

Care Quality Commission

Inspection Evidence Table

St James Medical Practice (1-620018526)

Inspection date: 24 July 2018

Date of data download: 11 July 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	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	Y/N
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
Explanation of any answers:	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/Test: 5 May 2018</p>	Yes
<p>There was a record of equipment calibration</p> <p>Date of last calibration: 13 October 2017</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.</p>	Yes
<p>Fire procedure in place.</p>	Yes
<p>Fire extinguisher checks.</p>	Yes
<p>Fire drills and logs.</p>	Yes
<p>Fire alarm checks.</p>	Yes
<p>Fire training for staff.</p>	Yes
<p>Fire marshals.</p>	Yes
<p>Fire risk assessment.</p> <p>Date of completion 20 November 2017.</p>	Yes
<p>Actions were identified and completed.</p>	Yes
<p>Additional observations:</p> <p>The practice is complicated in the layout as the premises are old. The areas were not cluttered, there was good signage in place.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: 12 March 2018.</p>	Yes
<p>Health and safety risk assessment and actions.</p> <p>Date of last assessment: 12 March 2018.</p>	Yes
<p>Additional comments:</p> <p>The practice used a comprehensive risk assessment tool which detailed areas where risks maybe identified and included oversight of the landlord responsibilities and home/lone working.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place.</p> <p>Date of last infection control audit: 1 May 2018.</p> <p>The practice acted on any issues identified.</p> <p>Detail:</p> <p>A comprehensive audit of the practice was undertaken and updated annually but with routine checks as required. It was identified that the storage room used by the cleaners was not very tidy. Action was taken to address this. All practice staff took responsibility for daily visual checks to ensure cleaning was of a good standard. Any shortfalls were reported to the management team.</p>	<p>Yes</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Risks to patients

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

Information to deliver safe care and treatment

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

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)	1.26	1.19	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)	14.1%	14.1%	8.9%	Variation (negative)

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	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	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
<p>Explanation of any answers:</p> <p>On the day of the inspection we found the practice did not have a consistent approach to the monitoring of prescription stationary. Some staff logged all prescription stationary and some only logged the hand-written prescription pads. Immediately following the inspection, the practice shared the protocol which had been reviewed and updated and communication shared with the staff.</p> <p>We discussed with the practice their prescribing to the percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. The practice had undertaken an audit and had worked with the nursing team developing protocols for the management of urinary tract infections and sample testing.</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.	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.	75
Number of events that required action.	48

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

Event	Specific action taken
May 2018, appointment booked for a patient in the wrong name.	Practice staff were made aware and all staff reminded that at least two points of personal identification should be checked. Alerts were added to the practice system of patients with similar names.
May 2018	Out of date sample bottles were found available for use. Practice staff made aware of the oversight and a new form for recording the checking of equipment and supplies was introduced.
June 2018	An incorrect test was requested on a blood sample. The laboratory was contacted and the paperwork submitted for the correct test to be carried. Staff were reminded to be vigilant on requesting tests.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
We undertook checks on two recent safety alerts and found the practice had acted upon these alerts. Following the inspection, the practice had further improved the log used to record and monitor actions taken.	

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)	3.75	1.73	0.90	Significant Variation (negative)

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)	72.0%	80.0%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.6% (84)	12.1%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	86.7%	80.4%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (69)	8.0%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	81.3%	81.2%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	14.1%	(155)	13.2%	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)	77.8%	78.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (75)	11.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.2%	93.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.9% (73)	13.9%	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)	86.5%	84.0%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (51)	3.6%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	92.8%	84.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (38)	8.0%	8.2%	

Any additional evidence or comments

We discussed with the practice their performance in relation to the Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017). They told us they recognised this variation and had been working to reduce this. The practice had undertaken an audit, produced guidelines for prescribing and gave patients information in written form with advice about these medicines. The practice worked with the CCG prescribing group and the CCG medicines advisor attended the practice for regular meetings.

