

Care Quality Commission

Inspection Evidence Table

THE NEW PARKFIELDS SURGERY (C81100)

Inspection date: 22 August 2018

Date of data download: 24 July 2018

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data from external websites has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y*
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y**
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff	N***
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	N****
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any answers: *There was an identified lead but as there was a lead partner within Aspiro Healthcare for safeguarding (and other areas), local leads were not always clearly identified. The policy needed customising to reflect site specific information such as the lead within the practice and the details of local referral contacts. Each consulting room did however include details of appropriate contact numbers for referral. **Significant progress had been made to address inherited difficulties with safeguarding records. The safeguarding list had been cleansed to ensure this was accurate, reducing numbers from approximately 500 to 58. This was being actively managed, and the use of templates and status icons helped ensure up to date records. The provider was able to give an example of how this flagged a concern to the practice team when a child had been brought in for an appointment, which would have previously been missed. Liaison with health visitors and midwives had been improved and bi-monthly child safeguarding meetings were held.	

***The practice safeguarding policy did not include reference to Prevent (this is mandatory training for all NHS staff to help stop vulnerable people from becoming involved with, or supporting, terrorism), although we were informed that a separate policy was available for this. The safeguarding policy should include reference to this. In addition, female genital mutilation (FGM) was not referred to within the practice safeguarding policy. The policy also needed a review date adding, and the provider informed us that this had been completed following our inspection.

***We were provided with evidence of level 3 safeguarding training for 2 GPs. One GP was on leave and the provider had not got a copy of a training certificate as evidence this had been completed. We were told another GP had undertaken some online training although this was not showing on the practice training records (as GPs were not included), and the same GP was booked to attend a safeguarding training event on 5 September 2018.

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y*
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N**
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <p>*Full recruitment details were not accessible on site as some documents were retained centrally by Aspiro Healthcare's human resources department, and there was not an electronic system in place to share documents across locations. The limited availability of information held on site provided some assurance that appropriate checks were in place but the provider should consider how they can demonstrate their compliance fully for subsequent inspections.</p> <p>**On the day of the inspection, the provider was unable to provide evidence of staff vaccinations. We were provided with some information but this did not include assurances on GPs and nurses working at the practice. The provider later provided a response to say that all but one GP working at the practice had undertaken a course of Hepatitis B vaccinations, but no documentation was provided in support of this.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/test:</p>	<p>Y</p> <p>September 2017</p>
<p>There was a record of equipment calibration</p> <p>Date of last calibration:</p> <p>Additional information: A piece of medical equipment in a GP's room did not have any evidence of calibration but the GP was unaware whose machine this was. We also saw other equipment without calibration but were told this was new and not due to be calibrated until a year. There was no equipment log available to check the details about this equipment.</p>	<p>Y</p> <p>September 2017</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. storage of chemicals</p>	<p>Y</p>
<p>Fire procedure in place</p>	<p>Y</p>
<p>Fire extinguisher checks</p>	<p>Y</p>
<p>Fire drills and logs</p>	<p>Y</p>
<p>Fire alarm checks</p>	<p>Y</p>
<p>Fire training for staff</p>	<p>Y</p>
<p>Fire risk assessment Date of completion</p>	<p>Y 03.07.18</p>
<p>Actions were identified and completed.</p> <p>We saw that the practice had arranged for an external fire risk assessment on an annual basis, and the most recent assessment had been completed the month before our inspection. However, we reviewed the last risk assessment in January 2017 and we saw no evidence that the action plan had been completed or progressed. A number of the areas identified in previous assessments were therefore repeated in the most recent one. The provider informed us that this would be addressed by practice management.</p>	<p>N</p>
<p>Additional observations: The practice had commissioned a legionella risk assessment which was completed in February 2015. This highlighted a high risk and recommended an annual review but we saw no evidence that this had been undertaken. The action plan within the risk assessment had not been completed to show evidence that actions had been taken. The provider was able to demonstrate that water tests and checks were being completed on a regular basis although they were unsure as to how these related to the risk assessment and action plan. The tests were being performed and recorded by the contracted cleaners, and we saw that temperature failures were being recorded but without any follow up</p>	

