

Care Quality Commission

Inspection Evidence Table

Trinity Medical Centre (1-566758717)

Inspection date: 8 August 2018

Date of data download: 01 August 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There were lead members 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: N/A	

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.	No
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: <ul style="list-style-type: none"> • The practice had not assessed the immunity status of relevant staff in relation to measles, mumps and rubella, and chickenpox. 	

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 20/10/17
There was a record of equipment calibration Date of last calibration:	Yes 07/08/17
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes September 2017
Fire drills and logs	Yes Last drills June/July 2018
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 23/08/17
Actions were identified and completed.	Yes
Additional observations: <ul style="list-style-type: none"> The practice had made use of the services of external safety contractors to formulate initial assessments and had implemented these across both the main site and branch. Staff were aware of fire precautions and the roles they had to play in emergency situations. 	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes July 2017
Health and safety risk assessment and actions Date of last assessment:	Yes 06/11/17
Additional comments: <ul style="list-style-type: none"> Specific health and safety meetings held, these meetings were minuted. The last meeting was held on 21 June 2018. 	

- Staff were aware of their duties and responsibilities in relation to health and safety incidents and accidents.

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection prevention and control (IPC) audit:</p> <p>The practice acted on any issues identified</p> <p>Detail: The practice had achieved an overall IPC audit compliance score of 95%. The practice had reviewed the findings of the report and acted as required. Some of these required actions such as replacing taps are planned for a possible future refurbishment.</p>	<p>Yes – Policy reviewed in June 2017</p> <p>Last IPC audit 03/10/17</p> <p>Issued highlighted in the IPC audit were seen to have been acted upon when required.</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: N/A	

Any additional evidence
<ul style="list-style-type: none"> • Policies and procedures which covered safety were generally within date, although it was noted that one policy in relation to staff immunity was due for review in May 2018. This had been allocated for review by an appropriate clinician at the time of inspection.

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 and triage staff 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
<ul style="list-style-type: none"> The practice operated a telephone triage service in respect to appointment requests and calls for home visits. This procedure ensured patients were formally assessed by trained staff to ascertain needs and to prioritise services to meet these needs when appropriate. 	

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: <ul style="list-style-type: none"> The practice had developed and used a referral template for use by clinicians and secretaries to effectively and uniformly deal with referrals. 	

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)	0.87	1.13	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	6.4%	5.6%	8.8%	Comparable with 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.	No
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.	N/A
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 transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> There was only limited assurance in place that medication reviews were being carried out in line with practice policy in all cases. We discussed this with the practice who informed us that the process was still being fully embedded in the practice post the recent merger and the introduction of revised processes. A member of the nursing team had developed in-house advice materials and supported training regarding vaccine refrigeration monitoring. 	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	63
Number of events that required action	45

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

Event	Specific action taken
Issue identified with telephone system, during testing of new software package. Of two elements one for the visit requests was given priority - but resulted in the second element being on hold. This had resulted in long wait times for patients on hold waiting for call back.	Ongoing discussion with the telephone company. Placed messages on social media explaining technical difficulties and offered patients alternative means of contact.
Error in patient referral. Same referral made for two patients – one of these was in error.	Secretaries alerted of the mistake. To ensure referrals thoroughly made and are fully checked prior to submission.
Abnormal blood not acted upon immediately due to absence of initial doctor.	Feedback given to reception and administration team that any urgent matters should be going to the duty doctor if the initial doctor was not available.

Safety Alerts		Y/N
There was a system for recording and acting on safety alerts		Yes
Staff understand how to deal with alerts		Yes
<ul style="list-style-type: none"> Comments on systems in place: The practice received incoming alerts via two routes to ensure these had been received. Incoming alerts were formally assessed by a clinician, and if action was required this was communicated by email to all relevant staff. Read receipt were not attached to these emails though to give full audit trail. 		

Any additional evidence
<ul style="list-style-type: none"> We saw evidence that significant events, other incidents and alerts were appropriately actioned. These were discussed at team meetings, the minutes of which were available on the practice computer system.

