

Care Quality Commission

Inspection Evidence Table

Alfred Squire Road Health Centre (RL4AC)

Inspection date: 5 July 2018

Date of data download: 21 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data from external websites has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Safety systems and processes

Safeguarding	Yes/No
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Yes/No
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>Staff were recruited to the practice through The Royal Wolverhampton NHS Trust (RWT) recruitment process. Staff files we looked at were maintained and held within the wider organisation HR department. Staff files were made available at the GP practice at the time for the inspection.</p> <p>All staff had received an occupational health assessment. We found that not all staff files contained details of staff vaccination and immunisation history. This information was requested at the inspection and obtained by the practice manager. The records showed that staff vaccinations were up to date and maintained in line with current guidance.</p> <p>Since joining the Trust all nursing staff, which included healthcare assistants, trainee nurse associate, and advanced nurse practitioner had medical indemnity insurance cover under the Clinical Negligence Scheme for Trusts with The Royal Wolverhampton NHS Trust (RWT).</p> <p>We examined nine staff files and found that all but one staff file contained all the required recruitment checks. The file did not contain references or a CV, however up to date appraisals and competences for the member of staff had been completed. The staff member had been in post for four years.</p>	

Safety Records	Yes/No
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: November 2017	Yes
There was a record of equipment calibration Date of last calibration: 4 July 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks: July 2017	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 18 June 2018	Yes
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment: 26 January 2018 Electrical Wiring: February 2016	Yes
Health and safety risk assessment and actions Date of last assessment: 26 January 2018	Yes
<p>Additional comments:</p> <p>A fire safety inspection checklist was used.</p> <ul style="list-style-type: none"> We saw that COSHH risk assessment forms had been completed and found that a number of electrical items did not have a valid certificate. However, it was confirmed that PAT testing had been completed on 17 July 2018. The practice was in the process of carrying out manual handling assessments 	

Infection control	Yes/No
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 26/07/2018</p> <p>The practice acted on any issues identified</p> <p>Legionella Risk Assessment Date: August 2016</p> <p>Detail: The infection prevention and control (IP&C) audit had been completed by the Trust with the involvement of practice staff. The outcome showed an overall compliance score of 93%. The practice had completed an action plan to address recommendations made. Most of the actions required were related to the premises. This included for example, minor damage to clinical rooms and lighting. The practice had a written policy for the safe disposal and management of waste.</p>	<p>Yes</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers: Clinical waste was kept in an appropriate locked facility in the grounds of the practice. The keys were kept securely.</p>	

Any additional evidence
<p>The practice was supported by infection control leads from The Royal Wolverhampton NHS Trust (RWT). One of the practices nurses was the lead for infection control at the practice.</p> <p>At the inspection, we observed reception staff handling a specimen from a patient without wearing gloves, washing hands or using alcohol gel to prevent cross infection.</p> <p>Hand hygiene checks completed 2018</p>

Risks to patients

Question	Yes/No
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
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> • Staff demonstrated an awareness of sepsis guidelines and had the equipment needed for diagnosis. A template on the clinical patient system supported the diagnosis of sepsis. The practice had emergency medication to treat sepsis. Reception staff were aware of the red flags symptoms. Notices listing red flag symptoms although not easily accessible to staff were available in the reception area. • Weekly staff rotas were completed for each group of staff. This helped to ensure that sufficient staff would be on duty to meet patients' needs 	

Information to deliver safe care and treatment

Question	Yes/No
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers:</p> <p>We saw examples of referral letters and appropriate systems were in place for sharing information with staff and other agencies. We saw examples of patient records, which included summary records and special patient requests that were shared with other agencies, such as out of hours services both manually and electronically.</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)	1.22	0.94	0.98	Higher than other practice averages
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	7.6%	5.6%	8.9%	Comparable with other practices

Medicines Management	Yes/No
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes*
If the practice had controlled drugs on the premises, there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
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*
Explanation of any No answers:	

Any additional evidence

Antibiotic prescribing, which includes broad spectrum antibiotic prescribing was above average. The practice was aware of this. One of the GPs identified and discussed two possible reasons for this:

- The Royal Wolverhampton NHS Trust (RWT) formulary allowed more freedom to prescribe Ciprofluaxin (A broad spectrum antibiotic) than some other formularies.
- Patients on long term antibiotics received monthly prescriptions

The practice used an antimicrobial prescribing tool to evaluate and support the reduction of inappropriate antibiotic prescribing practices. The local CCG also carried out regular antibiotic prescribing audits and shared the outcome of these with the practice. The practice had ease of access to the hospital microbiologists for advice.

