

Care Quality Commission

Inspection Evidence Table

Chingford Medical Practice (1-547343445)

Inspection date: 29 November 2018

Date of data download: 13 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Safety systems and processes

Source	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. They 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
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. 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
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current 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: November 2018	Y
There was a record of equipment calibration Date of last calibration: November 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion: 8 May 2018	Y
Actions were identified and completed.	Partial
Health and safety Premises/security risk assessment?	Partial
Health and safety risk assessment and actions	Partial
<p>Additional comments:</p> <p>A fire risk assessment dated 8 May 2018 identified significant risks but there was no evidence these risks had been managed and staff told this was the responsibility of the landlord.</p> <p>There were no premises, security or health and safety risk assessments.</p> <p>A legionella risk assessment was undertaken June 2018 that indicated high priority and other actions needed to be taken, but there was no evidence of follow up.</p> <p>Staff showed us a document from the premises landlord that identified risks, but the actions column was limited to a set of numbers that staff told us corresponded to job numbers. It was unclear whether or when the jobs would be completed.</p> <p>After our inspection the practice sent us evidence it had undertaken a workplace health and safety risk assessment on 29 November 2018.</p> <p>After our inspection the practice sent us evidence it had acted to improve systems to safety including fire, premises, security, legionella and infection control.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: March 2018</p> <p>The provider acted on any issues identified – Yes but not all infection control standards were maintained.</p> <p>Detail: The practice was advised to implement a medicines refrigerator servicing contract and ensure high-level surfaces were cleaned of dust following its March 2018 infection control audit. A medicines refrigerator servicing contract was in place and appropriate cleaning equipment for higher level surfaces was available; however, we found a bottle of staff drinking water in a medicines refrigerator and clothing hangers on a high-level surface curtain rail which prevented it from being cleaned effectively. Duty staff told us the rail was identified as dusty in the infection control audit and were aware staff beverages should not be in the medicines refrigerator and removed the bottle immediately.</p> <p>After our inspection the practice sent us evidence it had undertaken an infection control audit on 29 November 2018.</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	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 NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y

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
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	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	Y

managed in a timely manner.	
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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.99	0.75	0.95	Comparable with other practices
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). (01/07/2017 to 30/06/2018) (NHSBSA)	13.3%	10.2%	8.7%	Comparable with other practices

Medicine 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 PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength). There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Y
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
For remote prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC 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 The practice had a defibrillator Both were checked regularly, and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and	Y

transported in line with PHE guidance to ensure they remained safe and effective in use.	
--	--

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.	5
Number of events that required action	5

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

Event	Specific action taken
A patient with a cancer diagnosis experienced an acute medical event associated with their illness.	Staff met to discuss the issue and plan improvements. They agreed the specific diagnosis should be to be flagged up on patients notes to highlight it to clinicians to ensure awareness. The practice also arranged for clinicians to attend a study day to refresh knowledge and prevent recurrence.
A patient receiving care from an external specialist clinician relating to a long-term condition developed a related complication that was not dealt with promptly enough by the external specialist team.	Clinical staff reviewed the event and concluded there had been systemic delays including the practice not receiving notes from the specialist service. Practice staff agreed patients with the specific long term-condition and symptoms still needed review even when looked after by another team. The practice internal long-term conditions team was notified of the need to review patients, even when under specialist's care and to chase up referrals to prevent recurrence.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Partially
Comments on systems in place: Management staff received, filtered and cascaded safety alerts but follow up was inconsistent. We checked two safety alerts, the first had been followed up including searches made for applicable groups of patients and action taken to ensure safety. The second safety alert had been received, filtered and cascaded to relevant staff but there was no evidence of appropriate action taken to ensure patient safety. Staff told us searches had been made and patients followed up there was no evidence this was the case. There was a future date agreed to revisit the alert but no evidence of appropriate actions. After our inspection the practice sent us evidence it had reviewed and was improving arrangements for safety alerts.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	1.09	0.69	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 (01/04/2017 to 31/03/2018) (QOF)	84.4%	71.0%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.5% (93)	12.9%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	86.1%	76.7%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (10)	7.2%	9.8%	

Any additional evidence or comments:

The practice staff were aware the exception reporting rate was higher than average and told us they have a GP with special interest in diabetes and a specialist diabetes nurse that lead a holistic approach to patients as individuals rather than being target, and sometimes it is not appropriate to aim for blood

sugars of IFCC-HbA1c is 64 mmol/mol or less because this entails further unnecessary risks for some patients.