Effective

Data in relation to the Quality Outcomes Framework relates to 2016/17 and is therefore prior to the full merger of the practices in April 2017. There was though continuity of staffing between the constituent practices at this time and the merged Trinity Medical Centre.

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) (NHSBSA)	1.34	0.97	0.84	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	79.8%	78.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (60)	8.5%	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)	67.9%	78.2%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (54)	7.0%	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)	76.2%	82.7%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (62)	10.9%	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)	77.8%	80.7%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (18)	8.7%	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)	85.8%	88.6%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (20)	10.2%	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)	82.0%	83.5%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (98)	3.3%	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)	91.6%	89.0%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (20)	6.9%	8.2%	
Any additional evidence or comments:				
<ul style="list-style-type: none">The practice offered atrial fibrillation screening to patients who attended chronic disease clinics (atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate and is associated with strokes and other health conditions).In addition to this screening the practice is beginning a programme which offers all men with a CHADSVASC score of one or over anticoagulation to reduce the risk of stroke (scores are a clinical prediction for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation). Usually anticoagulation is offered to those with a score of two or over. This programme will be part of the future Wakefield Healthy Hearts programme which has been led by a GP partner from the practice at CCG level.				

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)	148	156	94.9%	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)	124	134	92.5%	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)	125	134	93.3%	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)	126	134	94.0%	Met 90% minimum (no variation)
Any additional evidence or comments: <ul style="list-style-type: none"> The practice had an effective call and recall system in place regarding child immunisations. If children had missed key immunisation appointments the practice told us that they would endeavour to contact those with parental responsibility for the child to remind them to attend. If non-attendance continued the practice would raise this with the local health visitor. 				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	68.8%	74.4%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	63.8%	69.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.2%	56.4%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	54.4%	66.4%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	57.1%	50.3%	51.6%	Comparable with other practices
Any additional evidence or comments: <ul style="list-style-type: none"> We discussed with the practice that whilst cervical screening figures were comparable to other practices that these were below local and national averages. The practice told us that it worked to increase take up by calling and recalling patients and opportunistic invitations. The practice agreed to examine how performance could be improved. The practice had recognised past under performance in relation to cancer two week waits and had sought to improve this over the past four years. This area had been subject to clinical audit and we saw unverified data which showed that 2017/18 performance was at around 62%. We raised with the practice the below average performance in relation to cancer reviews and was told that they would investigate this further. The practice told us that they had worked to raise bowel cancer awareness amongst patients and encouraged participation in the programme. 				

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)	91.9%	92.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (8)	11.2%	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)	90.9%	91.8%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (8)	10.0%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	88.2%	83.7%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (6)	5.7%	6.8%	
Any additional evidence or comments:				
<ul style="list-style-type: none">The practice employed as part of their clinical team a community psychiatric nurse to support people with mental health issues.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	540	538	539
Overall QOF exception reporting (all domains)	6.5%	5.1%	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) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.5%	95.4%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (16)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<ul style="list-style-type: none"> The practice had a consent policy which was implemented across the two sites. Consent would form part of clinical audits when this was recognised. When we discussed consent with both the management team and individual clinicians we found that understanding around consent and especially those regarding mental capacity and age were well understood.

Any additional evidence
<ul style="list-style-type: none"> We saw evidence in team minutes that updates and changes to guidelines were discussed at team meetings when appropriate. The practice had a positive approach to training and professional development via both internal and external training events and participation in research projects. The practice felt that being a teaching and training centre that they had to keep up to date with clinical and non-clinical developments and that this made them more effective in the care that they delivered. The practice had been given a recent excellence award by Leeds University in recognition of their teaching and training.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	17
Number of CQC comments received which were positive about the service	8
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	4

Examples of feedback received:

