

Care Quality Commission

Inspection Evidence Table

VH Doctors Ltd - Purfleet Care Centre (1-619613982)

Inspection date: 30 July 2018

Date of data download: 23 July 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 16/07/18
There was a record of equipment calibration Date of last calibration:	Yes 16/07/18
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	No*
Fire drills and logs	Yes
Fire alarm checks - weekly	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 16/07/18
Actions were identified and completed: <ul style="list-style-type: none"> • **Actions highlighted within the risk assessment were reported to NHS property services however the actions had not been completed. 	**Partially
Additional observations: <ul style="list-style-type: none"> • *Fire extinguisher checks were due to be renewed at the end of the month but they had not been organised. 	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 20/12/17
Health and safety risk assessment and actions Date of last assessment:	Yes 10/05/18
Additional comments: We reviewed the practices Legionella risk assessment conducted February 2018 and found that some actions required had not been completed. For example, remedial actions from previous assessment not completed, infrequently used facilities was identified, flexible pipework was in use, significant sediment accumulation to internal surfaces were found. Evidence of improvement had not been seen	

during the inspection. The practice had reported issues to NHS property services who own the premises and was waiting for actions to be completed.

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified</p> <p>Detail: There were nine actions highlighted within the infection control audit out of which two had been completed. Since the inspection the practice forwarded an updated version of the action plan which shows four actions had been completed, three were on track for completion and two actions were behind track but recoverable.</p>	<p>Yes 09/04/18</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p>	

Risks to patients

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

Information to deliver safe care and treatment

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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.74	1.04	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	9.2%	8.1%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and	No*

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any answers:

- *Fridge temperatures had not been recorded regularly, in March 2018 there were eight days where the fridge temperatures had been documented. The practice was aware of the issue and had implemented a monthly plan to ensure staff knew their responsibility to record the temperature. We found this had been ineffective as there continued to be days where the fridge checks had not been documented.

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	0
Staff understood how to report incidents both internally and externally	0
There was evidence of learning and dissemination of information	0
Number of events recorded in last 12 months.	0
Number of events that required action	0

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

Event	Specific action taken
NA	NA

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>Comments on systems in place: Safety alerts were sent to the practice by Virgin head office, which were then checked by the GP or clinical pharmacist, once the searches had been completed they were signed and stored.</p>	

Any additional evidence
<p>All incidents are reported on internal computer system where their significance is rated and dealt with accordingly.</p> <p>21 incidents were recorded in the past year. All had been dealt with in a timely manner, lessons learnt were documented and shared with the clinical team during team meetings.</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). (01/07/2016 to 30/06/2017) (NHSBSA)	1.00	0.77	0.90	Comparable to other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	75.6%	77.0%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (25)	6.9%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	67.0%	78.7%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.2% (14)	5.9%	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)	73.1%	77.1%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	6.2%	(14)	10.5%	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. (01/04/2016 to 31/03/2017) (QOF)	77.0%	77.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (4)	2.9%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.2%	91.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (5)	5.5%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	81.1%	86.2%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (14)	3.9%	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)	100.0%	88.6%	88.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (1)	8.0%	8.2%	

Any additional evidence or comments

The practice had highlighted areas of improvement that was required. They told us that exception reporting had been reviewed and the practice felt it was high in some areas as it was sometimes a challenge to get patients in for their reviews, they also felt it was due to a period of high staff turnover. As a result, the practice had formulated a timetable which enables them to review their QOF outcomes each quarter to ensure resources were being used effectively during the entire QOF year.

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	133	138	96.4%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	133	149	89.3%	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)	132	149	88.6%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	129	149	86.6%	Below 90% Minimum (variation negative)

Any additional evidence or comments

The practice was aware of the below average immunisation percentages and believed it was due to the high turnover of nursing staff. They had given patients greater flexibility with appointments, for example, they had offered later appointment times for after school. The practice was able to offer evening and weekend appointments for immunisations at the Thurrock Hub service.