The practice followed the Trust's policies and procedures for the prescribing of Controlled Drugs.

We found that most emergency medicines were available except for one; the lead clinician obtained this medicine from the hospital at the time of the inspection.

We found two medicines in the medicine fridge were outside of their expiry date. The medicines were appropriately disposed of at the time of the inspection. Records we examined did not demonstrate that regular and consistent medicine checks were carried out. The medicines within the fridge were not maintained in an orderly or tidy manner.

Dedicated reception staff and the clinical pharmacist made changes in medicines following discharge or appointments at hospitals. Any queries were referred to the GP.

Track record on safety and lessons learned and improvements made

Significant events	Yes/No
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	20
Number of events that required action	20

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

Event	Specific action taken
The battery on the defibrillator (a device that gives a high energy electric shock to the heart through the chest wall to someone who has an irregular heart rhythm). This was identified when checking the equipment to make sure it was working.	A replacement battery was ordered. The practice noted that the equipment was not checked regularly to ensure that it was working. The importance of regular checks was shared with staff and systems put in place to ensure this was completed.
A prescribing error on a patient discharge letter. The medicine had been prescribed to be taken once daily, it should have been prescribed to be taken once weekly.	The error was identified by the GP. The prescription was corrected and checked before the medicine was issued to the patient. The importance of the careful review of discharge letters and changes to medicines was recognised and discussed with relevant staff.
A sharps box was overfilled and left open in one of the consulting rooms.	The sharps box was closed and signed by a member of the clinical staff.

Safety Alerts	Yes/No
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Patient safety alerts were received by the practice clinicians, clinical pharmacist and practice manager. The clinical pharmacist reviewed all alerts received and ensured the action needed to address them was taken where appropriate. The local Clinical Commissioning Group (CCG) also filtered safety alerts and advised the practice which ones needed to be acted on. A spreadsheet of alerts received was maintained. Information documented included the date the alert was received, type of alert, brief description, action taken, by whom and date actioned.</p> <p>A centralised system was maintained at provider level for the receipt and management of safety alerts. The practice completed a pro forma, which was shared at directorate meetings. The pro forma included an action plan which detailed the alert, action to be taken date and by whom. A folder of alerts received was also available.</p>	

Any additional evidence
<p>The practice had responded appropriately to recent National Institute for Health and Care Excellence (NICE) guidance on the risks of women of childbearing age taking a specific medicine.</p> <p>We saw that significant events were recorded on a spreadsheet and regularly updated. However we found that there was a lack of recorded information to clearly demonstrate fully the action taken for each significant event and the learning shared with staff to prevent or minimise the risk of the event re-occurring. The practice also used 'Datix' (an electronic system used for recording and sharing incidents)</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)	0.98	0.95	0.90	Comparable with 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)	88.6%	77.3%	79.5%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.0% (142)	12.0%	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)	83.4%	77.5%	78.1%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.2% (106)	7.9%	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)	79.6%	78.1%	80.1%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.7% (146)	12.0%	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)	88.2%	77.4%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.1% (166)	4.9%	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)	97.2%	91.3%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.9% (46)	9.3%	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)	77.7%	80.9%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (82)	3.9%	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)	85.7%	85.2%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (8)	9.4%	8.2%	

Any additional evidence or comments

The data above identified high exception reporting in some areas, particularly for patients with long term conditions compared to the local CCG and National averages. The practice was aware of the high exception reporting and provided possible reasons for this:

- Staffing issue, a member of staff who supported the care of patients with long term conditions had left, which decreased the number of appointments that could be offered to patients
- The practice had a high proportion of older patients who were housebound and at times difficult to reach. A process had been put in place to address this using the services of identified advanced nurse practitioners.
- The practice ensured that all patients were offered an appointment. All patients were included within its end of year Quality Outcome Framework (QOF) data and not just the target set for the QOF year.

The clinicians told us that as a practice they would review their exception reporting figures and develop plans to address this. For example, the review and evaluation of QOF data would be included in the audit programme.