Source	Feedback
Patient interview	<ul style="list-style-type: none"> Patients we spoke with told us that they felt well supported by the practice and found clinicians to be caring and sympathetic to their needs. Members of the group told us that they were beginning to build an effective relationship with the practice post-merger. They said that as a group they felt listened to and that their ideas for service improvement were given consideration by the practice and actioned when thought viable. For example, after raising car parking concerns, the practice had implemented a controlled parking regime. Whilst many comment cards received were positive about the standard of care received, others mentioned issues with privacy and confidentiality and accessing appointments.
Patient Participation Group	
CQC comment cards	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
23,242	284	112	39.4%	0.5%

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)	72.7%	76.7%	78.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	88.9%	87.6%	88.8%	Comparable with other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	98.4%	94.9%	95.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	80.7%	83.7%	85.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	87.6%	91.9%	91.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	82.1%	90.7%	90.7%	Comparable with other practices

Any additional evidence or comments:

At the time of inspection, the national GP survey results were in the process of being released for 2018. These results have been recorded below where direct or near comparisons were available (this has not been possible in all cases due to changes in questions between the 2017 and 2018 surveys).

- 89% of patients said the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment compared to a CCG average of 88% and a national average of 89%.
- 86% of patients who say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment compared to CCG and national averages of 87%.
- 97% of patients who had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment compared to CCG and national averages of 96%.
- 80% of patients who describe their overall experience of this GP practice as good compared to a CCG average of 83% and a national average of 84%.
- 92% of patients found the receptionists at the practice helpful. This had increased from 82% recorded in the 2017 survey.

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

Any additional evidence
<ul style="list-style-type: none"> We saw that results for the national GP survey for 2017 had been analysed by the practice and an action plan developed to tackle areas of underperformance. For example, the practice had developed a patient services advisor role and they acted as a first point of contact for dissatisfied patients and sought to resolve issues quickly and support patients who had concerns or complaints regarding services.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	All patients we spoke with on the day felt clinicians involved them fully in their care and treatment. They told us that treatment options were clearly outlined and that their views were listened to and respected.

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)	78.7%	84.4%	86.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	75.6%	79.9%	82.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	86.4%	90.0%	89.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	76.2%	84.3%	85.4%	Comparable with other practices

Any additional evidence or comments:

At the time of inspection, the national GP survey results were in the process of being released for 2018. These results have been recorded below where direct or near comparisons were available (this has not been possible in all cases due to changes in questions between the 2017 and 2018 surveys).

- 86% of patients who were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment compared to CCG and national averages of 93%.

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

Carers	Narrative
Percentage and number of carers identified	Under 1% (177 patients identified)
How the practice supports carers	<p>Carers can access services which included:</p> <ul style="list-style-type: none"> • Influenza vaccinations. • Counselling and mental health support. • Health checks. • Referral via a local social care hub.
How the practice supports recently bereaved patients	<ul style="list-style-type: none"> • Recently bereaved patients were sent a sympathy card and could access the practice for services in relation to their loss such as counselling, mental health support or referral to other services external to the practice.

Any additional evidence
<ul style="list-style-type: none"> • The practice realised that some patients were struggling to engage with online services. In response to this the practice had held a number of in-house online support sessions for patients. We were told that feedback regarding these sessions was very positive. • During the inspection an elderly non-patient member of the public fell outside the practice. We saw that the patient was treated with great care and respect after this incident by practice staff.

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	<ul style="list-style-type: none"> Privacy and confidentiality arrangements at the main reception desk at the main Trinity Medical Centre was poor and conversations could be clearly overheard. The practice in the past had attempted to improve this situation by changing room layouts and implementing a queuing system, however this had not been fully successful. A private room was available for sensitive or private conversations should patients request this this. When we discussed this with the practice they told us that they recognised that this was still an issue and that this would be tackled during a future planned refurbishment.