actions being undertaken. Following the inspection, the provider informed us that they would review the system in place and address any shortfalls.	
Health and safety Premises/security risk assessment? Date of last assessment:	Y 17.10.17
Health and safety risk assessment and actions Date of last assessment:	Y 17.10.17
Additional comments: We saw a number of risk assessments had been completed and were kept under review. This included slips, trips and falls, unauthorised access to the premises; dealing with violent and aggressive behaviour, and ergonomics.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>An Action Plan was seen further to the most recent infection control audit.</p> <p>Cleaning equipment schedules were available</p> <p>All rooms had adequate supplies of personal protective equipment. Spill kits were available and staff had received training in how to use them.</p>	<p>Y</p> <p>July 2018</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any answers:</p> <p>The practice should review the need to monitor the temperature of the specimen refrigerator.</p> <p>We noted a sharps bin in a GP's room had an assembly date recorded of 14/9/2018, As our inspection took place on 22/8/2018, this was presumably an error, but the provider should ensure dates are recorded accurately and monitored as part of the infection control audit.</p>	

Any additional evidence
<p>The nominated lead for infection prevention and control was not based on site. However, following the inspection, the provider reviewed this situation and identified a practice nurse based at New Parkfields Surgery to become the identified site lead for infection control.</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	N*
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers: *Some staff told us that there were pressures on clinical time. In some cases, nurses had been over-time to cover absences. There was an indication that GPs were working long clinical sessions without adequate time to catch up on administration.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
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) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.00	0.83	0.95	No comparison available
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). (01/01/2017 to 31/12/2017) (NHSBSA)	11.7%	7.1%	8.8%	No comparison available

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y*
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	N**
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y***
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	n/a
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	n/a
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	N****
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y*****

Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>*PGDs were signed and in date. Some nurses worked across sites but evidence of these were kept at Hollybrook Medical Centre, so we were not able to review these.</p> <p>** Whilst there was a procedure for monitoring prescriptions within the practice, we did not see any evidence that serial numbers were logged upon receipt into the practice. The provider informed us they had rectified this after the inspection took place. The practice had not undertaken a risk assessment or reviewed the safety of leaving prescription stationery in computer trays overnight. However, the provider informed us that they were undertaking a risk assessment of this following our inspection.</p> <p>Uncollected prescriptions were not always reviewed on a regular basis and we found uncollected prescriptions dating back to 2 July. Whilst none of these were for vulnerable patients, the system in place was not robust. For example, we found that one patient who had not collected their prescription, had received the medicine by attending the walk-in centre. Following our inspection, the provider told us that a process for checking uncollected prescriptions had been put in place bi-weekly.</p> <p>***The provider had done significant work to address problems that had been identified with the previous contractor in respect of the monitoring patients prescribed high-risk medicines. We observed a safe process was in place, supported monthly monitoring, alerts on the computer system, and GPs controlling the sign off for repeat prescriptions. This was supported by a written policy.</p> <p>****On the day of the inspection, we found the practice did not hold stocks of rectal diazepam or prednisolone in line with recommended guidance, and there was no risk assessment in place to support this. The practice took immediate action to address this and purchased prednisolone on the day of the inspection and order the rectal diazepam. In addition, the practice did not hold atropine which is needed for the safe insertion of coils as in some cases this procedure can impact on the patient's heart rate. The practice ordered atropine on the day of the inspection and agreed not to undertake this procedure until the atropine was available.</p> <p>*****No paediatric pad was available for the defibrillator. The practice informed us that one had been ordered following the inspection.</p> <p>There had been significant improvements in prescribing with a large reduction in expenditure and the implementation of structured medicines reviews.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y*
Number of events recorded in last 12 months.	22
Number of events that required action	22

We observed that significant events were not always fully investigated to identify the full extent of the causative issues or explore the learning in more detail. We saw how this had led to the recurrence of incidents in some cases. Following the inspection, we were informed that a significant events policy was being developed and a lead was being established to quality control the completion of all relevant documentation and the sharing of learning.

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

Event	Specific action taken
A patient complaint was used as a significant event. The issues raised traversed the care delivered by the previous and current providers.	A meeting was set up to investigate the issues and this was chaired by an external facilitator. This resulted in a report which identified how things might be improved.
A patient medication error was identified.	The GP rang the patient immediately and rectified the problem. The GP explained to the patient what had happened reflecting their adherence to the Duty of Candour. The practice also reported the incident to their CCG's medicines management team and via a national reporting body, although this was deemed to be a low risk case.
A GP visited a care home and advised staff that a prescription would be done for antibiotics. The following day, care home staff had to ring the practice as no prescription had been done. Nothing was documented about this in the patient's notes and therefore the on-call GP had to visit the patient again, creating a delay in the patient receiving the appropriate care.	The incident form indicated the actions that the on-call GP needed to visit the patient, and the learning that GPs need to record home visits as soon as possible. However, there was no record of how the issue of the missing consultation details were addressed, or how any audit of home visit records would be undertaken to provide assurances that safe systems were in place. There was also no reference to alternate solutions such as the use of remote access to notes for home visits via the use of tablet PCs. Therefore, the potential for learning was not applied in this case.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: We viewed a sample of notes relating to the sodium valproate alert and found that the patients had been appropriately advised and their notes had been coded correctly. New alerts were discussed at the weekly clinical meeting.	

