%	72.4%	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)	91.3%	86.7%	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)	100.0%	94.5%	95.5%	Variation (positive)
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)	85.7%	83.2%	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)	97.8%	90.2%	91.4%	Variation (positive)
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)	88.3%	89.1%	90.7%	Comparable to other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
January-June 2017	<p>The practice undertook their own patient feedback exercise and the results received were as follows:</p> <ul style="list-style-type: none"> • 100 % of patients asked had confidence and trust in the last GP they saw – national average is 95% • 94% were satisfied with getting through on the phone – national average is 71%. This supports the practice decision to change the telephone system in February 2016 and indicates this has had a positive impact. • 88% of patients asked said their last appointment was convenient – national average is 81%. • 100% asked had confidence in the last nurse they saw or spoke to. • 85% of responders would recommend this surgery to others. This ties in with friends and family feedback month on month.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us that they found the service provided by the practice was tailored to their needs. The practice had introduced a patient check in and call system which patients told us meant that they did not have their names called out in the surgery but it was sometimes hard to hear if their name had been called.

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)	87.3%	85.0%	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)	86.4%	79.6%	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)	91.9%	87.9%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	85.8%	84.0%	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.	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	The practice had identified 229 patients as carers. This is the equivalent of 2.4% of their practice population.
How the practice supports carers	The practice reported there was a tick box in patient records that indicated a patient as 'is a carer'. This then created a code and the practice could run a search to identify those patients that were also carers. The practice stated they actively checked with patients over 75 to identify carers. The practice had a lead elderly care nurse. On registration, new patients were asked to complete an additional form if they identified themselves as a carer.
How the practice supports recently bereaved patients	A GP contacted a bereaved patient every time to offer support and signpost families to additional organisations for support.

Any additional evidence

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	There was a sign displayed at the reception with a barrier for patients to wait at. There was radio music playing in the background to mask conversations at the reception and waiting room seats were placed away from the reception.

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

Examples of specific feedback received:

Source	Feedback
Comment Cards	The treatment and services supplied at the practice have always been at a very high standard in every respect.
Comment Cards	Patients had never had a bad experience at the practice. Staff often go the extra mile for patients.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	7.30 am to 6.30 pm
Tuesday	7.30 am to 6.30 pm
Wednesday	7.30 am to 6.30 pm
Thursday	7.30 am to 6.30 pm
Friday	7.30 am to 6.30 pm

<p>Appointments were available 12 months in advance for GPs. There was a baby clinic drop-in on Thursday mornings. Patients could phone on the day and book with the advanced nurse practitioner (ANP) who saw acute patients, while other routine appointments could be booked up to six months in advance. The ANP also had the authority to book future reviews for patients that they had seen.</p>	
<p>The practice offered extended hours on Saturdays 8.00am to 10.00am, for pre-booked appointments. The practice could also use the Southampton hubs for seven-day workings.</p>	

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	
<p>The practice had a daily visit schedule. When a home visit was requested, the receptionists would also request additional information to support the request, but a reason for a visit was not demanded. The patient was then added to the visit schedule for review by the GPs. The GPs would review the list and decide if a visit was required. The practice confirmed a GP would always phone a patient back and speak with them. GPs would put their own visits down and would know who required a home visit and would confirm themselves. Home visits were done throughout day.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9,588	305	95	31.15%	3%

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)	89.2%	77.0%	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)	93.7%	65.5%	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)	89.6%	75.3%	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)	84.3%	69.3%	72.7%	Comparable to other practices

Any additional evidence or comments

The above figures demonstrate the practice was delivering positive outcomes for patients in regard of satisfaction with access to services and making appointments.

Examples of feedback received from patients:

Source	Feedback
NHS Choices	<p>The staff were described as very pleasant and helpful. It was reported to be generally easy to get an appointment when it was needed. Doctors and nurses were also reported to be very good.</p> <p>Other comments described easy phone service and polite staff; very good, well experienced GPs who were very nice. Comments stated patients were always able to see the GP as soon as the patient needed them.</p>

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	15
Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Example of how quality has improved in response to complaints

A complaint was received via patient feedback form regarding not being offered an appropriate appointment with a GP. The patient was written to regarding this and which contained an explanation that they had been offered an appointment with advanced nurse practitioner (ANP) instead. An apology was offered for not explaining why this appointment was offered to them at the time. As a result, all staff were reminded to ensure patients were told about ANP skillset and their authority about prescribing.

Any additional evidence

Well-led

Leadership capacity and capability

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

The practice stated they attended local meetings with other practices, Police, Social Services and local charities. These meetings were held to discuss local issues and identify vulnerable patients who may require extra support.

As of April 2018, the practice held quarterly safeguarding meetings with a multi-disciplinary team for specific families of concern. The practice had engaged with a city wide paediatric multi-disciplinary team with a local hospital consultant regarding frequent A & E attenders for paediatrics. The practice had three GP's who performed six to eight-week baby checks giving greater flexibility to new mothers over times and dates.

The practice had recruited an advanced nurse practitioner to see on the day patients with acute problems which had increased patient access by 94 appointments per week.

Any additional evidence

The practice performed safety netting for fast track two week waits for cancer referrals. The practice ensured that all patients received the correct appointments within the referral times. The practice also checked again patient referrals every four months and a check was made of the previous six months. If there were any outstanding matters these were given to GPs to chase up to make sure no patients were overlooked.