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
CQC comment cards	Several comment cards raised the issue that confidentiality was poor at the reception desk.
Patient interview	When asked patients confirmed to us that confidentiality and privacy at the main Trinity Medical Centre reception desk was poor. However, once in the consultation rooms they felt that their privacy was well maintained.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Trinity Medical Centre	
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
Sandal Castle Medical Centre	
Day	Time
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm

Appointments available	Appointments were generally available 8am to 5.45pm with a GP and nurse on a daily basis.
Extended hours opening	
Saturday (pre-booked appointments)	9am to 1pm
In addition, via two local services Trinity Care and GP Care Wakefield could access extended hours services.	Monday to Friday 6pm to 10pm Saturday, Sunday and Bank Holidays from 9am to 3pm

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
All calls for home visits were triaged and assessed by medically trained staff based on the specific needs and symptoms exhibited by the patient and/or their specific access and mobility requirements.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
23,242	284	112	39.4%	0.5%

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)	71.6%	78.5%	80.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	65.7%	65.2%	70.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	81.3%	70.8%	75.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	58.3%	67.8%	72.7%	Comparable with other practices

Any additional evidence or comments:

At the time of inspection, the national GP survey results were in the process of being released for 2018. These results have been recorded below where direct or near comparisons were available (this has not been possible in all cases due to changes in questions between the 2017 and 2018 surveys).

- 57% of patients who find it easy to get through to this GP practice by phone compared to a CCG average of 66% and a national average of 70%.
- 65 % of patients who describe their experience of making an appointment as good compared to a CCG average of 65% and a national average of 69%.
- 66% of patients who were offered a choice of appointment when they last tried to make a general practice appointment compared to a CCG average of 57% and a national average of 62%.
- 69% of patients who were satisfied with the type of appointment they were offered compared to a CCG average of 73% and a national average of 74%.
- 95% of patients who took the appointment they were offered compared to CCG and national averages of 94%.

The practice was part of Trinity Care, an in-hours triage, advice and appointment booking service for same day appointments and home visit requests. The triage service runs from Trinity Medical Centre and covers patients registered its own and four other local GP practices. During the day anyone asking for a same day appointment or home visit at any of the constituent practices was placed on a triage list and was called back by an experienced triage nurse who assessed their symptoms and determined the most appropriate care. This may involve a same day GP or nurse appointment, an appointment with another associated health professional such as a physiotherapist, or advice on self-treatment. Appointments were made for patients at their own GP practice. The main outcomes for these calls across the five provider sites were:

- Same day GP appointment
- Same day nurse practitioner appointment
- Self-care advice
- Home visit
- GP routine appointment

Trinity Medical Centre also provided call handling, triage and booking services for GP Care Wakefield, the local extended and weekend hours service operating a confederation level across the NHS Wakefield CCG area. This service operates from Monday to Friday 6pm to 10pm and on Saturday, Sunday and Bank Holidays from 9am to 3pm. Appointments made with clinicians as part of this service were held in accommodation within Trinity Medical Centre and at another site within the locality. The services the practice utilised to support GP Care Wakefield fell outside the scope of the inspection carried out on 8 August 2018.

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	<ul style="list-style-type: none">• Feedback was mixed regarding access to appointments although it was not always clear if these were in respect to same day triaged appointments or pre-bookable appointments.
Patient interviews	<ul style="list-style-type: none">• Patient interviews showed general satisfaction with appointment availability.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	65
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	1
Additional comments:	
<ul style="list-style-type: none"> Using data from 2016/17 NHS England had dealt with 26 complaints made to them regarding the historic practices, of these 25 had been resolved. Of these complaints nine had been upheld, six partially upheld and ten not upheld. Of the five complaints that we examined in detail all had been handled in a satisfactory manner. Correspondence was seen to open and honest in content, and detailed of how to escalate concerns if the patient remained dissatisfied. 	

Example of how quality has improved in response to complaints
<ul style="list-style-type: none"> The practice had received a complaint from a patient with a hearing impairment. The complaint regarded the quality of service delivered by the interpreter provided by the practice. In response to this the practice had discussed the interpreter's performance with the interpretation and translation external provider and highlighted their specific needs. Complaint received regarding changes to medication by secondary care had not been implemented in a timely manner. The practice reviewed the complaint and raised the issue amongst staff of the need to action such changes within an appropriate timescale.

