

# Care Quality Commission

## Inspection Evidence Table

### Primrose Surgery (1-540125786)

Inspection date: 23 August 2018

Date of data download: 16 August 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:  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.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>Following the inspection in November 2017 when a breach of the regulations was found; the practice had reviewed the immunisation status of the staff team in line with guidance 'Immunisation against infectious disease' (The Green Book' updated 2014). Comprehensive records showed the practice was able to maintain oversight of staff immunisations.</p>	

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 30/04/2018
There was a record of equipment calibration Date of last calibration:	Yes 01/08/2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes 08/2018
Fire extinguisher checks	Yes 07/12/2018
Fire drills and logs	Yes Drill: 20/03/2018
Fire alarm checks	Weekly
Fire training for staff	Yes
Fire marshals	Yes x2 08/2018
Fire risk assessment Date of completion	06/12/2017
Actions were identified and completed. No outstanding actions noted	N/A
Additional observations: Fire audit safety check completed 27/06/2018 Fire extinguisher checks completed 01/2018	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 26/07/2018
Health and safety risk assessment and actions Date of last assessment:	26/07/2018
Additional comments: Health and safety policy in place 2018 Legionella risk assessment 20/04/2017 Flushing of water outlets completed weekly Lift 15/01/2018 Gas check 10/08/2017 Gas certificate 12/12/2017	

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>We saw that there was an action plan in place and that torn chairs had been removed from the waiting area.</p> <p>Between May and August 2018 all staff had signed to say they read and understood the Infection Prevention and Control policy.</p>	<p>Yes</p> <p>17/04/2108</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes

### Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>Equipment was available to enable the assessment of Sepsis in children and adults. Clinical staff had undergone training in sepsis and we saw that this was booked for non-clinical staff. Signs and symptoms of sepsis were displayed for staff and patients and clinicians would be notified immediately of any concerns.</p>	

### 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: We saw evidence of regular meeting and liaison with members of the multidisciplinary team.	

## 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)	0.99	1.00	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	4.1%	4.5%	8.8%	Variation (positive)

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	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.	N/A
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> <p>Following a previous breach of the regulations identified at the inspection in November 2017, medicines were now administered in line with legislation and PGDs were signed and reviewed as appropriate. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)</p>	

### Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	9
Number of events that required action	9

Any additional evidence
<p>Following our last inspection; there was a newly implemented system for the recording, reviewing and investigating of significant events. Significant events were discussed at staff meetings and all staff were aware of these. The form which had been implemented to record and review the event included a review of why the incident happened, changes that were made, how the incident was resolved and what had been learned. All incidents included a review date and then were closed when the issue had been resolved.</p>

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

Event	Specific action taken
Patient under hospital care had a seizure, recent medication changes.	Following complications, the practice liaised with the hospital to review ways of how changes in medications could be communicated more quickly. Discussed in clinical and practice meeting.
Medication changes error	Practice pharmacist to check complex medication changes and to double check hospital letters. Discussed in clinical and practice meeting.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes

Staff understand how to deal with alerts	Yes
Comments on systems in place: A policy was in place for the management of alerts. A spreadsheet documented when the alert was received and what action was taken. Copies of the alert were retained for future reference and copies of supporting documents including emails to staff were also kept.	



# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) (NHSBSA)	0.92	0.75	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)	74.0%	74.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.1% (44)	9.8%	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)	81.1%	78.2%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (18)	6.9%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	91.5%	78.7%	80.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (13)	7.6%	13.3%	

#### Any additional evidence:

Unverified data from 2017/2018 showed that in relation to diabetes the practice had achieved 87% of the QOF points available.

#### 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)	77.0%	79.6%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (2)	3.6%	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)	91.7%	91.2%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (1)	11.2%	11.4%	

Any additional evidence:
Unverified data from 2017/2018 showed that in relation asthma and COPD the practice had achieved all of the QOF points available.

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)	84.3%	84.2%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (17)	5.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	75.0%	90.6%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.7% (1)	14.5%	8.2%	

Any additional evidence or comments.
The practice was aware of a low prevalence of atrial fibrillation within their patient population. They conducted additional reviews and ECGs on all patients with long-term conditions to ensure that they did not have this condition. When the prevalence of this condition remained low, the clinicians conducted further research into why this was so.

