

# Care Quality Commission

## Inspection Evidence Table

### Aughton Surgery (1-557968973)

Inspection date: 7<sup>th</sup> August 2018

Date of data download: 31 July 2018

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

## Responsive

### Responding to and meeting people's needs

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

Appointments available	
Monday, Wednesday, Thursday and Friday 8.30am-5.45pm	Tuesday 8.30am-7.45pm
Extended hours opening	
Tuesday	6.30-8pm

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	
Reception staff took the relevant information from the caller and checked patient records regarding their needs including mobility. They asked, if appropriate, whether the patient could attend the surgery in a taxi. They then presented this information to the GP(s) doing the home visit list. The GP telephoned the patient to assess the urgency of the need for medical attention.	

## Timely access to the service

### National GP Survey results (2017)

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,991	244	118	48.36%	2%

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)	83.1%	75.6%	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)	76.9%	71.3%	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)	86.9%	74.8%	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)	86.1%	71.9%	72.7%	Comparable with other practices

### Examples of feedback received from patients:

Source	Feedback
Patient Interviews	The three patients we spoke with told us of the difficulties of getting through to the practice by telephone. Two stated they did not wish to share their clinical details with reception staff. However, they stated that urgent appointments were available, if not the same day, the day after.
Comments Cards	Of the 37 cards received 9 respondents referred to their experience of making appointments. Two said they were dealt with promptly and had no issues with appointments, three stated they could get urgent appointments on the day but three commented it could be a long wait for a routine appointment. One patient referred to problems with telephone access. All commented that reception staff were pleasant and helpful.
NHS Choices	Two of five comments on NHS Choices referred to difficulties in making appointments. Practice staff had not responded to this feedback.

Complaint	A recent complainant referred to a 3 week wait for an appointment for a non-routine matter and limited access to appointments after 5pm. This complaint was under investigation at the time of the inspection.
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## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	10
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
<b>Additional comments:</b>	
<p>We saw that practice staff provided a timely response to complainants, apologies were offered and advice was taken from external bodies such as the Local Medical Council, when appropriate.</p> <p>We saw a complaints policy which was followed by staff and accessible information for patients about the complaints process.</p>	

Example of how quality has improved in response to complaints
<p>In response to complaints about access to appointments the PPG had recently supported the practice to undertake a survey of patient views. Results of the survey were being analysed at the time of the inspection but access to appointments was highlighted as an issue. Practice staff planned to discuss the results at the next staff meeting and with the PPG and would draw up an action plan. This would be shared with patients on the practice website and in the waiting room.</p>

# Well-led

## Leadership capacity and capability

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

Practice staff felt they were led by approachable, accessible leaders who motivated them in their work and gave praise for good performance. They encouraged staff to develop and provided mentorship for example to the advanced nurse practitioner (ANP) whilst gaining their prescribing qualification. We observed that they were knowledgeable about the needs of their patients, the challenges they faced and the evolving local needs. The practice had responded to the widespread difficulties in recruiting suitable GP's by changing the skill mix of the practice team with the addition of an ANP and a clinical pharmacist. The ANP had worked for the practice for 12 months as a locum and was pleased to have been offered a permanent contract for the future. These initiatives demonstrated careful professional judgement, innovation and good staff management.

### Any additional evidence

We noted patient views expressed in the comments cards we received which included leaders provided a very effective way of management.

## Vision and strategy

### Practice Vision and values

The practice mission statement was "To provide an appropriate and rewarding experience for our patients whenever they need our support". The core values were openness, fairness, respect, trust and accountability. Practice staff told us they prided themselves on providing high quality care in a traditional family practice setting.

## Culture

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

The patients we spoke with and the comments cards we received told us practice staff "went the extra mile" for them. For example, stating staff always listened and were prepared to spend time with them and staff had gone out of their way to give the best help and support. The service provided was described as very good, fabulous, first class or excellent by 24 out of 37 respondents. Reception staff worked additional hours to cover the opening hours while they were not fully staffed. All staff we spoke with were positive about the working environment and wanted patients' needs to be met.