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	70.9%	73.8%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	61.3%	64.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	47.5%	51.6%	54.5%	N/A
The percentage of patients with cancer,	33.3%	65%	71.2%	N/A

diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)				
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)	40.0%	51.6%	51.6%	Comparable to other practices
Any additional evidence or comments				

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)	92.3%	92.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.0%	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)	100.0%	93.5%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.3%	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%	81.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (1)	9.8%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	546	527	539
Overall QOF exception reporting	5.1%	4.6%	5.7%

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	96.3%	95.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (10)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Written consent was not needed at the practice as no surgical procedures were carried out. The clinicians displayed good understanding of the Mental Capacity Act and had carried out training.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	16
Number of CQC comments received which were positive about the service	12
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	3

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<ul style="list-style-type: none">• Very good service received, I see much improved services with the new doctors.• Very good service, good environment and staff are responsive.• I felt comfortable, I was certainly listened to and treated with dignity and respect. The environment was appropriate and hygienic.• Very impressed with the care and consideration of my needs. He will listen to my concerns and act on them.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,996	374	120	32.09%	2%

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)	55.6%	69.4%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	72.1%	83.6%	88.8%	Variation (negative)
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)	84.7%	93.2%	95.5%	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 treating them with care and concern (01/01/2017 to 31/03/2017)	61.6%	79.7%	85.5%	Variation (negative)
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)	71.6%	90.9%	91.4%	Variation (negative)
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)	72.4%	89.5%	90.7%	Variation (negative)

Any additional evidence or comments

National GP patient survey data published in July 2018 showed there had been an improvement in patients' satisfaction for some indicators. For example:

- The percentage of patients who answered positively to "Did you have confidence and trust in the clinician you saw or spoke to?" was 94% which was comparable with the local average of 93% and the national average of 96%.
- The percentage of patients who stated that the last time they saw or spoke to a clinician, they were good or very good at treating them with care and concern was 77% which was comparable to the local average of 80% and the national average of 87%.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Date of exercise	Summary of results

Any additional evidence

The practice monitored their patients' satisfaction through the Virgin care 'you say, we do' feedback system and they had promoted the friends and family tests.

Examples of the 'You say, we do' comments were:

- You said: you wanted a new telephone system that would enable you to get through to the surgery quickly. We did: in April 2018 a new telephone system was installed giving patients surgery options and a queue time.
- You said: We need more emergency appointments. We did: the practice had adjusted the slots to increase each GPs emergency slots to four a day.
- You said: You wanted a regular doctor at the surgery. We did: One salaried GP and two regular locum doctors employed for consistency.

The practice had received mixed comments from their friends and family results such as:

- Six months ago, it was impossible to get an appointment. Things are now improving.
- I prefer the new booking system although sometimes it's hard to get an appointment.
- Since new phone lines seems to be working a lot better.
- Good treatment, friendly staff.
- Receptionist very helpful.
- Very long waiting times, over run at appt time by 45 mins.
- Appts are always late by at least 10 mins.
- Nice friendly staff, always had a nice experience.
- Care is good when I see a doctor or a nurse.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us since the new doctors have arrived there is more consistency and they felt they were more involved with 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 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)	61.6%	80.1%	86.4%	Significant 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)	54.6%	74.3%	82.0%	Significant Variation (negative)
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)	67.6%	89.1%	89.9%	Significant Variation (negative)
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)	60.6%	85.8%	85.4%	Significant Variation (negative)

Any additional evidence or comments:

National GP patient survey data published in July 2018 showed there had been an improvement in patients' satisfaction for some indicators. For example:

- The percentage of patients who stated that the last time they saw or spoke to a clinician, they were good or very good at involving them in decisions about their care was 88% which was comparable to the local average of 89% 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	19 patients = 0.3%
How the practice supports carers	The practice organised carers events to advise patients of supportive services, they offer carers flu vaccinations, health checks and can accommodate appointment times if needed.
How the practice supports recently bereaved patients	Clinicians call patients families and offer an appointment for further support if relatives require it.

Any additional evidence
The practice had a carers champion who actively try to identify carers. The practice told us they had difficulty highlighting new carers and had requested their receptionists to also be aware of identifying new carers. Signs are advertised in the waiting area. The practice felt as older patients made up less of their practice population that it may affect the number of carers registered at the practice.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	There were signs asking patients to stand away from desk when other patients were speaking with a receptionist. Staff told us they would take patient into a quiet place if they needed to talk privately.

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
Patients comments	I was certainly listened to and treated with dignity and respect

Responsive

Responding to and meeting people's needs

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

Appointments available	
	GP appointment = 8am – 12.40pm & 1.45pm - 6.10pm Nurse appointments were dependent on the nurses' rota.
Extended hours opening – The practice offered patients evening and weekend appointments for GPs and nurses at the local Thurrock Hub.	
Next available appointments	GP = 13/08/18 Advance nurse practitioner = 08/08/18 Practice nurse = 31/07/18

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	
The receptionists documented calls and passes on to the duty doctor who will ring every patient back and triage them as appropriate.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,996	374	120	32.09%	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 practices opening hours. (01/01/2017 to 31/03/2017)	63.6%	72.4%	80.0%	Comparable to 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)	39.6%	68.4%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	48.8%	68.1%	75.5%	Variation (negative)
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)	38.7%	67.6%	72.7%	Variation (negative)

