

Care Quality Commission

Inspection Evidence Table

Essex Lodge (1-582393811)

Inspection date: 28 August 2018

Date of data download: 07 August 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(s) of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 25 June 2018	Y
There was a record of equipment calibration	Y

Date of last calibration: 12 February 2018	
Risk assessments were in place for any storage of hazardous substances e.g. storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion: 2 July 2018	Y
Actions were identified and completed. Update due to new build premises, the amount of fire marshals was increased from two to 20.	Y
Health and safety Premises/security risk assessment? Date of last assessment:30 January 2018	Y
Health and safety risk assessment and actions. Date of last assessment: 30 January 2018	Y
Additional comments: There were no action points identified and we found arrangements were satisfactory.	
Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 3 August 2018 The practice acted on any issues identified. Example: The practice had ensured two working thermometers in all medicines refrigerators.	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

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

There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
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Information to deliver safe care and treatment

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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.52	-	0.95	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	10.4%	-	8.8%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	N
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	N
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y

If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly, and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any "No" answers:</p> <p>Patient Specific Directions (PSDs) included handwritten notes that were unclear and did not contain a prompt to ensure batch numbers or expiry dates of injectable medicines were checked and recorded.</p> <p>There was no signature for staff administering the injectable medicines or clarity on which GP had authorised them as the authorisation included a signature but no printed name. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).</p> <p>Prescriptions were stored securely and logged on delivery and when taken to consulting rooms, but there was no record of which consulting room prescriptions were taken to, so it would not be possible to track the location of missing prescriptions.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	19 Since April 2018
Number of events that required action	19

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

Event	Specific action taken
1. Errors and weaknesses in the "DNAR" (do not attempt to	Clinical staff met to discuss the issues, and for related education and training. The provider produced a new policy which was

resuscitate) process and documentation for older people at a local care home.	shared. GPs reviewed all DNAR arrangements and ensured the most responsible senior clinician (GP) would both complete and authorise patients DNAR forms.
2. A delay in issuing a prescription for a patient that resulted in an acute exacerbation of their condition and hospital attendance.	Staff met to discuss the issue and the practice implemented a new protocol for their usual 48hrs for patient's prescriptions to be waived for certain medicines.
3. Two patients with the same name mixed up by staff.	The issue was rectified to ensure both patients received correct care, treatment and documentation placed in correct file. Staff met to discuss the issue and the importance of checking all details to ensure the identity of the patient is correct as due the local demographic many patients may have the same name.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: Examples of systems in place seen included searches for patients on specific medicines and relevant checks to ensure these patients were not at risk.	

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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.50	0.37	0.83	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)	71.6%	74.2%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (28)	8.0%	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)	76.9%	81.4%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (31)	4.4%	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)	76.3%	79.9%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.6% (53)	7.5%	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	75.8%	79.8%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (10)	2.7%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, 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)	93.9%	93.4%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (4)	7.0%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	81.1%	83.4%	83.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (40)	2.7%	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)	95.4%	91.3%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) (NHS England)	116	120	96.7%	Met 95% WHO based target (significant variation positive)
The percentage of 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)	96	114	84.2%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	93	114	81.6%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	96	114	84.2%	Below 90% minimum (variation negative)

Any additional evidence or comments:

More recent data (June 2018) from the Newham Clinical Commissioning Group (CCG) showed:

- The percentage of children aged one vaccinated was 93%.

- The percentage of children aged two vaccinated was 95%.
- The percentage of children aged five vaccinated was 98%.

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 at a given point in time who were screened adequately within a specified period (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)	60.9%	64.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	55.8%	59.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46.5%	44.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	75.0%	72.8%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	54.8%	45.2%	51.6%	Comparable with other practices
Any additional evidence or comments				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 15% lower than the national average. There was no formalised system to monitor or improve the uptake of screening.				

