

Care Quality Commission

Inspection Evidence Table

Lower Farm Health Centre (1-3310522379)

Inspection date: 4 September 2018

Date of data download: 21 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 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
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes August 18
There was a record of equipment calibration Date of last calibration:	Yes June 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes April 2018
Actions were identified and completed. All outstanding actions completed and documented on report.	
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes May 2018
Health and safety risk assessment and actions Date of last assessment:	Yes May 2018
Additional comments:	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: 93% score	Yes Nov 2017 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Any additional evidence

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:	
All referrals were peer reviewed on a weekly basis and feedback provided to the practice if additional information was required or the referral was not appropriate.	

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)	0.96	1.01	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). (01/04/2017 to 31/03/2018) (NHSBSA)	4.1%	5.3%	8.8%	Variation (positive)

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 (CDAO).	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.	NA
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes

Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Any additional evidence or comments:</p> <p>Practice staff had access to an online portal for raising concerns around controlled drugs. The practice was aware of the CDAO and the contact details were in the Controlled Drugs Policy.</p> <p>The practice had signed up to the Clinical Practice Research Datalink (CPRD), which sent reports of patients who may be on certain medicines with contraindications who needed to be reviewed. For example, patients with heart failure who may be prescribed non-steroidal anti-inflammatory drugs. The GP and practice pharmacist reviewed these patients and made adjustments to their medicines as appropriate.</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.	10
Number of events that required action	10

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

Event	Specific action taken
The practice had been notified by a local hospital that a letter the hospital had sent to the practice about one of their patients contained incorrect information.	The error originated from the local hospital. Following the telephone call, staff removed the letter from the patient's notes. The incident was discussed in the practice meeting.
A letter from a specialist was coded incorrectly under the wrong specialism in a patient's notes. This resulted in a delay in treatment.	The practice administrator amended the coding for the scanned documents so they were recorded under the correct specialism. They checked to see if the referral had been made by the specialist at the time of the original appointment, and found that it had not. A referral was made and the practice administrator arranged a choose and book appointment for the patient.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>The practice pharmacist managed the safety alerts received at the practice. All alerts were logged on a spreadsheet, which included an electronic link to the alert. The spreadsheet recorded the date of the search, details of the patients, the action taken and the outcome. All relevant alerts were discussed at clinical meetings. We looked at how the practice had managed two recent medicine alerts and found that both had been managed appropriately.</p>	

Any additional evidence
<p>Staff worked across both practices operated by Dr Lodhi. We saw that significant events from both practices were discussed at practice meetings and the learning shared with all members of staff. This ensured consistency across both practices.</p>

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) <small>(NHSBSA)</small>	0.57	0.80	0.84	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) <small>(QOF)</small>	75.9%	80.4%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 2.9% (4)	CCG Exception rate 9.9%	England Exception rate 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) <small>(QOF)</small>	69.5%	79.6%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 4.4% (6)	CCG Exception rate 6.2%	England Exception rate 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)	75.2%	81.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (4)	9.5%	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)	80.0%	76.9%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (3)	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 (01/04/2016 to 31/03/2017) (QOF)	93.6%	90.5%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (2)	8.0%	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)	75.6%	84.0%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (3)	2.5%	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)	72.7%	88.0%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (2)	5.6%	8.2%	

Any additional evidence or comments

The practice was taking part in the National Diabetes Prevention Programme.

The practice had not declared their QOF figures for 2017/18 as a small number of patients were still registered under the previous GP's name. The unverified figures showed improvements. For example:

- 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 was 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 87.5%.
- 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 was 100%.
- 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 was 88.4%.

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)	17	20	85.0%	Below 90% minimum (variation negative)
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)	10	12	83.3%	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)	11	12	91.7%	Met 90% minimum (no variation)
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)	11	12	91.7%	Met 90% minimum (no variation)

Any additional evidence or comments

A member of the clinical team was responsible for reviewing the uptake of childhood immunisations and identifying non-attendees. Monthly searches were carried out and all children due or overdue immunisations were identified, contacted and appointments made. Those children whose parents / guardians had declined the immunisations were clearly identified. Any issues regarding childhood immunisations were also discussed with the locality health visitor for children under 5 years and with the school nurse if older.