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)	139	148	93.9%	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)	181	199	91.0%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	180	199	90.5%	Met 90% Minimum (no variation)
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)	179	199	89.9%	Below 90% Minimum (variation negative)
Any additional evidence or comments				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	64.0%	74.2%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.6%	77.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	55.0%	59.2%	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)	68.1%	69.0%	71.2%	N/A
Number of new cancer cases treated (Detection	51.8%	54.1%	51.6%	Comparable to

rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)				other practices
Any additional evidence or comments <p>We discussed the lower cervical screening rates for the practice and they told us that they did have a higher rate of patients who, despite three invitations from the national programme and one further invite from the practice, did not attend for their appointments. From April 2018, a system was put in and the practice nurses who undertook cervical screening telephoned patients to explain the benefits and the procedures. The practice shared their plans to train all practices nurses to undertake cervical screening maximising the availability of appointments for patients to attend when convenient to them and for the staff to undertake the screening on a proactive basis.</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) (QOF)	95.3%	94.1%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.7% (34)	13.4%	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)	95.5%	94.0%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.7% (32)	12.4%	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)	85.7%	81.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.2% (12)	6.4%	6.8%	
Any additional evidence or comments				
We discussed the areas where the exception reporting was above the local and CCG average, the practice told us that all patients were reviewed by a clinician before the exception code was used. The records we saw showed that the patients had been invited in and that appropriate action had been taken.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
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Overall QOF score (out of maximum 559)	549	548	539
Overall QOF exception reporting	8.2%	5.8%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.5%	94.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (26)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw that the practice recorded consent within the patient record and that they used specific forms for procedures where written consent was required. For example, for long acting contraceptive device fitting and removal and for minor surgery.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	31
Number of CQC comments received which were positive about the service	27
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards	Many comments reflecting kind and caring staff who go the extra mile. Positive comments included getting test results promptly, and medicines reviews. Of the negative comments, two related to getting appointments, one to long wait for the telephone to be answered and one in relation to a member of staff being rude.
Patients we spoke with	Over the past 12 months the reception staff have changed and are now so helpful, kind and caring.
What we saw	We observed a patient arrive at the front desk, this patient was not registered at the practice but in need of medical attention, we saw and heard the receptionist speak kindly and caring with the patient, took full details and accessed care for the patient in a timely manner.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16,635	245	103	42.04%	0.6%

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)	88.9%	85.9%	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)	92.6%	91.7%	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)	98.0%	97.2%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	87.7%	89.3%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	98.7%	93.5%	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)	97.1%	93.2%	90.7%	Variation (positive)

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

Date of exercise	Summary of results
Between 17 January and 29 March 2018	The practice was in the process of building a purpose-built surgery approximately one mile from the current practice. They undertook a survey to understand the impact this may have on their patients if they could not travel. 1,900 responses were collected showing that 55% had their own car, 11% used public transport, 6% used taxis and 28% used a cycle or walked. This information helped to give the practice confidence in the knowledge that transport and access for most patients would not be affected.

Any additional evidence
The practice reviewed the data from the GP patient survey and from the friends and family test and from their appointment survey data. They had a clear understanding of which appointments patients did not attend most frequently and reviewed their services against this information.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Seven patients we spoke with told us they were fully engaged in decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time 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)	84.0%	89.3%	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)	82.4%	86.6%	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)	97.4%	92.5%	89.9%	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 involving them in decisions about their care (01/01/2017 to 31/03/2017)	92.4%	88.7%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	52 patients had been identified as carers and this was recorded on their records. The practice told us they recognised this was low but that they knew many of their patients well and knew who was caring for who. Immediately following the inspection, the practice shared with us their plans to formalise the recording of carers and further improvements by a form patients/carer could complete to collate the data at registration, while they are waiting for appointments. The practice plan to use these during the flu clinics to maximise uptake.
How the practice supports carers	The practice referred patients to the local carers support groups. Details of these were available in the practice.
How the practice supports recently bereaved patients	The GPs contacted any bereaved patients and visited or offered appointments that were convenient to them.