Any additional evidence or comments

National GP patient survey data published in July 2018 showed there was a mixed satisfaction for indicators relating to the access to the service. For example:

- 81% of patients said they had enough time with a clinician the last time they tried which was in line with the local average of 81% and comparable to the national average of 87%.
- 89% of patients who stated that the last time they wanted to see or speak to a clinician from their GP surgery they were able to get an appointment which was comparable to the local average of 92% and the national average of 69%.
- 37% of patients responded positively to the overall experience of making an appointment which was below the local average of 63% and the national average of 69%.
- 26% of patients gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" which was below the local average of 66% and the national average of 70%.

The practice was aware of the negative patient feedback relating to the access to the service from the July 2017 data and they had tried to improve it by monitoring their friends and family survey results and an improvement plan. As a result, they had:

- Employed regular locums to ensure appointments were available
- Implemented a new telephone system so patients could be placed on hold.
- Increased the amount of one the day appointments they had to meet patients' needs.
- Implemented a SMS messaging reminder service to ensure patients do not miss their booked appointments.

However, these improvements had not had any noticeable impact on the July 2018 survey results.

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Getting an appointment is not an issue it's contacting the surgery to make the appointment that is difficult.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	17
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
All complaints are logged onto the system, they are investigated by the Virgin customer experience team who aim to reply within 20 working days.	

Example of how quality has improved in response to complaints

- The receptionists had been given further training as a result of a complaint which meant a patient had seen an advance nurse practitioner instead of a doctor.
- Reflection on staff behaviour had been carried out following complaints regarding poor communication, the practice reiterated the process for dealing with referrals to ensure patients were dealt with in a timely manner.
- Seven complaints regarding appointment availability was logged, written or verbal communication had been used to reply to all complaints. The practice explained their situation and made patients aware of the new phone lines being installed. Additional staff had been employed to alleviate these challenges.

Any additional evidence

Complaints were categorised to monitor themes that may be present. The main categories included:

- communication
- booking appointments (highest rate of complaints 4)
- the welcome
- appointment/consultation
- the goodbye
- the follow up
- clinical care
- treatment and procedure.

Complaints were discussed during team meetings.

Well-led

Leadership capacity and capability

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

Staff were clear on their roles and responsibility and they were encouraged to develop their roles and carry out training that was required.

Vision and strategy

Practice Vision and values

Their vision is to provide patients with high quality, easy and convenient access to a GP or nurse when they need it.

Culture

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

Incidents were well reported and discussed openly. Leaders at all levels were approachable and honest regarding the challenges they faced.

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

Source	Feedback
Staff feedback	Staff we spoke with said there had been more stability since the previous inspection and they said they felt that it had improved their working conditions.

Any additional evidence

Other agencies and stakeholders said they felt the practice had engaged well with them to drive improvements.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Clinical and practice policies were updated and specific to the practice. For example, the practice had relevant safeguarding, infection control and confidentiality policies.
Other examples	Clinical audits were organised annually to encourage high quality sustainable care.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

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
Staffing levels	The practice had employed a salaried GP and had two regular locums as a result of patient satisfaction.
Workload	The practice had evaluated their workload and found they required another receptionist. They had started the process to recruit another receptionist.
Patient satisfaction	National patient survey data had been analysed as well as internal surveys to highlight areas of improvement. As a result, the practice had implemented a new telephone system.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
Representatives from the patient participation group we spoke with during the inspection told us they were happy with the practice and they felt supported and listened to. They worked closely with the practice to raise funds for equipment they felt would be beneficial to the surgery. For example, they had raised money to buy a blood pressure machine for the waiting area. Although they were happy with the support they received, they told us they would like better communication from the practice when special events were held such as the carers event to allow them to be more engaged.

Continuous improvement and innovation

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

Audit area	Improvement
DMARD Disease modifying anti-rheumatic drugs such as Azathioprine and Methotrexate	The aim was to review patients on multiple medicines. 13 patients found to not have appropriate reviews. As a result, the practice was developing a more robust recall system.
Confidentiality audit	Carried out to monitor access to records. An audit of their procedures and access to information highlighted that practice manager maybe the only one to access data. As a result, the practice had decided to share responsibility with the appropriate staff.

Any additional evidence
The practice had an annual audit plan which included infection prevention control, safeguarding, medicine safety, record keeping audits, health and safety, and prescribing audits.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)

- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

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

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).