Families, children and young people

Indicator	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)	100%	Met 95% WHO 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)	97.0%	Met 95% WHO target Significant Variation (Positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	97.0%	Met 95% WHO target Significant Variation (Positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	95.5%	Met 95% WHO 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)	72.0%	67.8%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.0%	68.0%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	56.5%	49.1%	57.4%	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)	63.0%	74.6%	70.3%	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)	37.7%*	39.6%*	51.0%*	Comparable with other local practices
Any additional evidence or comments				
*Data quality issue – In Wolverhampton all referrals for suspected breast cancer are two week wait. Hence, the possible reason why practice and CCG percentage was less than England average.				
*There is a data quality issue with this value				

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)	97.3%	89.7%	90.3%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	36.2% (21)	9.7%	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) (QOF)	91.9%	91.9%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	36.2% (21)	6.6%	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)	70.9%	82.3%	83.7%	Variation (Negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.5% (16)	6.3%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545 (97%)	536 (96%)	539 (96%)
Overall QOF exception reporting	8.9%	5.5%	5.7%

Coordinating care and treatment

Indicator	Yes/No
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 smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.4%	96.2%	95.2%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (6)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinical staff were aware of Gillick competences when providing care and treatment to children. The mental health of patients was considered and advice sought for vulnerable patients and their carers who may lack capacity. Verbal consent received from patients and the parent/s or guardian of children was recorded on patients' records.

Any additional evidence
All staff had received training in assessing capacity. The practice had ensured that no procedures were carried out without appropriate verbal or written consent.
Consent for care and treatment was documented within patients' electronic records procedures, which included cervical smears, childhood immunisations and consent for sharing summary records.
All staff had received training related to the Mental Capacity Act (MCA) training and Deprivation of Liberty Safeguards as part of their mandatory training with the provider.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	6
Number of CQC comments received which were positive about the service	5
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
NHS Choices	There was a total of 12 reviews on NHS Choices. Two were positive about the practice. The others were less positive about waiting times, access and staff. For example, patients expressed concerns about having to wait up to one hour after their appointment time and felt that staff attitude on two occasions could be improved.
PPG	We spoke with three patient participation group members (PPG). They were all extremely positive about their experience at the practice. The group consisted of approximately 20 members. Meetings were held two monthly. We looked at the minutes for May 2018 and areas discussed included signage, patient questionnaire and extended hours. The PPG produced a monthly newsletter and had a noticeboard in the reception area, which the group used to keep patients informed
CQC Comment Cards	The practice had approximately 8,400 patients however, only six completed CQC comment cards were completed. Patients described excellent services and staff. They were happy with the service and said that the GPs and staff were helpful and accommodating. A comment was made about the length of time taken to be seen at appointments.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,324	240	123	51.25%	2.88%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	90%	73%	77%	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 listening to them (01/01/2017 to 31/03/2017)	95%	85%	89%	Variation (Positive)
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	100%	94%	95%	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)	95%	83%	86%	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 listening to them (01/01/2017 to 31/03/2017)	95%	91%	91%	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)	92%	90%	91%	Comparable to other practices

Any additional evidence or comments

Overall there were positive responses. The practice identified from the survey areas that were a concern for patients.

- Staff attitude
- Telephone access to the practice
- Delay in typing referral letters
- Lack of appointments

An action plan was put in place to address each concern.

Question	Yes/No
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
29/01/2018	<p>The practice issued 322 surveys of these approximately 320 were returned</p> <ul style="list-style-type: none"> • The main concerns identified following the practice analysis were: <ul style="list-style-type: none"> ○ A lack of appointments and patients told to ring the NHS 111 service or to attend the urgent care centre during the GPs' normal opening hours ○ The attitude of reception staff ○ Access – Opening hours and telephone ○ Delay in typing and sending referral hours <p>The practice had developed an action plan to address the patients concerns. For example, all reception staff had completed conflict resolution training provided by the Trust to help staff manage patients who expressed challenging behaviour when visiting the practice. Reception staff had also been booked onto a one day receptionist training</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us that they were actively involved in making decisions about their care and treatment. They told us that they were listened to and given the time needed to make decisions. They received written information about their condition and treatment.
Comment Cards	They told us that they were listened to and given the time needed to make decisions. They received written information about their condition and treatment. Staff were supportive, caring, friendly and listened.

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)	96%	84%	86%	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 involving them in decisions about their care (01/01/2017 to 31/03/2017)	93%	79%	82%	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 explaining tests and treatments (01/01/2017 to 31/03/2017)	94%	90%	90%	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)	91%	87%	85%	Comparable to other practices
Any additional evidence or comments Overall responses were positive.				

Question	Yes/No
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	There were 93 patients registered as carers at the practice. This represented just over 1% of the practice population.
How the practice supports carers	Carers were offered annual health checks, which included an annual flu vaccine. Carers were signposted to support services within the community.
How the practice supports recently bereaved patients	The practice contacted bereaved patients and offered an appointment at the practice if they wanted to discuss any issues. Patients were signposted to support services in the community. A carer commented positively on the support they received when caring for a patient receiving end of life care and there was ease of access to home visits when required.