## 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)	91	97	93.8%	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)	109	115	94.8%	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)	108	115	93.9%	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)	108	115	93.9%	Met 90% minimum (no variation)

#### Any additional evidence or comments.

In response to the continued rise in the number of cases of measles in the city the practice had continued to proactively review patients and recall them for MMR vaccinations. This included children, adults and pregnant women. Alerts were placed on patient notes.

For example: in the year April 2015-March 2016 the practice vaccinated 3 patients aged 16 and over.

Between April 2016-March 2017 the practice vaccinated 790 patients aged 16 and over.

Between April 2017- March 2018 the practice vaccinated 155 patients aged 16 and over

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)	65.8%	61.3%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	53.8%	55.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	33.0%	35.8%	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)	33.3%	61.1%	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)	28.6%	56.3%	51.6%	Comparable with other practices

**Any additional evidence or comments:**

Unverified data for 2017/2018 showed that in relation to cervical screening the practice had achieved an uptake of 69% as of August 2018.

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)	89.2%	93.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.4%	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)	94.6%	94.4%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.1%	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)	72.7%	87.4%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (1)	7.4%	6.8%	

**Any additional evidence or comments.**

Unverified data for 2017/2018 showed that in relation to dementia, mental health and depression the practice had achieved all the QOF points available.

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544	531	539
Overall QOF exception reporting (all domains)	5.4%	7.0%	5.7%

## Coordinating care and treatment

Indicator	Y/N
The provider 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)	98.0%	97.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (5)	1.0%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Verbal consent was sought and documented for interactions throughout the practice. The practice had the ability to monitor the documentation of consent through their computer systems.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	27
Number of CQC comments received which were positive about the service	26
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Patient comments cards	Staff were described as very caring, respectful and friendly. Several cards noted specific times when the practice had been particularly supportive of their needs, for example; following a family bereavement or a diagnosis of cancer. One card also noted that they felt they worked <i>with</i> the practice to manage their health.
Patients we spoke with on the day of inspection.	We spoke with four patients on the day of inspection and one member of the patient participation group. Patients spoke positively of the practice and the staff.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,356	382	63	16.49%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	70.6%	62.7%	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)	82.3%	82.0%	88.8%	Comparable with other practices
The percentage of respondents to the GP patient survey who answered positively to question 22	97.6%	93.5%	95.5%	Comparable with other

“Did you have confidence and trust in the GP you saw or spoke to?” (01/01/2017 to 31/03/2017)				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)	68.4%	74.9%	85.5%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	79.1%	85.3%	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)	82.4%	83.5%	90.7%	Comparable with other practices

**Any additional evidence or comments:**

Some of the questions patients were asked in the 2018 GP patient survey were different to the questions asked in 2018. Sixty-four patients responded to the survey published in August 2018, which was 1.2% of the practice population.

The results of questions which related to caring included:

- 83% of patients said that the healthcare professional they saw or spoke with was good at listening to them during their last general practice appointment. (Clinical commissioning group (CCG) average 82%, national average 89%).
- 93% of patients had confidence and trust in the healthcare professional they saw or spoke with during their last general practice appointment. (CCG average 92%, national average 96%).
- 85% of patients said the healthcare professional they saw or spoke with was good at treating them with care and concern during their last general practice appointment. (CCG average 79%, national average 87%).

In response to the 2018 GP patient survey, which was published two weeks prior to our inspection, the practice had produced an interim action plan which was to be discussed at clinical, non-clinical and PPG meetings. This included a planned audit of the preferred clinician and a review of which clinicians habitually ran late for appointments.



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

Date of exercise	Summary of results
March 2018	<p>The Primrose Surgery Patient survey.</p> <ul style="list-style-type: none"> <li>From 166 responses, 92% of patients said the GP/ HCA or Nurse they saw was very good, good or satisfactory at being polite and considerate.</li> <li>From 166 responses, 93% of patients said the GP/ HCA or Nurse they saw was very good, good or satisfactory at listening to them.</li> <li>From 167 responses, 92% of patients said the GP/ HCA or Nurse they saw was able to put them at ease during their consultation.</li> <li>Of 175 responses, 96% of patients said that GP/ HCA/ nurse or ANP who they saw was good, very good or satisfactory at treating them with care and concern.</li> </ul>

Any additional evidence
Action was taken as a result of the survey which included additional staff training, discussions at staff and clinical meetings and a review with the patient participation group.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with on the day of inspection were happy with their consultations.
Patient comment cards.	Several patients commented that clinicians at the practice were very informative, respectful and helpful.