Any additional evidence
<ul style="list-style-type: none"> The practice had developed a patient services advisor role who acted as a first point of contact for dissatisfied patients and sought to resolve issues quickly and support patients who had concerns or complaints regarding services. The practice formally recorded both formal and informal complaints and analysed these to identify trends and put in place possible actions to prevent recurrence.

Well-led

Leadership capacity and capability

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

- The practice leadership team had overseen the merger from April 2017 onwards of the previous two constituent practices into the current Trinity Medical Centre. This had meant developing and implementing new structures, operating policies and governance systems, building new clinical and non-clinical teams whilst still delivering against key performance measures and continuity of care.
- The practice had supported new ways of working which included Trinity Care nurse led triage, and handled call management and triage for the GP Care Wakefield extended hours service. For example, we saw that the Trinity Care nurse led telephone triage service which covered five practices including Trinity Medical Centre had supported 55,000 patients and had successfully operated for three years. Outcomes from this approach had improved patient access to same day appointments and had made a saving of 30% in GP appointments through effective triage and signposting to more appropriate services.
- GP Care Wakefield had seen nurse led telephone triage for same day services for extended hours being delivered by Trinity Medical Centre for the provider Conexus Healthcare Limited. This operated seven days a week and covered the Wakefield CCG population of 370,000 patients. Data supplied to us by Trinity Medical Centre showed similar savings in appointments and increased service access. The services the practice utilised to support GP Care Wakefield fell outside the scope of the inspection carried out on 8 August 2018.
- Partners from the practice had developed a high profile within the local health community and we saw that they were involved with the local CCG, Local Medical Committee, Federation and Confederation. The practice also worked closely with educational establishments supporting student nurses, medical students and registrars.
- The practice had rotas in place to effectively manage staff availability. We saw that overall locum usage was low.

Any additional evidence

- The practice had been recognised by a national health publication and in 2018 won their workforce efficiency award linked to their telephone triage work.

Vision and strategy

Practice Vision and values

- There was a clear vision and set of values, and this was summarised by the leadership team as “Putting Pride into Practice”.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice had developed a strategic approach that was in line with health and social care priorities across the region.
- The practice maintained oversight of this approach and monitored progress against key performance measures to meet these.
- The practice had a strong training ethos and was an accredited teaching and training practice, in

addition we saw evidence of staff development and the employment of apprentices.

Culture

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

- The practice showed an openness and willingness to learn. For example, it had developed a thorough significant event process which analysed issues and sought to identify learning outcomes. In addition, on the day of our visit, the practice demonstrated a learning attitude when discussing issues we had identified as part of the inspection process.
- There was a detailed audit programme in place within the practice and findings were discussed at regular practice educational meetings.

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

Source	Feedback
Staff Feedback	Staff reported to us on the day that they enjoyed working at the practice and that they felt supported by the management team.
Staff Feedback	Some staff also reported that teams were still not fully formed post the merger, but that progress had been made.
Practice	<p>The practice informed us that following staff feedback changes had been implemented which included:</p> <ul style="list-style-type: none"> • A board which stated the practice's approach to zero tolerance had been placed in main practice reception area. • Barriers to manage queuing had been erected in the reception area. • Movement of the practice call centre to a larger room. • The introduction of five-minute log off breaks for stress reduction

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	The practice team had developed a range of policies to support the effective delivery and operation of services. These included policies in respect of safeguarding, significant events, consent and confidentiality. We noted that two policies had exceeded their review date of May 2018 but that these had been allocated for review at the time of inspection.
Other examples	<p>The practice had recognised that additional processes needed to be put in place to support:</p> <ul style="list-style-type: none"> • Telephone triage – we saw that the service was monitored for effectiveness and quality and that a feedback mechanism had been developed to support this. • Volunteering – the use of volunteers within the practice had been analysed and controls put in place to ensure that DBS checks were in place and that confidentiality agreements had been signed. <p>The practice held regular meetings both internally and with external partners. As examples, these included:</p> <ul style="list-style-type: none"> • Monthly educational meetings. • Health and safety meetings every four to six weeks.