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Any additional evidence

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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) (01/01/2017 to 31/12/2017) (NHSBSA)	Not available	0.59	0.84	No comparison available

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)	81.3%	82.3%	79.5%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.7% (57)	16.3%	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)	62.3%	77.5%	78.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.4% (69)	11.1%	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)	81.6%	80.4%	80.1%	No comparison available

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	16.5%	(74)	17.6%	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)	74.5%	78.4%	76.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.4% (85)	8.6%	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)	94.4%	91.0%	90.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.5% (44)	13.0%	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)	88.4%	84.3%	83.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (97)	4.4%	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)	93.1%	89.4%	88.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

6.5%	(5)	9.6%	8.2%
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Any additional evidence or comments

The QOF data refers to the last published data available which covers the year 2016-17, so this relates to the previous provider. There were some high rates of exception reporting for indicators within each clinical domain which significantly exceeded the local and national averages.

However, we reviewed the practice's QOF submission for 2017-18 (subject to external verification) which covered the initial 12-month period since the current provider took over the management of the practice. We saw that the level of clinical exception reporting had significantly reduced under the current provider. For example, the overall clinical exception reporting rate had fallen from 16% to 10.9%. Individual indicators within each clinical domain were also showing a downward trend in exception reporting.

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) England)	80	87	92.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England) England)	93	101	92.1%	Met 90% minimum (no variation)
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) England)	91	101	90.1%	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)	94	101	93.1%	Met 90% minimum (no variation)
Any additional evidence or comments				

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) (01/04/2009 to 31/03/2017) (Public Health England)	83.3%	76.4%	72.1%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	72.5%	76.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (PHE)	45.5%	59.0%	54.5%	N/A
The percentage of patients with cancer,	35.4%	66.4%	71.1%	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)	43.6%	46.8%	51.6%	No comparison available
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)	100.0%	91.6%	90.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	50.0% (14)	19.8%	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%	90.8%	90.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	42.9% (12)	15.8%	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)	96.0%	83.8%	83.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.2% (13)	8.6%	6.8%	
Any additional evidence or comments				
<p>The QOF data refers to the last published data available which covers the year 2016-17, so this relates to the previous provider. There were some high rates of exception reporting for indicators within the clinical domains which significantly exceeded the local and national averages. However, we reviewed the practice's QOF submission for 2017-18 (subject to external verification) which covered the initial 12-month period since the current provider took over the management of the practice. We saw that the level of clinical exception reporting had reduced under the current provider. For example, the overall clinical exception reporting rate had fallen from 16% to 10.9%. Exception reporting for mental health was almost 14% for 2017-18, so although this was improving, it remained slightly higher than national averages. The exception reporting rate for dementia at 6.7% was lower than the national average of just over 10%.</p>				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	547	544.3	533.9
Overall QOF exception reporting	9.4%	N/A	5.8%

The above figures are for 2016-17. The overall QOF achievement for 2017-18 (subject to external verification) was 95%.

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)	Y

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)	90.3%	94.8%	95.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (9)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Written consent was taken for implants, coils, and injections. Minor surgical procedures were not performed on site.

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	3
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
CQC comments cards	Patients were positive about the care received. Patients noted that improvements were being made by the new provider and this included more continuity of care in being able to see the same GP.
NHS Choices	The practice had the lowest rating of one star on the NHS Choices website (five stars being the highest rating). In the last 12 months, four comments had been posted and these were mixed in terms of patients' experiences. One comment referred to the improvements within the surgery since the new provider took over. There was only one posting which had been responded to by the practice.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,289	302	114	37.75%	1.8%

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)	51.1%	80.6%	76.0%	No comparison available
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)	79.3%	89.8%	85.9%	No comparison available
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)	89.0%	95.6%	92.4%	No comparison available
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)	76.5%	86.2%	82.6%	No comparison available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	89.8%	91.8%	87.8%	No comparison available
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)	89.4%	91.1%	87.1%	No comparison available

Any additional evidence or comments

The above results relate to the previous provider for 2016-17. The latest national GP patient survey results were published in August 2018 and are based on responses received from patients to questionnaires distributed between January to March 2018. The results are not comparable to the above data as the questions have changed or do not exactly replicate the previous format of the question, and so need to be considered in isolation.