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)	79.6%	71.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.1%	68.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	60.8%	48.2%	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)	50.0%	75.3%	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)	0.0%	44.1%	51.6%	Significant Variation (negative)
<p>Any additional evidence or comments</p> <p>The specialist nurse employed by the clinical commission group supported the practice with cervical screening. There was a system in place to follow up non- attendees.</p> <p>We saw that the practice recorded all two week wait referrals. This included details of when the referral was made and the outcome.</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)	95.0%	91.5%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.0% (3)	6.3%	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)	95.0%	93.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.0% (3)	5.0%	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)	100.0%	84.5%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (1)	5.4%	6.8%	
Any additional evidence or comments				
<p>The practice had not declared their QOF figures for 2017/18 as a small number of patients were still registered under the previous GP's name. The unverified figures were similar to the previous year. For example:</p> <p>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 was 93%.</p>				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545	539	539
Overall QOF exception reporting (all domains)	3.4%	5.1%	5.7%

Any additional evidence or comments

The practice had not declared their QOF figures for 2017/18 as a small number of patients were still registered under the previous GP's name. The unverified figures showed an overall scored of 559.

The practice had a strategy for monitoring patients with long term conditions. The practice had identified how many patients were in each category and planned the reviews to be carried out between May and December. This strategy allowed time for patients who had not attended for their review as planned to be invited for their review between January and March. The practice also carried out opportunistic reviews for those patients who didn't attend when invited. Staff told us that the coding for exception reporting was completed at the end of QOF year (March).

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)	95.4%	97.1%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (2)	0.3%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinical staff were aware of Gillick competences when dealing with consent for children and considered the mental capacity of patients who may lack capacity. The electronic patient record was used for recording consent for childhood immunisations and this was also recorded in the immunisation 'red book' held by the parent/guardian.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	14
Number of CQC comments received which were positive about the service	11
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
Comment Cards	<p>Patients commented about being treated with respect and staff being helpful, understanding and courteous.</p> <p>Three patients commented that the service had improved following the change in provider, and although the service had taken some time to settle down, it was now working well.</p>
NHS Choices	<p>Five comments have been posted since the previous inspection and the practice has replied to each one. Three out of the five comments were positive about the service provided. The negative comments made reference to the attitude of staff.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
1772	271	118	43.54%	7%

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)	41.0%	72.6%	78.9%	Variation (negative)
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)	72.1%	85.2%	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)	81.7%	93.6%	95.5%	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 treating them with care and concern (01/01/2017 to 31/03/2017)	72.4%	82.0%	85.5%	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 listening to them (01/01/2017 to 31/03/2017)	88.3%	91.4%	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)	84.3%	90.6%	90.7%	Comparable with other practices

Any additional evidence or comments

The GP survey results for the period of January to March 2018 were published in August 2018. The percentage of the practice population that responded to the survey was approximately 5%. The results were not directly comparable to the 2017 survey results. However, the 2018 GP survey results demonstrated improvements in a number of areas.

- 86% of respondents said that healthcare professional they saw or spoke with was good at listening to them during their last general practice appointment, compared to CCG average of 86% and the national average of 89%.
- 80% of respondents said that healthcare professional they saw or spoke with was good at treating them with care and concern during their last general practice appointment, compared to CCG average of 85% and the national average of 87%.
- 94% of respondents had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment, compared to CCG average of 95% and the national average of 96%.
- 72% of respondents described their overall experience of this GP practice as good, compared to CCG average of 81% and the national average of 84%.

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

Date of exercise	Summary of results

Any additional evidence

The practice had reviewed the GP survey results and developed an action plan to address the areas where patient satisfaction was below average. The practice planned to carry out an in-house survey to further explore patient views regarding appointments.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with one person on the day of the inspection. They told us the practice had become more proactive in advising patients of what services were available to them. For example, the practice had contacted the patient to inform them that they were eligible for a vaccine and offered to make an appointment for them.

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)	64.6%	83.5%	86.4%	Variation (negative)
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)	66.4%	79.0%	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)	83.8%	90.8%	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)	75.9%	86.1%	85.4%	Comparable with other practices

Any additional evidence or comments

The GP survey results for the period of January to March 2018 were published in August 2018. The results were not directly comparable to the 2017 survey results. The percentage of the practice population that responded to the survey was approximately 5%. However, the 2018 GP survey results demonstrated improvements in a number of areas.

- 91% of respondents 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 CCG average of 91% and the national average of 93%.

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	The practice had identified 22 patients who were also carers (1.25% of the practice population).
How the practice supports carers	<p>The practice prioritised carers for appointments and call backs. Carers were also offered annual flu vaccinations.</p> <p>The practice supported carers by signposting them to the Walsall Carers service. Face to face reviews were available for advice on support and services available. Regular meetings at the practice were arranged, with the next meeting planned for 12 September 2018.</p>
How the practice supports recently bereaved patients	The practice sent cards of condolence to bereaved relatives. The GP attended the patient's funeral whenever possible. Relatives were supported through appointments with the GP or signposting to appropriate support services.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The seating for patients was set back from the reception desk. The reception desk / administration office was screened off from the waiting room and staff opened the screen to attend to patients.