Any additional evidence
Many of the practice staff spoke other languages including, Greek, Russian, Ukrainian, Punjab, Bengali and Spanish.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Practice staff were aware of the need to maintain confidentiality and patients were seated away from the desk area.

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

Examples of specific feedback received:

Source	Feedback
Comment Cards	Several patients commented that they felt respected and listened to and their privacy and dignity was respected.
Patients we spoke with	All the patients we spoke with told us they felt their dignity and privacy had been respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	7.30am to 7pm
Tuesday	7.30am to 6.30pm
Wednesday	7.30am to 6.30pm
Thursday	7.30am to 6.30pm
Friday	7.30am to 6.30pm
<p>Appointments were available throughout these times. GPs and nurses staggered their clinics to maximise cover.</p>	
<p>Extended hours opening. In addition to the early appointments each day and the late appointments on a Monday evening, the practice was working with the CCG and other local practices to provide additional appointments to minimise the summer pressures for appointments. During this period the practice offered additional appointments until 8pm. The practice staff had signed up to a rota to cover these additional times.</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	Yes
If yes, describe how this was done	
<p>All visits requested were triaged by the clinical team to ensure patients were seen in a timely manner. The practice employed an advance nurse practitioner (ANP) and an emergency care practitioner (ECP) to undertake home visits. The ANP and ECP had easy access to a GP should they need it.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16,635	245	103	42.04%	0.6%

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)	93.4%	82.4%	80.0%	Variation (positive)
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	65.0%	80.7%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	73.6%	80.3%	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)	81.5%	82.6%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Patients we spoke with	The patients we spoke with reflected that they were always able to get appointments and they could see their GP of their choice although there was sometimes a wait. They reflected that the GPs were responsive and would telephone patients and answer any questions or concerns.
Comment cards	We had several positive comments in relation to access of appointments but we did receive one comment card that was negative about getting an appointment and one card that was negative about the long wait for the telephone to be answered.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	27
Number of complaints we examined	Three
Number of complaints we examined that were satisfactorily handled in a timely way	Yes
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The practice held a comprehensive log of complaints and feedback given. They recorded verbal and written feedback and minutes of meetings and details from the log gave assurance that learning was shared with the practice team.</p> <p>We spoke with two patients who told us they had given feedback to the practice and they felt the practice had handled the issue well. We received one comment card that reported they felt the staff had been rude whilst dealing with their feedback.</p>	

Example of how quality has improved in response to complaints
<p>A patient had reported they had not been communicated with well during their consultation and had felt judged by the GP. The GP reflected on the line of questions used and amended them to prevent a similar incident happening.</p> <p>A patient felt their privacy had been compromised as she was unable to access the clinical room with their buggy. The practice assured the parent that for future appointments they will ask an appropriate member of staff (chaperone trained and DBS checked) to look after the children.</p>

Well-led

Leadership capacity and capability

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

There had been significant unplanned changes to the partnership and staffing during the previous 18 months. All practice staff we spoke with told us they had found the period of change stressful. They all told us they were happy working in the practice and the new structures had improved the environment in which they work.

The practice had made best use of technology; for example, new electronic systems had been implemented to allow staff to request and book leave easily, this could be via a mobile phone application if they wished. For patients, the practice had introduced systems to send text reminders and the ability to cancel an appointment from a text reply.

The practice had been successful in working in partnership with the Borough council resulting in the go ahead for a new purpose-built health centre. This will give the practice the opportunity to meet the demand growths of the area and to offer more services closer to the patients.

The practice staff told us they felt valued and listened to by the practice management. The partners were considerate and provided them with a good place to work but also the opportunity to socialise as well. Staff we spoke to appreciate some small gestures too; for example, chocolate at Halloween and birthday cards.