## 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)	77.6%	78.6%	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)	73.5%	74.8%	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)	79.7%	83.8%	89.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	76.2%	79.1%	85.4%	Comparable with other practices
<b>Any additional evidence or comments</b> The 2018 GP patient survey showed that: <ul style="list-style-type: none"> <li>87% of patients said that they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment. (CCG average 87%, national average 93%).</li> </ul> From the March 2018 Primrose Surgery Patient survey, data showed that: <ul style="list-style-type: none"> <li>From 150 responses, 89% of patients said after seeing their GP they understood their health problem 'very well'.</li> </ul>				

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

Carers	Narrative
Percentage and number of carers identified	118 carers had been identified which was 2.2% of the practice population. An additional 48 people had been identified as carers since January 2018.
How the practice supports carers	The practice had close links with the local voluntary service who described the practice and inviting and welcoming
How the practice supports recently bereaved patients	The practice had identified a bereavement lead within the staff team who was available to support patients and signpost them to voluntary services. They sent a letter of support to the family which contained information leaflets.

## 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	On the day of inspection, we saw that the practice had reviewed the layout of the chairs in the reception area to improve the privacy for patients, who were speaking with staff at the reception desk. The practice had also made a sign asking patients to respect the privacy of others and told us they had ordered a more permanent sign.

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
Patient feedback.	One patient told us that prior to the chairs being moved in the reception area they were worried their discussion might be overheard.
Patient comment cards/patient feedback.	Many cards reflected that patients felt their privacy and dignity was respected. This was also reflected in comments which other patients made on the day of inspection.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	09:00-18:00
Tuesday	09:00-18:00
Wednesday	09:00-18:00
Thursday	09:00-18:00
Friday	09:00-18:00

<p>Appointments available: patients could book appointments over the telephone or online. Telephone triage appointments were available, on the day and pre-bookable appointments.</p> <p>Between 6pm and 6.30pm Monday to Friday care was provided by contractual arrangements with another provider.</p> <p>The reception desk was open from 8am.</p>	
<p>Extended hours opening:</p> <p>Due to their involvement with a local GP alliance, additional appointments were available with a range of clinicians including GPs, nurses, and physiotherapists between 6.30pm and 9pm Monday to Friday and between 10am and 1pm on a weekend at 3 different sites across the city.</p>	

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
All concerns and requests for home visits were sent to the GPs as 'tasks' and these were individually reviewed.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,356	382	63	16.49%	1%

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)	74.1%	72.0%	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)	45.1%	52.8%	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)	52.9%	62.1%	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)	55.4%	57.9%	72.7%	Comparable with other practices

**Any additional evidence or comments:**

Some of the questions patients were asked in the 2018 GP patient survey were different to the questions asked in 2017. Sixty-four patients responded to the survey published in August 2018, which was 1.2% of the practice population.

The results of questions which related to responsiveness included:

- 64% of patients were satisfied with the general practice appointment times available. (CCG average 61%, national average 66%.)
- 54% of patients found it easy to get through to the practice by phone. (CCG average 56%, national average 70%.)
- 68% of patients were offered a choice of appointment when they last tried to make a general practice appointment. (CCG average 56%, national average 62%.)
- 75% of patients were satisfied with the type of appointment they were offered. (CCG average 66%, national average 74%.)
- 97% of patients took the appointment that was offered. (CCG average 92%, national average 94%.)
- 60% of patients described their experience of making an appointment as good. (CCG average 58%, national average 69%.)

Examples of feedback received from patients:

Source	Feedback
NHS Choices	The practice had a 4.5/5-star rating from 5 responses on the NHS choices website. Three very positive reviews had been posted on the 14 and 15 August 2018.
Friends and family test	The friends and family test is a survey which asks patients if they would recommend NHS services to other people based on the quality of the care they have received. CCG data showed that 88% patients would recommend the service, based on 34 responses from April 2018 onwards.