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)	95.9%	89.6%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (5)	7.1%	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)	96.8%	93.0%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (4)	4.2%	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)	85.1%	85.1%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (1)	5.1%	6.8%	
Any additional evidence or comments				
The practices clinical exception QOF reporting data for depression was above average at 37%, compared to 27% within the CCG and 23% nationally. Staff told us this was due to provision of GP services to a local residential home where a proportion of residents had declined these elements of care.				

Monitoring care and treatment

Indicator	Practice	CCG	England
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		average	average
Overall QOF score (out of maximum 559)	547	531	539
Overall QOF exception reporting (all domains)	6.5%	5.1%	5.7%

Any additional evidence
Clinical exception QOF reporting data for heart failure was 19% compared to 8% within the CCG and 9% nationally. Staff told us this was due to provision of GP services to a local residential home where a proportion of residents had declined these elements of care.

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 any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.5%	96.8%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (22)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
CQC referral to the NHS England Medical directorate triggered an independent review of Essex Lodge new process and documentation during August 2018, NHS England Medical directorate fed back that the process and documentation had improved and was satisfactory. The number of DNAR forms in place had fallen by one third from 44 at our previous inspection to 30 at this inspection.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	15
Number of CQC comments received which were positive about the service	12
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Interviews with seven patients and CQC patient comment cards.	Patients said they were treated with kindness and compassion.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,618	350	108	30.86%	1%

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)	89.5%	-	78.9%	Comparable with 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)	87.0%	-	88.8%	Comparable with other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	96.7%	-	95.5%	Comparable with other practices
The percentage of respondents to the GP patient	82.3%	-	85.5%	Comparable with other

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)				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)	89.0%	-	91.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	90.8%	-	90.7%	Comparable with other practices

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

Date of exercise	Summary of results
July 2018	A practice Patient Satisfaction Survey of 142 patients that were surveyed over a period one month. Results showed 96% of patients found reception staff friendly and helpful.

Any additional evidence
<p>The most recent GP Patient survey results were published August 2018 from data collected 1 January 2018 to 31 March 2018. And 100 patients responded which represented 1% of the practice population. The results showed:</p> <ul style="list-style-type: none"> 82% of patients said healthcare professionals at the practice listened to them, compared to 82% within the CCG and 89% nationally. 84% of patients said healthcare professionals at the practice treated them with care and concern, compared to 80% within the CCG and 87% nationally. 91% of patients said they had confidence and trust in the healthcare professional, compared to 92% within the CCG and 96% nationally.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Practice July 2018 patient survey.	Results showed 92% of patients said GPs are good at involving them in decisions about care and felt supported by GPs; and 96% said nurses are good at involving them in decisions about care and felt supported by nurses.

Interviews with seven patients and CQC patient comment cards.	Patients views were aligned with survey results and expressed they felt involved in their care.
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National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	83.9%	-	86.4%	Comparable with 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)	79.9%	-	82.0%	Comparable with 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)	89.4%	-	89.9%	Comparable with 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)	84.3%	-	85.4%	Comparable with other practices

Any additional evidence or comments

The most recent GP Patient survey results published August 2018 showed:

- 86% of patients said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment, compared to 87% within the CCG and 93% nationally.

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

Information about support groups was available on the practice website.	Y
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Carers	Narrative
Percentage and number of carers identified	325 carers on the practice list, 3% of the list size but this was inaccurate because the practice systems for carers to identify themselves had resulted in many patients wrongly identifying themselves at the check in desk; for example, a six years old child. There were no systems to identify carers at the time of registration or after the death of a cared for person.
How the practice supports carers	For patients correctly identified as carers. <ol style="list-style-type: none"> 1. The practice has a named GP lead for carers, a named liaison manager, and a recently started carers support group, the first meeting was on 21st August 2018. 2. The practice offers advice & support to carers including carers assessment, sign-posting to appropriate services, and offering an annual seasonal influenza vaccination.
How the practice supports recently bereaved patients	Staff contacted them to offer sympathies and support. If appropriate and needed, this was followed by a patient consultation at a flexible time where the GP gave advice on how to find a support service.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff were aware of patient's confidentiality and did not speak loudly in the reception area, the area was big enough to allow patients approaching the counter not to be overheard by patients seated in the waiting area.