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 (01/04/2017 to 31/03/2018) (QOF)	82.2%	74.4%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (33)	10.9%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	72.2%	79.4%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (8)	2.5%	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 (01/04/2017 to 31/03/2018) (QOF)	90.4%	93.0%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (7)	9.1%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in	80.0%	79.9%	82.6%	Comparable

whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)				with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (18)	3.8%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	88.1%	87.0%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (7)	5.2%	6.7%	

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) (01/04/2017 to 31/03/2018)(NHS England)	95	101	94.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	87	103	84.5%	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) (01/04/2017 to 31/03/2018) (NHS England)	85	103	82.5%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	85	103	82.5%	Below 90% minimum (variation negative)
Any additional evidence or comments:				

More recent unpublished data reflecting the period 1 July 2018 to 30 September 2018 showed the practice had improved its child immunisations to 100% uptake for diphtheria, whooping cough (pertussis), tetanus, hepatitis B and Hib disease (Haemophilus influenzae type b) and pre-school age boosters.

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)	74.8%	68.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.2%	66.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	61.1%	46.9%	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%	73.8%	71.3%	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)	47.7%	47.3%	51.6%	Comparable with other practices

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.9%	90.5%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (1)	5.6%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses	87.7%	92.0%	90.0%	Comparable with other

whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (2)	4.2%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	75.6%	84.2%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	3.9%	6.6%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	4.6%	5.5%	5.8%
Any additional evidence			
QOF data from the NHS digital website showed the practice overall QOF score was 100% compared to 93% in the CCG and 96% nationally.			

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 (01/04/2017 to 31/03/2018) (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 (01/04/2017 to 31/03/2018) (QOF)	94.5%	95.6%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (10)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw several consent records for cervical screening, immunisations, and for minor surgery.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	22
Number of CQC comments received which were positive about the service	20
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
1. GP Patient Survey results.	Clinical and non-clinical staff are kind, caring and respectful.
2. Patient CQC comment cards and interviews with patients.	Patients said staff were caring and kind.
3. Survey undertaken by the practice	Of 386 respondents to the practice February 2018 survey, 51% said they found the receptionists attitude to always be polite, efficient and courteous, 35% said they found the receptionists to be calm and could see they are often under pressure, and 14% did not find receptionists very helpful.
4. NHS Choices	The practice scored 3.5 of a possible five stars for patients feeling treated with dignity and respect.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%		% of practice population
8668	334	132	39.5%		1.52%
Indicator		Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the		91.1%	82.8%	89.0%	Comparable with other practices

healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	89.6%	79.7%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.2%	92.9%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	85.6%	77.6%	83.8%	Comparable with other practices
Any additional evidence or comments: Although these percentages are statistically comparable, all are higher than both local and national averages.				
Question				Y/N
The practice carries out its own patient survey/patient feedback exercises.				Y
Date of exercise	Summary of results			
February 2018	The practice patient survey showed 97% of the 368 respondents said they were very satisfied or satisfied with care from the doctor.			

Examples of feedback received:

Source	Feedback
1. GP Patient Survey results.	Patients are involved in their care though being listened to and options explained.
2. Patient CQC comment cards and interviews with patients	Patients said staff were professional and that they were confident about the care they received.
3. NHS Choices	The practice scored 3.5 of a possible five stars for patients feeling involvement in their care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to	93.7%	90.2%	93.5%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
Question				Y/N
Interpretation services were available for patients who did not have English as a first language.				Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.				Y
Information leaflets were available in easy read format.				Y
Information about support groups was available on the practice website.				Y

Carers	Narrative
Percentage and number of carers identified	The practice register of all people who are carers is 233 patients, 3% of the practice list size.
How the practice supports carers	The practice offered health checks for carers and signposted them to Waltham Forest Carers UK for additional and support.
How the practice supports recently bereaved patients	Staff sent them a sympathy card. Where appropriate/ desired a patient consultation at a flexible time and location to meet the family's needs. By giving the patient 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	Computer screens were not visible to patients in the queue, staff awareness of offering a private space if necessary, use of NHS login cards, and documents were promptly filed. We observed the practice had there was a queuing barrier at the reception counter, so patients were welcomes and heard privately and individually.