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	Patients commented that they were treated with privacy and dignity and staff were considerate when dealing with specific conditions or anxieties.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30 am to 6 pm
Tuesday	8.30 am to 6 pm
Wednesday	8.30 am to 6 pm
Thursday	8.30 am to 1 pm
Friday	8.30 am to 6 pm

Appointments available	
GP appointments	9 am to 12 noon Monday to Friday 3 pm to 6 pm Monday to Wednesday and Friday
Nurse practitioner appointments	3.30 pm to 5 pm Monday 9 am to 5 pm Wednesday 9.30 am to 5 pm Friday
Health care assistant appointments	9 am to 12.30 pm Tuesday 9 am to 5 pm Wednesday and Friday

The telephone lines were open from 8.30 am to 12.30 pm, and 3.30 pm until 5.30 pm Monday to Wednesday and Friday and from 8.30 am until 13:30 pm on Thursday.

When the telephones were not answered by practice staff during core hours (8 am to 8.30 am, 12.30 pm to 3.30 pm, 5.30 pm to 6.30 pm Monday to Wednesday and Friday, and 8 am to 8.30 am and 12.30 pm to 6.30 pm Thursday), WALDOC provided a call handling service.

In the out of hours period between 6.30 pm and 8.30 am on weekdays and all weekends and bank holidays the service was provided through the NHS 111 service.

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

All requests for home visits were placed on the triage list and the GP contacted the patient to discuss the reasons for the visit and if appropriate, confirm an approximate time for the visit. Reception staff told us that they would message the GP if they had any concerns regarding a patient, so they could contact them at the earliest opportunity.

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
1772	271	118	43.54%	7%

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)	67.5%	77.1%	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)	74.7%	70.4%	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)	63.5%	69.8%	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)	65.8%	71.2%	72.7%	Comparable with other practices

Any additional evidence or comments

The GP survey results for the period of January to March 2018 were published in August 2018. The results were not directly comparable to the 2017 survey results. The percentage of the practice population that responded to the survey was approximately 5%. The 2018 GP survey results indicated that patients continued to express dissatisfaction with the practice in relation to access to care and treatment.

- 94% of respondents said they felt their needs were met during their last general practice appointment, compared to the CCG average of 94% and the national average of 95%.
- 86% of respondents said they found it easy to get through to this GP practice by phone, compared to the CCG average of 71% and the national average of 70%.
- 51% of respondents said they were satisfied with the general practice appointment times available, compared to the CCG average of 65% and the national average of 66%.
- 60% of respondents said they were satisfied with the type of appointment they were offered, compared to the CCG average of 71% and the national average of 74%.
- 56% of respondents described their experience of making an appointment as good, compared to the CCG average of 67% and the national average of 69%.

The practice had reviewed the GP survey results and developed an action plan to address the areas where patient satisfaction was below average. The practice planned to carry out an in-house survey to further explore patient views regarding appointments.

The practice had invested in a new telephone system which monitored call traffic and recorded all calls. The practice had reviewed the call traffic data to identify where demand was high and had adjusted staffing accordingly. The demand could also be monitored in real time and administrative staff were diverted from other duties if calls were waiting to be answered.

The GP told us they reviewed the calls periodically to assess how reception staff managed requests for appointments. They told us feedback was given to staff individually when it was identified they could have handled the call differently. The GP also told us that if a patient informed him during the consultation they had difficulties obtaining an appointment or getting through to the practice, he would listen to the recording at the time and provide feedback to the patient.

Examples of feedback received from patients:

Source	Feedback
Comment cards	Two patients commented that appointments often run late, although one patient clarified this by saying that 10 minutes was not enough time the GP to treat people.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice complaints leaflet provided patients with information on to make a complaint and any next steps they may choose to take following a complaint investigation.	

Example of how quality has improved in response to complaints
The practice had invested in a new telephone system, which enabled call traffic to be monitored and all calls to be recorded. This enabled staff to review calls for training purposes and to manage any conflict regarding access.

Any additional evidence
Staff told us they would try and resolve any issues or concerns as they arose. They told us verbal complaints were recorded and the information passed on to the practice manager. All complaints were discussed at the practice meeting.

Well-led

Leadership capacity and capability

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

The practice had a clear management structure and each member of staff had been allocated clear roles and responsibilities. The practice used clinical and non-clinical audits to drive clinical service improvements. These included clinical audits relating to medicines, and non-clinical audits monitoring the nursing service and incoming call traffic.