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

Examples of specific feedback received:

Source	Feedback
Practice July 2018 patient survey.	Of 142 patients surveyed, 96% of patients said reception staff treated them with dignity and respect and they valued patient's privacy and confidentiality.
Interviews with seven	Patient feedback was positive and aligned with the practice survey results.

patients and CQC patient comment cards.	
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Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.00am to 7.00pm
Tuesday	8.00am to 7.00pm
Wednesday	8.00am to 7.00pm
Thursday	8.00am to 6.00pm
Friday	8.00am to 7.00pm

Appointments available: 8.30am to 1.30pm and 4.00pm to 6.00pm every weekday except Thursday when afternoon surgery runs from 2.30pm to 5.00pm.

Extended hours opening: Every weekday from 8.00am to 8.30am and on Saturday from 8.00am to 10.30am.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y

If yes, describe how this was done

All requests for a home visit were assessed and prioritised by a member of the clinical team including via a telephone consultation.

Any additional evidence

The most recent GP Patient survey results were published August 2018 from data collected 1 January 2018 to 31 March 2018. Three hundred and eighty-eight surveys were sent out and 100 patients responded which represented 1% of the practice population. The results showed:

- 89% of patients said when thinking about the reason for their last general practice appointment, their needs were met, compared to 91% within the CCG and 95% nationally.
- 67% of patients said they were satisfied with the type of appointment (or appointments) they were offered, compared to 63% within the CCG and 74% nationally.

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,618	350	108	30.86%	1%

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 practice opening hours (01/01/2017 to 31/03/2017)	83.7%	-	80.0%	Comparable with 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)	89.7%	-	70.9%	Comparable with 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)	74.5%	-	75.5%	Comparable with 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)	75.8%	-	72.7%	Comparable with other practices

Any additional evidence

The most recent GP Patient survey results published August 2018 showed:

- 81% of patients said generally it is it to get through to at the practice on the phone, compared to 56% within the CCG and 70% nationally.
- 79% of patients said they were satisfied with the general practice appointment times that are available, compared to 62% within the CCG and 66% nationally.
- 68% of patients described their experience of making an appointment as good, compared to 60% within the CCG and 69% nationally.

Examples of feedback received from patients:

Source	Feedback
Interviews with seven patients and CQC patient	Nineteen of 22 patients feedback was positive, and three patients expressed difficulty getting an appointment.

comment cards.	
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received since our previous inspection 1 May 2018 (nine)	Y - nine
Number of complaints we examined	Three
Number of complaints we examined that were satisfactorily handled in a timely way	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None – see below

Any additional evidence
<p>None of the members of the Patient Participation Group (PPG) were aware of the complaints system. One of the PPG members told us they had repeatedly asked to make a complaint but were not given the opportunity to do so and they were told no manager was available and no-one got back to them.</p> <p>We received negative feedback from three patients. Two of the concerns related to the behaviour or attitude of one of the GP partners, and the other related to appointments being prioritised for private patients.</p>

Example of how quality has improved in response to complaints
<p>A temporary staff member was not invited to work at the practice again following an unsatisfactory approach to patients, and feedback was provided to the staff members employment agency.</p>

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
<p>All initial stages of the whistleblowing policy directed staff to raise their concerns in writing to a specific GP partner. The next stage if staff were not satisfied with the first outcome directed them to go to the same GP partner to find out who to escalate to. The policy then went on to advise staff if they had personally been subjected to victimisation, harassment or suffered detriment they should go to the same GP partner. Finally, if the GP partner was the subject of staff concern they should inform the GP partners immediate superior; however, there was no immediate superior. Although the final part whistleblowing policy included relevant external contacts, the initial and internal stages were ring-fenced to a specific GP partner at every stage which was inappropriate considering the nature of staff concerns and high staff turnover outside of normal HR procedures that was identified at our previous inspection 1 May 2018.</p>

One of the GP partners was the designated lead for HR, but they were not aware of or involved in a significant HR decision regarding the performance of a staff member that they did not agree with and was made by the other GP partner. This consideration was important because our 1 May 2018 inspection identified a pattern of high staff turnover with legal processes entailed for HR and other issues that had been escalated and not resolved or managed within the in-house team.