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

Source	Feedback
Comment cards	Patients indicated privacy and dignity are respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am to 7.30pm – telephone lines close at 6.30pm
Tuesday	8.30am to 7.30pm – telephone lines close at 6.30pm
Wednesday	8.30am to 7.30pm – telephone lines close at 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
Appointments available	
Monday	9am to 12pm and 3.30pm to 7.30pm
Tuesday	9am to 11am and 3.30pm to 7.30pm
Wednesday	7.30am to 11am and 3.30pm to 7.30pm
Thursday	9am to 11am. No pm clinics, the surgery is open until 6.30pm.
Friday	9am to 10.50am and 3.30pm to 6pm
Extended hours opening: Mondays, Tuesdays and Wednesdays 6.30pm to 7.30pm, and Wednesdays 7.30am to 8.30am.	
Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>Reception staff were aware of circumstances requiring a home visit such as physical frailty and cognitive impairment and circumstances requiring urgent attention such as a heart attack.</p> <p>GPs were available including for home visits or telephone assessment where necessary.</p> <p>Staff knew when an ambulance would be most appropriate for patients experiencing a clinical emergency.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%		% of practice population
8668	334	132	39.5%		1.52%
Indicator		Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs		98.2%	92.3%	94.8%	Comparable with other practices

were met (01/01/2018 to 31/03/2018)				
-------------------------------------	--	--	--	--

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	60.5%	61.4%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	69.2%	63.7%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	76.0%	65.2%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	75.0%	69.8%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
1. GP Patient Survey results	Was in line with local and national averages for patient's access.
2. Patient CQC comment cards and interviews with patients.	Feedback demonstrated that patients were satisfied with current arrangements and that had improved recently for telephone and online access.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	10
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
Example of how quality has improved in response to complaints	
Staff have met with patients to improve patients understanding of ways to access appointments by showing and explaining how to make best use of the appointments system.	

Well-led

Leadership capacity and capability

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

The GPs and clinical staff had active roles both within the practice and externally in conjunction with the local health services and commissioners.

Practice management and nursing staff attended local professional development and information sharing meetings with peers in the CCG.

There was a leadership and management structure in place. Staff were generally aware of the risks and challenges except for some safety issues that staff began to address on the day of our inspection and immediately afterwards.

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

The practice followed an ethos of upskilling and education influencing the quality of care afforded to all patient groups. Practice staff confirmed they wanted to do all they could to ensure patients had the right care when they needed it most. Staff were able to articulate the values and priorities of the practice.

Vision and strategy

Practice Vision and values

The practice followed an ethos of upskilling and education influencing the quality of care afforded to all patient groups. Practice staff confirmed they wanted to do all they could to ensure patients had the right care when they needed it most. Staff were able to articulate the values and priorities of the practice.

Culture

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

Source	Feedback
A range of non-clinical and clinical staff.	Staff felt it was a friendly, professional and happy place to work. The receptionists informed us that the practice manager and GPs were very supportive.
Open door policy.	Encouraged openness and support for staff across all roles to approach and discuss any issues with leaders and managers.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff	To provide patients with a copy of any document they hand in to staff marked with

	the staff members initials, so it can be audited if it goes missing. Staff then scan on the original and send to the GP or action as needed.
--	--

Source	Example
Complaints	The practice made improvements to patient's education on how best to the appointments system in response to a patient complaint.
Significant events	Examples we reviewed showed the practice had apologised and been open and honest with patients when things had gone wrong, as well improving systems and processes as a result.

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff	Flexible working arrangements.
Staff	Protected learning time.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff	Regular team outings and social events.
Staff	Opportunities for progression and development within the team/ role for example practice nurses and non-clinical staff.