The practice had introduced a strategy for monitoring patients with long term conditions. Clinical staff told us this enabled them to ensure patients were identified and called in for their reviews in a structured way throughout the year, with time built in between January and March to review any patients who had not been reviewed earlier in the year.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice had a vision to reduce the health inequality and inequalities in the patient population that we serve. This was supported by a mission statement: to be an organisation that serves the vision; strives to achieve the highest organisational and clinical standards; follows the CCG's plans; partners with other agencies inside and outside NHS and bridges the gap between health and social care at patients' level.

Culture

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

The practice held regular meetings with the community matrons, community nurses and palliative care team to discuss vulnerable patients and those with palliative care needs.

The patients listened to patients and staff and implemented changes by reviewing their telephone system and appointments.

There were governance processes in place, such as significant events and complaints, which were shared within the practice so all could learn from these events.

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

Source	Feedback
Interviews with	Staff told us they felt able to raise any concerns or issues with the management

staff	team and that management were approachable and supportive.
Interviews with staff	A member of staff told us a folder system had been introduced for referrals, new registrations, scanning and information for the GPs, following a suggestion on how to manage paperwork effectively in the reception area.
Interviews with staff	The practice had reviewed the length of the practice nurse and health care assistant appointments for long term condition reviews to ensure sufficient time was allocated. For multiple reviews the times were added together.

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Strategy for monitoring of Chronic Diseases including clinical targets
Other examples	New telephone system policy Managing Pathology Reports Policy
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
<p>The practice held meetings to discuss incidents and events, complaints and governance issues of which there were minutes available for staff to access.</p> <p>Other meetings held included:</p> <ul style="list-style-type: none"> • Daily meetings between the GP and reception staff to discuss the triage list and prioritise appointments and home visits. • End of life palliative care meetings. • Multidisciplinary meetings with the community nursing teams. • PPG meetings. • Appraisals and revalidation.

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
Infection prevention and control (IPC) audits	The practice had an independent IPC audit and completed an action plan to address all the issues identified.
Fire Drills	Fire drills had been completed and documented. The practice staff completed fire safety training. Training for fire marshals had been provided.

Any additional evidence

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We spoke with a member of the PPG. They told us the PPG was still in the early stages of development and only two meetings had been held.

Any additional evidence
The practice recognised that the PPG needed to be developed and additional members recruited. Two meetings have been held since the practice was registered to the current provider. The practice was trying to recruit additional members to join the PPG due to the low numbers. Information about the PPG and minutes from the meeting held in February 2017 were on display.

Continuous improvement and innovation

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

Audit area	Improvement
The management diabetic patients by looking at HbA1C control (By measuring glycated haemoglobin (HbA1c), clinicians are able to get an overall picture of what our average blood sugar levels have been over a period of weeks/months.)	<p>The original audit took place in July 2017. Three further audits were carried out in December 2016, June 2017 and July 2018. The purpose of the audit was to assess the current level of care of diabetic patients by looking at HbA1C control over the last 12 months with an aim to see if this can be improved.</p> <p>The first audit highlighted that only 56% of patients had achieved HbA1C below 59mmol/mol in the last 12 months. The audit also highlighted that 13% of patients have not had their HbA1C checked in the last 12 months.</p> <p>The second audit highlighted a slight improvement as 60% of patients had achieved HbA1C below 59mmol/mol in the last 12 months. However, the number of patients who had not had their HbA1C checked had increased.</p> <p>The third and fourth audits demonstrated improvements as more patients had achieved HbA1C below 59mmol/mol in the last 12 months. In addition the number of patients who had not had their</p>

	HbA1C checked had decreased to 4%.
The monitoring of patients with chronic kidney disease (CKD).	<p>The original audit took place in December 2017, with a follow up audit in June 2018. The aim of the audit was to ensure patients with CKD had their kidney function monitored in line with best practice guidelines.</p> <p>The audit highlighted 61 patients on the CKD register, of which 8 patients had not had their renal function checked in line with the guidance. Specific actions were undertaken to address this shortfall.</p> <p>The second audit demonstrated improvements as all patients on the register had their renal function checked in line with the guidance.</p>

Any additional evidence
<p>Summary of the audits completed by the practice:</p> <p>Cervical cytology (ongoing) and including inadequate results</p> <p>Cold chain audits</p> <p>Gestational diabetes audit</p> <p>Anticoagulant and Antiplatelet Audit</p> <p>Urine Albumin/Creatinine ratio (ACR) audit</p> <p>Vaccine audits</p> <p>Medication expiry date audits</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
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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](#)).