The results from the 2018 survey show that the practice achieved patient satisfaction levels that were below local and national averages in all questions relating to aspects of caring. For example,

- 77% of patients said the healthcare professional they saw or spoke to was good at giving them enough time during their last appointment (CCG average 87%, national average 87%)
- 80% of patients said the healthcare professional they saw or spoke to was good at listening to them during their last appointment (CCG average 90%; national average 89%).

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

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)	76.5%	86.9%	83.3%	No comparison available
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)	74.4%	83.0%	78.8%	No comparison available
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)	86.2%	91.2%	86.2%	No comparison available
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)	78.7%	86.6%	81.6%	No comparison available

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

Carers	Narrative
Percentage and number of carers identified	There were 166 carers on the practice register. This amounted to 2.6% of registered patients.
How the practice supports carers	A carers support programme was already established at Hollybrook Medical Centre and its branch site at Sinfin. This provided advice and social interaction for carers as well as access to counselling and means of promoting relaxation such as yoga and reflexology. There was a plan to link into this established group, rather than starting something new at New Parkfields. At the time of our inspection, this was still being considered.
How the practice supports recently bereaved patients	The practice sent a bereavement card to relatives/carers following the death of a patient. If any bereavement support was required, individuals would be offered an appointment to see a GP or signposting information to support services would be provided.

Any additional evidence
Some staff spoke different languages which helped reduced the need for interpreters. Longer appointments were provided as required, and this included when patients required an interpreter.

Privacy and dignity

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

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

Examples:

Source	Feedback
Staff interviews	A practice nurse was a designated privacy and dignity champion
Observation	Arrangements were in place to ensure confidentiality at the reception desk

Responsive

Responding to and meeting people's needs

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

Appointments available

Consulting times were between 8.30am and 11.30am every morning, and 3.30pm to 6pm each afternoon.

On-line bookings and telephone consultations were available. Pre-bookable appointments could be made two weeks in advance to see a GP, and four weeks in advance for a nurse.

Extended hours opening

The location and building did not provide good facilities for the provision of extended hours on site. However, Parkfields Surgery was one of nine local GP surgeries who worked together to offer additional appointments to patients.

The additional appointments were available at a weekday hub at Hollybrook Medical Centre in Littleover, 6.30pm - 8pm (Monday to Friday), and Saturday appointments were available at Haven Medical Centre in Allenton from 8am - 2pm. Patients at the practice could book appointments for the hub via New Parkfields reception team.

Hub appointments were intended for acute problems and appointments were with either a GP or a Nurse Practitioner. There was some capacity to offer dressings for patients on Saturdays at the Haven site.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>The on-call GP would triage requests for home visits.</p> <p>Visits would be allocated to a GP, an advanced nurse practitioner or the community matron.</p> <p>The practice could also access a nurse-led home visiting service led by Derbyshire Health United, and the GP would ensure that any patients referred to this service were appropriate as part of the triage process. This scheme was mostly used on the practice's busiest days of Monday and Tuesday. It allowed patients to be seen more quickly at home and freed up some consultation times for GPs.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,289	302	114	37.75%	1.8%

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)	65.6%	82.7%	77.1%	No comparison available
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)	40.6%	66.9%	68.1%	No comparison available
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 could get an appointment (01/01/2017 to 31/03/2017)	56.0%	73.3%	73.6%	No comparison available
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)	42.3%	71.3%	70.6%	No comparison available

Any additional evidence or comments

The above results relate to the previous provider for 2016-17. The latest national GP patient survey results were published in August 2018 and are based on responses received from patients to questionnaires distributed between January to March 2018. The results are not comparable to the above data as the questions have changed or do not exactly replicate the previous format of the question, and so need to be considered in isolation.

The results from the 2018 survey show that the practice achieved patient satisfaction levels that were below local and national averages in all questions relating to aspects of responsive. For example,

- 48.9% of patients responded positively to how easy it was to get through to someone at their GP practice on the phone (CCG average 63%, national average 70.3%)
- 50.3% of patients responded positively to the overall experience of making an appointment (CCG average 67%; national average 68.6%).