Privacy and dignity

Question	Yes/No
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	<p>Patients could check themselves in for their appointment via the electronic system and it was accessible in different languages.</p> <p>Patients with a hearing impairment had access to a hearing loop if required.</p> <p>If patients were not comfortable or wanted to discuss sensitive issues reception staff offered a private room for patients to discuss their needs or concerns.</p> <p>Telephone call handling by reception staff was moved to a back office at the practice away from the patient waiting area and reception desk.</p>

Question	Yes/No
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Reception area	We observed areas and rooms within the practice where private conversations could take place.
Patients and Staff	Patients told us that a room could be made available if they wanted to speak with a member of staff privately. Staff spoken with confirmed this.

Responsive

Responding to and meeting people's needs

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

Appointments available	
<ul style="list-style-type: none"> • Patients were offered double appointments where needed for example, patients with complex conditions, multiple illnesses and vulnerable patients • Early morning (7.30am – 8am) booked appointments were offered with the practice nurse 	
Extended hours opening	
Thursday	6.30pm – 7.30pm
Saturday	8am – 2pm
Sunday	8am – 2pm
Bank Holidays	8am – 2pm

Home visits	Yes/No
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	
<p>Patients had access to a home visiting service. These were carried out by two community based advanced nurse practitioners who also completed home visits for other practices within The Royal Wolverhampton NHS Trust (RWT). The process following a request for a home visit included triage, and a GP or ANP home visit.</p> <p>Extended hours were available on Saturday and Sunday and bank holidays at West Park Surgery, one of RWT vertical integration practices. All patients within the vertical integration primary care services could make an appointment for a GP consultation between the hours of 8am and 2pm. These appointments were pre-bookable appointments, which must be booked with the patients usual GP practice.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,324	240	123	51.25%	2.88%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	82%	77%	76%	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)	50%	69%	71%	Variation (Negative)
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)	85%	80%	84%	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)	67%	69%	73%	Comparable to other practices
<p>Any additional evidence or comments</p> <p>The practice had reviewed the national GP survey and implemented changes to make improvements. For example, since the last survey was completed in July 2017 a dedicated area for calls into the practice to be received and manned by identified staff was set up. Improvements had been made to increase the number of appointments available and improve access to appointments. This included opening five full days per week, extended hours on Thursday evenings and booked appointments Saturday and Sunday 8am to 2pm at West Park Surgery.</p> <p>The practice also identified that an advanced nurse practitioner was required</p>				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Concerns were expressed about the amount of time patients had to wait at an appointment. There were two occasions where children had to wait to be seen or told to visit the walk-in centre.

Listening and learning from complaints received

Complaints	Yes/No
Number of complaints received in the last year.	12
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The practice had written a patient information leaflet, which explained the complaints procedure and how their complaint should be escalated if they are not happy with the response received from the practice. The complaint leaflet included a consent form for patients or carers who were making a complaint on a patient's behalf.</p>	

Example of how quality has improved in response to complaints
<p>We reviewed two of the 12 complaints the practice had recorded since April 2017. One of the complaints related to the attitude of the staff. The practice sent the patient a letter of apology. Staff received customer care training and their approach was monitored through appraisals and supervision.</p> <p>Staff spoken with during the inspection were aware of the complaints procedure. The practice had a designated member of staff for management of complaints. Posters which encouraged patients to contact PALS (patient advice and liaison service) at New Cross Hospital (part of RWT) if they needed to make a complaint were in available in other languages. Complaints leaflets were accessible in the waiting area.</p>

Well-led

Leadership capacity and capability

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

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The lead GP and registered manager had the experience, capability and integrity to ensure high quality care was delivered to patients who used the service strategy.
- There was a clear leadership structure in place and staff told us that they were supported by the management team and were aware of their roles and responsibilities.
- We saw that leaders at all levels were visible and approachable and all staff were observed to speak with their peers and the managers with ease.
- The management team worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

Practice Vision and values

The provider had corporate values and behaviours, which were shared throughout the organisation. The organisation planned to:

- Work collaboratively to prioritise the safety of all within its care environment.
- Act in the best interest of others at all times.
- Grow a reputation for excellence.

The practice ethos and vision within these included:

- Providing the best care for patients.
- Ensuring staff are trained and competent to deliver care.
- Proving resilience for the practice and patients in a changing environment.
- There was a strategy and business plan in place.
- Staff we spoke with were all aware of the practice vision and values.

Culture

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

- The practice implemented changes to its home visiting service with four other practices in the use of advanced nurse practitioners and their ease of access to GP support.
- GPs and staff commented on the governance processes, such as patient safety alerts and complaints, which were not just shared within the practice and with the provider but with the other practices so all could learn from these events.
- Staff reported better communication links with secondary and community care/professionals as a result of joining vertical integration with the provider.