The practice was involved in an AliveCor Kardia pilot which utilises new technologies to highlight possible Atrial fibrillation (AF) in patients with an irregular pulse. This reduces the need for a full electrocardiogram (ECG) on all patients as the AliveCor device is used first. The AliveCor Heart Monitor provides a portable ECG recorder. The monitor works with a compatible mobile device (such as a smartphone or tablet) running the AliveECG application, which can be used to analyse the ECG recording and send it to a healthcare professional for interpretation. The healthcare professional accesses this information through the Provider Dashboard software. Patients who are identified as having an irregular pulse will have an ECG.

Vision and strategy

Practice Vision and values

The Burgess Road surgery mission statement aims to understand the needs of patients and the community in order for them to provide the most accessible and health care for all.

Culture

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

The practice was working on an Asthma study entitled 'My breathing matters' and they were looking at a project involving children and Upper respiratory tract infections for later in the year.

They had in house minor operations clinic where GPs removed skin tags and treated other skin problems. The practice had purchased a dermascope to assist in the minor operations clinic. Other local GPs could also refer to the practice's minor operations clinic. A dermascope is used in the examination of skin lesions.

The practice also had an in house General Practitioner with Special Interest in ophthalmology. The practice had a slit lamp on site enabling them to assess patients with ophthalmological problems, reducing the need to refer to secondary care. The practice told us that in the last year 26 patients had been seen using this equipment which meant that they did not have to attend the local hospital for an appointment.

They were also one of only four surgeries in the Southampton city to offer a domiciliary phlebotomy service for their patients. This meant that patients did not have to travel to the local hospital for this service.

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

Source	Feedback
Member of Staff	GPs are very helpful and the practice works as a team to overcome any challenges. Felt very supported.
Member of Staff	Enjoyed working at the practice always well supported by management and GPs.

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a comprehensive new policy explaining the law in relation to the General Data Protection Regulation (2018).
Other examples	The practice had a protocol in place to assist healthcare assistants in the appropriate measurement of routine blood pressure. This was reflected in unverified QOF figures for 2017-2018 which showed that the figures for patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less had risen to 85%.
Y/N	
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

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
Risk Assessment 5 January 2018	Electrical hazard - Tripping. Any exposed cables were secured via a rubber cable holder.
Risk Assessment 5 January 2018	Lifting - All staff had completed manual handling training on induction and will receive refresher training by March 2019.
Risk Assessment 5 January 2018	Visual Display Unit - All staff had ergonomic chairs and workstation foot rests.

Any additional evidence
In February 2018 due to heavy snow, the practice was forced to close early on a Friday because of inaccessible roads. All clinical staff were contacted and those who could get to work did. Skeleton administration staff attended and called all patients that had appointments to explain and rebooked. Those patients who could get to the practice were seen although a few did not get to the practice. The practice closed at 1pm and a call divert was put on the phone to a duty GP who triaged the calls and advised accordingly.

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>We spoke with a member of the Patient Participation group who was very positive about the practice and had no concerns.</p> <p>An area that had improved was around contacting the practice due to new telephone system introduced in February 2016.</p>

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
<p>Aspirin and proton pump inhibitor (PPI) audit.</p> <p>Local improvement scheme – Long Term Conditions Audit 2017 reviewed in 2018.</p> <p>PPI are a group of medications that protect the stomach and gastric region.</p>	<p>Outcome in 2017:</p> <p>99 patients identified as on long term low dose Aspirin but NOT on a PPI:</p> <ul style="list-style-type: none"> 57 of those patients identified were no longer taking Aspirin as a repeat medication so were discounted 42 patients were found to have Aspirin on repeat and the relevant PPI was added to their list of repeat medications by the GP. All 42 patients were written to explaining the addition of the medication and the clinical reasons behind its initiation. <p>Outcome of 2018 review.</p> <p>Searches were re-run and the following outcomes were identified.</p> <ul style="list-style-type: none"> Nine patients over 75 were found to have been issued aspirin but were not on a PPI. Five of these nine have never been on a PPI – the usual GP was tasked to add PPI or notify if not clinically relevant One had PPI stopped for clinical reasons. Three had previously taken a PPI as an acute medication but not as a repeat. GP was tasked to add as repeat or mark as clinically not necessary.

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

Audit area	Impact
<p>Diabetes and heart failure audit.</p> <p>Local improvement scheme – Long Term Conditions Audit.</p> <p>Searches were run on the practice clinical system to identify the total number of patients with both diabetes and heart failure.</p>	<p>Initial audit identified 40 patients and the following action plan was put in place.</p> <p>Action Plan</p> <ol style="list-style-type: none"> 1. Chase up patient overdue for blood tests (identified in this audit and the potassium diuretic audit) 2. Review newly registered diabetic 3. Ensure patient overdue review is continuously recalled as per surgery procedure <p>Audit review – FEBRUARY 2017</p> <p>Outcomes</p> <p>Of the (now) 36 patients identified;</p> <ul style="list-style-type: none"> • One was no longer Diabetic • Eight did not have heart failure • Of the 27 patients remaining <ul style="list-style-type: none"> ○ 26 have been seen by the practice's diabetes specialist practice nurse. One of these patients was newly diagnosed with diabetes. ○ The remaining one patient has not been seen but we saw evidence that this patient has been sent letters and attempted to be contacted via telephone inviting them in. Patient had bloods taken but had not had a diabetic review, this has since been booked.

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](#)).