The CCG required practices to submit an analysis of the national GP patient survey and Family and Friends Test (FFT) results on an annual basis with an action plan to demonstrate how they will improve access, patient experience and patient confidence in relation to their results. We saw the practice's response to the CCG in February 2018, and the action plan included:

- The investment in a new telephone system increasing the number of available lines. The intention was to build resilience and enable calls to be answered across sites, with the potential development of a call centre in the longer-term.
- Incoming calls were answered from 8am, which was earlier than previously.
- The recruitment of an apprentice to help with workload.
- The commissioning of an interactive website for patients to initiate and request services to alleviate pressure on appointments and telephone lines. This was planned to go live shortly after our inspection in August 2018.

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

Date of exercise	Summary of results
October 2017	<p>A total of 55 questionnaires were completed. The feedback included:</p> <ul style="list-style-type: none"> • 49% of respondents did not find it easy to get through to the practice by phone. • 45% of respondents felt it was not easy to make an appointment. • 92% of respondents found reception staff to be helpful. • 16% of respondents saw their preferred GP most of the time. • 47% of respondents said they would recommend the surgery to others. • Over 90% of respondents stated satisfaction for questions relating to their care including being given enough time, being listened to, and involvement in decisions about their care. <p>The practice developed an action plan to address these issues. This included planning for a new telephone provider to ensure a more responsive service, and improved clinical capacity to address the need for more on the day appointments.</p>
August 2018	<p>The same survey was repeated and a total of 46 questionnaires were returned. In comparison to the above outcomes, the results were:</p> <ul style="list-style-type: none"> • 50% of respondents did not find it easy to get through to the practice by phone. • 41% of respondents felt it was not easy to make an appointment. • 92% of respondents found reception staff to be helpful. • 16% of respondents saw their preferred GP most of the time. • 73% of respondents said they would recommend the surgery to others. • Over 95% of respondents stated satisfaction for questions relating to their care including being given enough time, being listened to, and involvement in decisions about their care. <p>There was therefore an improving trend, although the progress with access to the practice by telephone and the ease of making an appointment required more focus.</p>

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Of the 16 cards that were completed by patients, the only two cards which contained a fully negative response related to difficulties in obtaining an appointment. However, other comment cards referred to being able to get an appointment easily.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	20
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>When appropriate, complaints were considered for inclusion as a significant event.</p> <p>We saw that complaints had not always been handled in line with guidance. The provider told us that when they first took over the practice, there was a significant amount of issues to address and therefore it was difficult to manage everything effectively. We saw this situation was improving.</p> <p>A complaints and comments leaflet was available to patients in the waiting area. This was easy to read and written in clear English to help understanding. However, we saw some other information which included some out of date information and this needed to be updated.</p>	

Any additional evidence
<p>We saw that a letter had been written to another service provider to express dissatisfaction with that service. However, the letter was written in a confrontational manner and this was not a constructive means of addressing the concerns, or developing future working relationships to benefit patient care.</p>

Well-led

Leadership capacity and capability

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

The provider had a defined management leadership structure. This included a corporate team which worked across all the practices within the provider's portfolio, and this was supported by a team to manage functions such as human resources and finance.

The partnership set the organisational strategy and agreed how the organisation operated. They were supported by a partnership board, which facilitated easier decision making. There were designated lead partners for mandatory areas including information governance, safeguarding and infection control, with a clinical and managerial lead responsible for day to day issues at each individual location.

Each site had an identified operations manager who reported to a Head of Operations. The organisation was in the process of finalising a competency based development programme for operation managers to enhance skills and ensure consistency.

A transformation manager was working across both sites in Derbyshire to help with integration and new ways of working.

The former practice manager at Hollybrook Medical Centre has returned to work on a temporary basis to provide additional managerial capacity and experience across practices as part of the developmental plan.

Vision and strategy

Practice Vision and values

The practice was part of an organisation which was in the process of changing its registration with the Care Quality Commission to become Aspiro Healthcare. This would incorporate practices in Northamptonshire, Bedfordshire, and Derbyshire with approximately 50,000 registered patients.

The strategy was focused towards achieving the successful integration of all the practices which formed Aspiro Healthcare. At a local level, the provider had inherited a number of issues at Parkfields Surgery which it had been addressing over the last 18 months. They were aware that there was still some way to go with this, but felt they were making good progress.

There was a recognition that the premises were not fit for purpose and the provider was in discussion with other local smaller practices and their CCG regarding the potential for a new development.

As part of a wider organisation, the partnership had developed aims and objectives which focused on working in partnership with patients and staff to improve the health and well-being status of individuals and the local community.