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

Source	Feedback
Staff Interviews	Staff told us they were supported in their professional development and encouraged to attend learning events and forums to share good practice. They all told us they had annual appraisals which were helpful and supportive. We were told the practice was a team environment and everyone worked well together. They said the practice was a lovely place to work and they felt well looked after for example if they childcare issues.
Clinical Staff	Those interviewed told us the GPs were always available for advice or a second

interviews	opinion and were very approachable. They had no concerns about asking questions or raising issues. Staff said they had the time, support and help to deliver good quality care.
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## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	We saw a good range of policies which were regularly reviewed and updated. A Telephone Policy had been produced specifically to respond to feedback about telephone access and the response of receptionists.
Other examples	Practice GPs and the practice manager met weekly to review performance, plan changes, discuss complaints and serious incidents. Other clinical staff attended these meetings by invitation according to the topics being discussed. The practice manager minuted these meetings and these were shared with all staff. Administrative staff met at lunchtime once a week and communication also occurred by email, by tasks sent on the practice's electronic system and when they discussed new protocols.
Y/N	
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
Staff told us they had open access to the practice manager and GPs who made it clear that nothing was too much trouble. They felt that all of the team took their responsibilities seriously and nothing was ever left for someone else to do.

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

### Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Patient access to appointments	Staff were aware that patients waited up to three weeks for a routine appointment. The practice manager reviewed access daily suggesting how appointments could be opened up if necessary. An ANP and a clinical pharmacist provide additional appointments. Clear information was on display in the reception area regarding the extended access service provided by the practice on Tuesday evening and the Extended Access service delivered by the local Federation. We heard reception staff discussing all appointment options with patients on the telephone. A text messaging system had been introduced to remind patients to

	attend appointments and try to reduce patients failing to attend. A notice in reception advised patients how many people failed to attend and the lost appointments this caused. A survey had been completed recently and the results were to be discussed imminently and an action plan drawn up.
Carpets in clinical rooms	The practice had identified carpets in clinical rooms as a potential infection control risk. Staff had considered replacing the floors, however there was uncertainty about the long-term future of the building which reduced the value of the financial commitment.

### 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
<p>We met two members of the Patient Participation Group (PPG) who told us the group had been meeting for 12 months and were beginning to find their role in working with the practice. There were six members and they were trying to recruit more by promoting the group's work in the reception area and via the recent survey. They were aware that the group did not represent the locality, in particular in age range. The PPG met every 3-4 months and were currently focussing on the results of the survey and supporting the practice to improve the décor and information display in the reception area. We saw letters of support from the district nursing team and the palliative care team expressing their appreciation regarding the close joint working they carried out with the practice. Staff told us they enjoyed working at the practice, however the full staff team rarely met together to discuss priorities and concerns.</p>
Any additional evidence
<p>The practice engaged regularly with the local Care Commissioning Group. The CCG medicines management team supported with prescribing and local initiatives. They were part of the NHS England pilot to employ a GP based clinical pharmacist who supported the GPs with hospital discharges, patient medication queries, compliance problems and patients with multiple diagnoses. The practice bid successfully for CCG monies to enhance care for patients aged over 75, visited care homes and those who were vulnerable to establish a care plan and avoid hospital admission. The health care assistant visited patients aged over 75 in their home enabling assessment both socially and medically and signposting them to relevant services. The practice also engaged with the Locality group of other local practices and an ANP was to be appointed to establish a proactive visiting scheme and visits for urgent care. Multidisciplinary meetings were held every 4-6 weeks involving the GPs and practice nurse, palliative care team, community matron, community cardiac nurse, district nurses, and a member of the Wellbeing service to discuss patients on their caseload and any patients expected to be discharged home. Staff told us this was a successful integrated approach to care. The practice safeguarding lead met with the health visitor four times each year to discuss patients and families about whom they had concerns.</p>

The midwife held a weekly clinic at the practice and discussed any concerns with the GPs following the clinic.

## Continuous improvement and innovation

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

Audit area	Improvement
Ear Infections in under 18's	The numbers of antibiotics prescribed had dropped from 71% of the sample to 53% of the sample. GP awareness had been raised regarding the risk of parental pressure to prescribe and the practice had liaised with the Out of Hours service regarding best practice.
Prescription of Bisphosphonates (used to treat patients with poor bone density) for a period exceeding 5 years	Following concerns about side effects 26 patients had been reviewed by a GP and the clinical pharmacist. The medicines were withdrawn from 16 patients, 4 patients received further tests or a second opinion and 5 patients continued with their prescription. A further 11 patients were scheduled for a review and patients who had received the medicine for 3-5 years were to be included, initially focussing on the frail elderly.

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 practice's 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