	<ul style="list-style-type: none"> • Monthly meetings with the health visitor. • Weekly operational meetings. • Fortnightly full practice meetings.
	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
Limited appointment capacity	The practice had adopted nurse led telephone triage to manage same day appointment and home visit request demand. This was used in conjunction with other activities such as care navigation to prioritise patients and to signpost patients to other more appropriate services.
Lack of confidentiality at the main surgery reception desk	The practice had implemented some changes which included the reorganisation of the waiting area and erecting channelling barriers to aid queuing. This had only partial success and the practice had longer term plans to address the issue via a possible future refurbishment.
Staffing and succession planning	The practice developed a training and development approach which included educational/training events and meetings, formal training and career development paths which also involved the employment of apprentices.

Appropriate and accurate information

Question	Y/N
<ul style="list-style-type: none"> • Staff whose responsibilities include making statutory notifications understood what this entails. 	Yes

Any additional evidence
<ul style="list-style-type: none"> • We saw evidence that the practice shared information effectively with other stakeholders. For example, the practice met with other health and care professionals on a monthly basis to discuss palliative care patients. • Staff on duty including the duty doctor, manager and reception staff held a daily team meeting (huddle) when they were able to discuss operational issues for the day.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<ul style="list-style-type: none">• We met with the Patient Participation Group. In line with the recently formed practice, this group had formed from members of the two previous practices brought together by the recent merger. They told us that the group was still developing a relationship with the new practice and felt that the practice needed to engage further. They said though that they felt that the practice appreciated their work and listened to their views, comments and concerns. For example, they had raised issues in the past regarding car parking. In response to these comments and those of other stakeholders the practice had introduced time regulated car parking. The PPG also told us how they were involved with the practice volunteering programme.• The PPG was very enthusiastic about the role it could play in developing services further.

Any additional evidence
<ul style="list-style-type: none">• As well as traditional feedback methods, the practice sought to maximise digital interaction and utilised email, online, SMS messaging, social media and the website to enhance patient communication.• The practice had appointed a patient services advisor. Their main focus was to ensure patients are satisfied with any interactions they have with the practice. This included ensuring effective feedback from patients.• We saw that the practice responded to feedback. For example, the practice responded to comments posted on NHS Choices.

Continuous improvement and innovation

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

Audit area	Improvement
Acute Kidney Infection	As a result of an initial audit the practice produced a protocol regarding the management of patients diagnosed with AKI (either in hospital or in community). This was subject to re-audit which found that there were issues with compliance against the protocol. It was identified that the main reason for this was that the protocol was heavily dependent on pharmacist undertaking most of the management (however there were periods when the practice did not have access to a pharmacist). There was therefore a requirement for GPs to take over management and a re-evaluation of the protocol. It has been agreed by the practice to re-audit this area of work to monitor quality improvement.
Cancer two week wait performance	The practice identified from the National Cancer Diagnosis Audit the cancer two week wait performance needed to improve for the two constituent practices which now make up the merged Trinity Medical Centre. For example, performance for the one of the practices from which Trinity Medical Practice was formed, was 45% compared to a national average of 52%. The practice analysed performance and identified issues to action which included difficult to diagnose cancers. Evidence from this audit was presented at an educational meeting to raise awareness and is subject to frequent subsequent monitoring and

audit. Latest performance we saw indicated that in 2017/18 performance was at 62%.

Any additional evidence

- The practice had developed and operated a telephone triage service in respect to appointment requests and calls for home visits. This procedure ensured patients were formally assessed by trained staff to ascertain needs and to prioritise services to meet these needs when appropriate. This was provided to patients from Trinity Medical Centre and four other partner practices.
- The practice delivered call handling and telephone triage support to the Confederation level extended hours scheme.
- The practice had developed a volunteering programme which utilised volunteers to support the work of the practice.
- The practice had appointed a patient services advisor. Their focus was to ensure patients are satisfied with any interactions they have with the practice.

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).

- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.([See NHS Choices for more details](#)).