Examples of actions to improve quality in past 2 years

Area	Impact
Staffing	Recruitment and retention on key staff both clinical and non-clinical to maintain and improve high quality care and access.
Equipment	The practice implemented a medicines refrigerator servicing contract.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events.	There were a variety of meetings where staff discussed complaints and significant events. We saw there was learning and improvement as a result of complaints and significant events, but no meetings had a standing agenda or method to ensure actions agreed were followed up, or to ensure relevant information would be disseminated to relevant staff where needed.
Practice specific policies	In place via shared desktop folder and hard copy.
Other examples	Regular multidisciplinary meetings.
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 plan in place	Y
Staff trained in preparation for major incident	Y

Any additional evidence
There was no health and safety risk assessment or evidence identified legionella and fire risks were appropriately managed. Staff told us this was the responsibility of the landlord and after our inspection staff undertook a health and safety risk assessment and prompted the landlord to address

identified risks.

There were no records of when chaperones were offered and declined on patient's cervical screening notes.

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Control of substances hazardous to health (COSHH)	There was evidence of COSHH such as cleaning chemicals were safely stored, and related safety information was available.
Infection Control	Audit with related actions undertaken.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails. The practice notified commissioners and the CQC when it was flooded.	Y

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Clinical staff	Internal and locality meetings.	The practice was aware of and provided its services in line with local needs and in line with best practice guidelines.
Staff	Social events and outings	A cohesive and caring staff team that felt motivated and supported.

Feedback from Patient Participation Group;

Feedback

The PPG were complimentary about the practice and its staff and told us there was a positive and proactive partnership working relationship with activities including regular meetings and fundraising.

Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
Patients newsletter produced in conjunction with the PPG.	Patients up to date with practice news and developments and represented via the PPG.
Charity coffee morning and diabetes awareness day at the practice.	Fundraising for good causes and informal networking/ relationship building for staff and patients including PPG members and members of the public. Health promotion via a practice diabetes awareness event.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice highlighted weaknesses in local systems for patients test results.	Practice staff noted certain blood test results were not being returned from the lab to the practice. Through discussion a visit was arranged with the lab and the PPG chair and the practice Diabetic Specialist Nurse. Specific problems were identified and highlighted, and new lab systems were put in place which resulted in a better service.
Testing new documents handling quality improvement scheme.	To improve documents handling efficiency, maximise staff well-being and free up clinical staff to improve patient outcomes. The practice had started to develop and test this approach and had implemented appropriate risk and quality controls and clinical staff oversight.

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

Audit area	Impact
To ensure prescribing of broad spectrum antibiotics is in line with guidelines.	In the first audit cycle, 57 prescriptions for broad spectrum antibiotics were issued over a month period and 27 (47%) were found to not be appropriate. This issue was discussed at a clinical meeting, updated guidelines were installed on all PCs and a shortcut on the desktop. Clinicians agreed to document the reasons for any occasion when prescribing outside best practice guidelines and reviewed patients on long term antibiotics for urinary tract infections. In the second audit cycle, the amount of prescriptions issued for broad spectrum antibiotics had reduced to 31 over a month period which represented a 46% decrease; and of these 11 (35%) were found to not be appropriate which was a 12% decrease in the proportion of inappropriate prescriptions and a 59% decrease in total number of inappropriate prescriptions.
To evaluate and improve care for patients with Coeliac Disease	In the first audit cycle, 14 applicable patient's records were reviewed to ensure they had specific and appropriate clinical assessment and treatments, including two specific vaccines. In the first audit cycle two of 14 patients (14%) had received the first a specific vaccine, and nine of 14 patients (64%) had received the second specific vaccine. Staff met to discuss the results and launched a campaign to improve patients with coeliac uptake of the two vaccines. In the second cycle audit improvements had been made; 9 of 16 patients (56%) had received the first the specific vaccine, and 10 nine of 16 patients (63%) had received the second specific vaccine.

Any additional evidence

The practice had undertaken four further single cycle audits for differing specific groups of patients, improvement actions had been implemented and second re-audit cycles were planned for all four audits between December 2018 and October 2019 to monitor and deliver improvements.

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](#)).