Leaders and managers described a potential new arrangement for practice staff to raise concerns to a PPG (Patient Participation Group) member as an external independent person. However, this idea was inappropriate because the function of the PPG relates to patients not staff and entails potential conflicts of interest, and no consideration had been made regarding whether the PPG member might be prepared or able to manage potentially complex or sensitive individual or group staff feedback.

Feedback from NHS England showed the practice had improved arrangements for significant events and the “DNAR” (do not attempt to resuscitate) process and documentation for older people at a local care home.

Culture

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

- There were two staff meetings to engage with staff in response to our previous findings previous inspection on 8 and 15 of August 2018. The lead GP was not present at either of these meetings.
- Feedback from staff acknowledged recent changes and improvements. Staff enjoyed working at the practice and felt they were treated equally. Staff told us management rota cover was in place to support them and they felt valued.

Governance arrangements

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

Practice specific policies	Were in place such as safeguarding, and health and safety including fire safety and infection control.
Other examples	There was a generic practice nurses job description that was undated, and there was no distinct or separate job description covering the senior practice nurse additional role duties and responsibilities. There were two versions of a healthcare assistants job description, one was dated March 2018, the other was undated and it was unclear which of these was in place or whether there was an intended grade or distinction between the two.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y

Staff trained in preparation for major incident	Y
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Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Electrical equipment safety	Portable appliance electrical safety testing and calibration
Clinical emergency	Sepsis and other clinical emergency guidance in place and understood by staff as relevant to their role.
Major event affecting business continuity	Appropriate contingency plans were in place.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
None of the members of the Patient Participation Group (PPG) were aware of the complaints system. A PPG member told us they had tried to make a complaint several times but were not given the opportunity to do so but, were told no manager was available and no-one got back to them. There were no examples of effective engagement with the PPG such as gathering feedback to consider and deliver improvements.

Any additional evidence
The practice had undertaken its own patient satisfaction survey and the results were positive.

Continuous improvement and innovation

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

Audit area	Improvement
To evaluate antibiotic prescribing in uncomplicated urinary tract infections (UTI) against updated Public Health England clinical guidelines and Newham CCG infection management guidelines.	<p>The first cycle audit data collection demonstrated 72% overall compliance with best practice guidelines.</p> <p>Agreed interventions were:</p> <ul style="list-style-type: none"> - Education and improved awareness of related best practice guidelines, to help ensure clinicians are more vigilant at ensuring appropriate prescribing in-line with recommendations.

	<ul style="list-style-type: none"> - Improve GPs access to and availability of guidelines. - Ensure clinicians are familiar with and utilising point of prescribing decision software which contains relevant alerts regarding prescribing guidelines. <p>The second cycle audit data collection demonstrated a significant improvement in the overall compliance with best practice guidelines which had increased from 72% to 88%.</p>
To audit and improve use of high intensity statins / “statins” in patients with cardiovascular disease (CVD), against the latest best practice guidance.	<p>The first cycle audit data collection demonstrated 47% of patients with established CVD were on recommended dose of high intensity statins.</p> <ul style="list-style-type: none"> - Education and improved awareness of related best practice guidelines and improve GPs access to and availability of such guidelines. - Reviewing and optimising statins as an integral part of various patient’s reviews including medicines and long-term conditions reviews. - Patients on lower than recommended statin to be actively reviewed for suitability of statin optimisation and doses increased where appropriate. <p>The second cycle audit data collection demonstrated a significant improvement in the overall compliance with best practice guidelines which had increased from 47% to 61%.</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” (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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](#)).