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

Source	Feedback
Staff	Staff spoken with told us that they were encouraged to raise and discuss issues and were confident that these were addressed. Changes made in which staff had some input included re-locating the phones to a quiet area of the practice and making other changes to back office operation functions to streamline staff roles and responsibilities.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Vertical Integration	The Royal Wolverhampton NHS Trust (RWT) was the registered provider for the practice. Progress had been made to strengthen seamless links between RWT and the practice. There was an organisational structure in place with clear lines of accountability and responsibility to support good governance and management arrangements between the practice and RWT.
Practice specific policies	Practice specific policies were in place and up to date. Policies and procedures were easily accessible to all staff through RWT (hospital) intranet site. The practice had access to a suite of policies and procedures. These included: infection prevention and control, waste management and prescription security.
Joint Meetings	The GP practice was part of a directorate within the hospital. Staff were involved in joint meetings where governance arrangements for example, safeguarding, significant events and training were discussed. Practice staff meetings were held on alternate Mondays and Thursdays where issues such as incidents and safeguarding were discussed.
	Yes/No
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
It had been identified that not all of the hospital's policies and procedures could be effectively applied to the operation of the GP practice. For example, fire evacuation/drills. The Trust with, the involvement of the GP practice, had started to review these. Events that occurred which included safeguarding, complaints, performance were reported to the Trust and investigated through the Trusts processes and reported centrally.

Managing risks, issues and performance

Complaints	Yes/No
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
H&S	A fire safety inspection checklist was used. We saw that COSHH risk assessment forms had been completed and found that a number of electrical items did not have a valid certificate. However, it was confirmed that PAT testing had been completed on 17 July 2018. The practice was in the process of carrying out manual handling assessments

Any additional evidence

We found that risk assessments specific to the practice such as health and safety risk assessments had been completed.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The practice had a strong PPG group who met ordinarily on a three-monthly basis. The PPG hoped to recruit further members from ethnic minority and younger patient groups and were enthusiastic. The PPG were present at the practice on the day of the inspection facilitating the NHS 70 birthday celebrations.</p> <p>Although there had been no recent patient surveys the PPG reported they had conducted patient surveys in the past. The PPG had been engaged more recently with the process of the practice provider change with the hospital trust into an integrated model. The PPG were supportive of integration and felt the resultant actions in respect of patient access and governance would only improve care for patients registered at the practice. The practice PPG chair attended the Vertical Integration PPG meetings.</p>

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Dashboard	The practice was able to access shared care information related to its patients. Access to the dashboard provided the practice with information about patients admitted to hospital, regular attendees to hospital and attendees to the emergency department. This was reviewed at meetings with hospital colleagues and appropriate care packages put in place for patients with the highest needs and prevent repeated visits to the hospital.
Social Prescribing initiative	Plans for staff training and active implementation of social prescribing into the practice were in place. Patients should be supported by the practice to access appropriate services to meet social, physical and health needs. For example, accessing social services for benefits and a gym to support physical fitness.
Working at scale	Through the process of vertical integration, the practice supported and encouraged working at scale with other GP practices and different services within primary and secondary care. The practice planned closer working between professionals.

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

Audit area	Improvement
<p>Review of women of child bearing age prescribed Valproate (a medicine primarily used to treat epilepsy and bipolar disorder).</p>	<p>Six women were identified:</p> <ul style="list-style-type: none"> • The practice had written to all women of childbearing age who were prescribed the medicine. • The letter advised patients of the concerns of taking this medicine and the action they should take if they are planning a pregnancy or become pregnant. • Introduced a pregnancy prevention programme for example, long acting contraception for women who needed the medicine and did not want to get pregnant. • The practice planned to repeat this audit annually.
<p>Review of patients on long term steroids and the use of bone protection. The audit looked at the number of patients taking prednisolone at a dose of more than 5mg daily and to see whether they were taking calcium supplements and a bisphosphonate in line with NICE guidance for the prevention of osteoporosis.</p>	<p>A search of the practice information system found that there were 87 patients taking the steroid medicine prednisolone. The audit found that there were two patients on long-term steroids who should have been taking bone protection medicines.</p> <p>The patients were contacted assessed, given information and commenced on bone protection medicines.</p>

Any additional evidence
<p>Funding had been secured for a social prescribing initiative.</p> <p>The vertical integration model included a VI daily dashboard that included named patients that had been admitted to hospital, attended the emergency department and regular attenders to the hospital. The GP liaised with hospital colleagues to develop appropriate care packages for those patients with the highest needs.</p>

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP**: Royal College of Physicians.
- **STAR-PU**: Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).