**Listening and learning from complaints received**

Complaints	Y/N
Number of complaints received in the last year.	8
Number of complaints we examined	8
Number of complaints we examined that were satisfactorily handled in a timely way	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
One complaint was referred to NHS England. We saw that the procedure for managing, reviewing and discussing complaints had improved since our last inspection. Complaints were responded to appropriately. Patients received an acknowledgement of	

the complaint which was then followed up by further contact from the practice until the complaint was concluded.

#### **Example of how quality has improved in response to complaints**

Following the last inspection, the practice had started to capture verbal complaints that were made at the reception desk or to team members. We saw that as a result of this, action was taken. For example; reception staff were reminded to ask patients to use the self-arrival screen to avoid queues at the reception desk.

The practice had an identified complaints liaison officer who would manage the process and discuss any patient issues.

# Well-led

## Leadership capacity and capability

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

Leaders at the practice had undertaken thorough reviews of the structure, processes and systems of the practice to support good governance and manage the day to day business of the surgery. Staff roles and responsibilities were clearly set out, understood and effective. There was a supportive culture in the practice and additional staff had been employed; for example, the office manager, to support the smooth running of the service and the non-clinical team. We saw these changes were embedded into the team.

### Any additional evidence

The staff team, both clinical and non-clinical, had reviewed and acted upon each element of the information contained in 'Nigel's Surgery' which is CQC produced guidance for GP surgeries linked to best practice.

## Vision and strategy

### Practice Vision and values

The practice had a clear vision which it had shared with staff to provide excellent high-quality care. The practice was also committed to staff development and looking to offer additional services for patient's in the future.

## Culture

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

Staff stated they were proud to work in the practice and staff had the knowledge and skills to enable them to carry out their role. Staff had been encouraged to develop the skills necessary to support and review patients and we saw that the HCA had recently been a finalist for a regional award. On the day of inspection, we observed staff supporting each other and asking advice about complex patients and presentations.

All staff received regular annual appraisals in the last year with an appropriate person and this included a development plan.

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

Source	Feedback
New staff member	A new staff member at the practice told us on the day of inspection that they had been supported through a thorough and helpful induction and had continued to be supported by leaders and other members of staff at the practice.



## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	We saw that policies were reflective of the practice and were dated and reviewed as necessary. This had improved since our last inspection.
Other examples	We saw that a number of systems and processes required to effectively manage a GP practice had been reviewed and improved. This included recruitment, staff training, the management of alerts, significant events and complaints.

## 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
Risk to vulnerable patients	During the November 2017 inspection we found that blind cords did not meet EU directives. At this inspection we found that the practice had responded to the breach in regulation and ensured that window blinds were safely secured.
Vaccine fridges	During the November 2017 inspection we found that the management of vaccine fridges did not fully reflect good practice guidance. At this inspection we found the practice had significantly improved their management of vaccines and purchased additional thermometers to assist in the monitoring of temperatures.

Any additional evidence
The practice had responded appropriately to the breaches of regulations 12 (1) and 17 (1) of the Health and Social Care Act identified on 9 November 2017. Improvements and changes had been made and sustained.

## Appropriate and accurate information

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

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
<p>The practice had an active patient participation group who were reflective of the demographics of the practice population. There were approximately 11 regular members who met quarterly with members of the staff team, including the patient engagement lead.</p> <p>The chairman told us that issues, complaints, changes, patient surveys and significant events were discussed with the group. We were told that their opinion was valued and changes made as a result of their input.</p>

Any additional evidence
The PPG chairman told us that staff had a positive attitude and were welcoming to patients.

## Continuous improvement and innovation

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

Audit area	Improvement
Gestational diabetes	Reviewed at eight-week check and patients to be recalled annually. A clinical protocol for the management of this condition was developed.
Two cycle audits	We saw additional two cycle audits including a valproate audit and a DMARD audit where changes were made and improvements were sustained.

Any additional evidence
The practice had introduced a dedicated pain management clinic in response to initiatives to reduce the prescription of pain medications. The consultations focused on enabling self-management of pain using alternatives to medications and also health promotion, using various resources like leaflets, social prescribing and websites.

**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](#)).