Vision and strategy

Practice Vision and values

The practice vision and aims included to provide good quality primary care services delivered in a clean, suitably equipped and safe environment. To have proactive management of patients from birth to end of life and treat patients with dignity and respect.

Culture

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

We saw evidence of an open culture through the feedback staff gave us in relation to how they reported all incidents, complaints and feedback, however minor, and that they were open about sharing their experience.

Practice staff were knowledgeable about the difficulties the practice had faced and displayed cohesive team work to address the issues and implement solutions. Practice staff were aware of the strengths and weaknesses of each other, for example the practice manager and the operational manager had different skills sets which were recognised to ensure any issues were addressed by the appropriate person.

We observed practice staff, individually and working as a team, treating patients with kindness ensuring they received appropriate advice and without delay.

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

Source	Feedback
Practice staff	Practice staff told us they found the triage system very useful for patients and they had no hesitation in asking for assistance from the clinical staff to ensure patients were managed well.
Practice staff	Staff told us they were looking forward to moving into the new building and were engaged in the development.
Practice staff	Staff told us they felt respected and valued and motivated. They appreciated the small touches such as chocolate, birthday cards and social events which the practice funded. They valued the staff newsletter which gave them information about changes in the practice and financial reward for completing all training within a given time frame.

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 an extensive range of policies and procedures available electronically. The practice was in the process of changing the electronic system to enable staff to have easy access.
Other examples	Safeguarding both children and adults, infection prevention and control, whistleblowing.
Y/N	
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

Managing risks, issues and performance

Major incident planning	Y/N
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
Reduced number of GPs	The practice reviewed the skill mix within the practice, employed other clinical staff such as advance nurse practitioners and emergency care practitioners. Other GP staff had been employed and some were joining the partnership.
	The practice reviewed the appointment structure and implemented telephone triage to ensure any patient requesting an appointment was spoken to by a clinical member of staff and where appropriate appointments were arranged. For those patients who wanted to see a specific GP they could pre-book appointments in advance.
Holiday booking and cover	The practice recognised it was important to have a system where staff could plan their leave easily ensuring sufficient cover was available in the practice. An electronic system was introduced allowing staff to access the rotas via an app on their mobile phones.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We spoke with two members of the PPG who told us the practice supported them to be critical friends and they felt the practice listened to them. The group were active in trying to recruit new members to give a better representation against the demographics of the population. The group particularly highlighted the changes and improvements seen over the past 12 months and the positive future of moving into a new building.

Any additional evidence
The practice collected feedback from patients using, Friends and friends test, social media, face to face feedback, accolades and complaints.

Continuous improvement and innovation

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

Audit area	Improvement
Diabetes-Completed Audit Cycle: Is continuing treatment with Di-Peptyl Peptidase Inhibitors (DPP4 Inhibitors) in patients with Type 2 Diabetes as per the NICE guideline?	In accordance to the NICE guideline, the Diabetes Team at St James Medical Practice had worked on strict principles to ensure cost effective as well as efficient prescribing practice and taken patients' views into consideration while reviewing medicines.
Patients on APIXABAN, completed audit cycle; are they monitored as per BNF and in Line with Therapeutic Advisory Group (TAG) Guidelines?	The practice undertook the audit to ensure all (20) patients had an alert card, attended for annual monitoring and review from a clinical member of staff appropriately trained. The first cycle showed that 25% of patients had an alert card, 60% had attended the blood test monitoring and 50% had been seen by an appropriate clinician. The second cycle (19 patients) showed the performance had improved to 100% of patients carried an alert card, 95% had attended annual monitoring and 90% had had a review by an appropriate clinician.

Any additional evidence
The practice used audit as a regular monitoring tool, other audits included those relating to minor

surgery, joint injections, prescribing and non-clinical audits such as appointment usage.

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](#)).