Parkfields Surgery had its own mission statement which stated:

- Provide a service that puts patients at the heart of everything we do
- Provide professional and dedicated healthcare to our patients

- Promote patients' health and well-being
- Provide support and education for a healthy life
- Show compassion, kindness, dignity and respect
- Work as a team

Culture

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

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

Source	Feedback
Staff interviews	Staff were mostly positive that improvements had taken place since the new provider had taken over the contract for the practice. However, some staff said that managers were not particularly visible and that sometimes proved difficult when messages were being cascaded down to them. Staff said that managers attendance at staff meetings would help to improve this.
Staff interviews	We were informed through one discussion that there were some concerns about the culture and that there was some pressure to work excessive hours, and a lack of support.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Y
Other examples	
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

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

Some staff were not aware of the major incident plan

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
When the provider took over the management of the practice, the oversight of safeguarding was poor. This included inaccurate registers, the limited use of alerts on the computer system, and a lack of engagement with other professionals to identify and protect individuals at risk.	<ul style="list-style-type: none"> • Cleansing of safeguard register to ensure this was accurate • Active alert system established • Review and introduction of revised policy • Improved engagement and regular meetings with health visitors and midwives
On taking over the practice, patients on high risk medicines were not always monitored appropriately.	<ul style="list-style-type: none"> • New templates introduced to monitor and alert about potential non-compliance • Designated administrator identified to manage the recall system every month • All DMARDS generated by GP • Participation in the CCG medicines management prescribing quality scheme.
The provider found that some patients were being prescribed multiple medicines when they became caretakers	<ul style="list-style-type: none"> • 1,990 medicine reviews have been undertaken since the provider took over the contract in April 2017.

Any additional evidence

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 (PPG);

Feedback
<p>We spoke with the Chair of the PPG. They told us they met with the operations manager, and other practice representatives which often included a GP. Meetings were usually held bi-monthly and there were six PPG members. The PPG described that the practice had made significant positive improvements since the new partnership arrangements came into place 18 months previously. The Chair and vice chair of the PPG had been included in the CCG's interview panel to select the caretaker provider.</p> <p>The PPG told us that they felt valued and respected by the provider. Their views were listened to, and they were able to provide examples of changes they had influenced as a consequence of their feedback. This included new seating in the waiting area to replace benches, and ensuring that the reception desk was always manned throughout opening hours.</p> <p>When there had been some negative feedback in the GP patient survey regarding interactions with reception staff, a member of the PPG who was a training officer provided some customer care training. The Chair also attended the PPG meeting at Hollybrook Medical Centre to ensure joined up working. The PPG felt positive about the new partnership arrangements and were keen to provide them with as much support as they could.</p>

Any additional evidence
<p>A patient newsletter was produced and copies were available in the reception area. In the Summer 2018 edition, there was information on the appointment system, annual reviews, and antibiotic prescribing.</p> <p>The provider also produced a staff newsletter which was sent out to all practices across the three counties which Aspiro Healthcare managed. The newsletter provided news on practice developments, new policies, and general updates including staffing. In the June newsletter, we saw that the outcomes of a positive incident being shared with staff, and also reference to the duty of candour.</p>

Continuous improvement and innovation

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

Audit area	Improvement
The practice provided us with six audits. These were however more generally about quality improvement and none were completed two cycle audits to ensure quality	<p>Two audits focused on improving the quality of disease registers that were inherited from the former provider:</p> <ul style="list-style-type: none"> One of these entailed the identification of patients with pre-diabetes or at risk of diabetes. The results were unclear and although actions were identified, we did not see evidence that these had been completed at the time of our inspection.

improvement.	<ul style="list-style-type: none"> ● The other looked at patients being prescribed levothyroxine without a diagnosis of hypothyroidism. This resulted in some broad conclusions to create an audit plan and to review in a year's time, but did not give any indication of specific actions with the patients who were identified. <p>Two of the audits were data collections rather than assessing against a standard, and these contained no results, conclusions or action plans.</p> <p>A further audit done by the CCG medicines management team looked at stopping the inappropriate prescribing of glucose test strips. This identified 11 patients in whom 10 subsequently had the strips removed from their prescription. There were no conclusions or indication of any repeat.</p> <p>The final audit related to contraception in epilepsy, but this was presented in the form of a presentation handout and did not provide any detail on what the audit had achieved. We were informed this was undertaken in response to the MHRA alert regarding sodium valproate, although there was no indication of this within the audit.</p> <p>Following the inspection, we were informed that a clinical audit programme would be established including the implementation of cyclical audits at New Parkfields Surgery.</p>
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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](#)).