

Care Quality Commission

Inspection Evidence Table

Dr Rajesh Pandey (1-496144059)

Inspection date: 07 August 2018

Date of data download: 02 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.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers: Not applicable	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	N
Staff who require medical indemnity insurance had it in place	N
<p>Explanation of any answers:</p> <p>It was not clear from the records of the clinical staff whether all staff vaccination was currently in line with PHE guidance. For instance, one staff member had a record of having had a dose of Hepatitis B vaccination, but it was not clear whether they had had an appropriate response to the vaccine. There was no record at the practice of a second clinical staff member's hepatitis B antibody status or when they had their last vaccination. The practice had forwarded some further information since the inspection.</p> <p>Both nurses' files contained the appropriate documentation with the exception that the Nursing and Midwifery Council (NMC) registration document in one was out of date. Evidence that the clinician was currently appropriately registered was provided by the practice from the NMC website.</p> <p>The GP and one clinical staff member had appropriate medical indemnity insurance. However, the documents the practice held in respect of one clinical staff member were not appropriate to adequately cover their role. Once this issue was identified, we saw that action was immediately taken by the practice to resolve this situation.</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:	Y 15/11/17
There was a record of equipment calibration Date of last calibration:	Y 15/11/17
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks 21/05/2018	Y
Fire drills and logs 14/09/17 and 04/06/18	Y
Fire alarm checks 23/03/2018 annual check	Y
Fire training for staff	Y
Fire marshals	N
Fire risk assessment: An internal risk assessment had been carried out, no actions were required. Date of completion	Y 07/08/18
There were no designated fire marshals, but all staff were trained, had been involved in recent fire evacuation drills and knew what to do in the event of a fire.	
Additional observations: There was a separate storage room in which liquids and COSHH sheets were kept which was locked and contained liquids and COSHH sheets. These had been audited in February 2018. There was also a COSHH risk assessment carried out requiring no actions on the same date.	
Health and safety Premises/security risk assessment? Date of last assessment:	Y 26/07/18
Health and safety risk assessment and actions Date of last assessment:	Y 26/07/18
Additional comments: They had only just completed the recent health and safety and premises risk assessments. There were several actions planned to include putting a fan in the toilets, repairing a loose carpet, and repairing some wallpaper. The practice had also carried out Legionella and display screen risk assessments.	

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: On this occasion there were no outstanding issues. Actions completed from the last audit included fitting hands-free taps in the nurses' room. They also found that waste bags and bins were not secured properly and following the audit conducted in-house training and awareness to ensure staff knew how to do this correctly.</p>	<p>Y</p> <p>July 2018</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any answers:</p> <p>We saw from a letter that a recent external audit had been carried out on waste management and that the practice had been commended on their processes. We saw that processes for managing specimens were adequate and understood by staff.</p>	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
<p>Explanation of any answers:</p> <p>Reception and administrative staff cover was in-house. If the GP or other clinicians were off sick, the local GP federation could be approached for support. Additionally, a local locum was occasionally used (for example for two days last year). If the nurse was absent, routine immunisations would be postponed until they were available, arrangements would be made with another surgery to carry out any urgent dressings and urgent blood tests could be carried out at the local hospital.</p> <p>In case of emergency there was a physical panic button in the surgeries as well as one on the computer screen.</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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

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)	1.06	1.05	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)	5.8%	8.5%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Not Applicable
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.	Not Applicable
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Not Applicable
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	N
<p>Explanation of any answers:</p> <p>The practice did not have controlled drugs on the premises.</p> <p>The practice had three fridges for storing vaccines and other temperature sensitive medicines. There was a cold chain protocol in place and the practice measured temperatures in the fridges twice a day during the week. They had also carried out an annual cold chain audit. They did not however measure the maximum and minimum temperatures at all and one fridge had had temperatures recorded as 0.6 degrees Celsius (recommended range 2-8 degrees Celsius) on a regular basis. On looking at the manual for the fridge, these readings were wrongly recorded and should have been recorded as 6 degrees Celsius as that particular fridge did not record decimals only whole numbers. CQC checked the last maximum and minimum reading of each fridge and found two of the three to have been higher than the upper limit of the accepted range.</p> <p>Once this was pointed out, the practice acted to prevent further use of medicines stored in the fridges and contacted Public Health England (PHE) for advice on further management. We saw evidence of their communications with PHE.</p> <p>We have also seen evidence that since the inspection tests were carried out on the fridges and no further action was required. Staff have since undergone further training on vaccine storage.</p> <p>The GP regularly reviewed and updated records when patients' medicines were changed and on an annual basis following a medicine's review. However, a software issue had occurred whereby when a medicine review was completed it was not always reflected in the prescription which would still show it as needing to be completed. We were told that the practice had raised this with their software provider.</p> <p>Staff monitored prescriptions that had not been picked up by patients. On the day of the inspection the oldest prescription was a month and four days old. Staff told us that controlled drug prescriptions that were left in the box were removed and the doctor alerted after a month. Prescriptions for other medicines were removed after five to six months and recorded on the computer system.</p> <p>The practice also had access to a pharmacist employed by the CCG who carried out medicine reviews for patients of the practice. This included 15 patients in a care home and 15 in a learning disability home)</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months (including two that were complaints)	8

Number of events that required action or triggered learning points	8
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Examples of significant events recorded and actions by the practice;

Event	Specific action taken
A child was booked in for an immunisation. The fridge was checked and a vaccine found to have been reserved for the patient, but it was the adult dose.	The appointment was cancelled and the appropriate vaccine ordered. An investigation was carried out and the reason for the error identified and discussed at a staff meeting. Changes were made to the protocol as to who can order vaccines in the future. Learning was recorded in the meeting minutes and on the serious adverse events form.
A patient was identified as possibly suffering from domestic abuse.	The patient was counselled by the clinician and asked as to whether their children were involved. The appropriate referrals were then made. The issue was discussed at a staff meeting and signs to look for were discussed with all staff. Staff were reminded of the appropriate referral contact numbers.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: All alerts that came in to the practice were reviewed and passed to the appropriate member of staff for actioning. A hard copy of alerts and actions taken was retained and readily accessible to staff.	

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)	2.56	1.26	0.84	Variation (negative)
Any additional evidence or comments				
The practice had asked for a meeting with the local Medicines Management team to discuss ways of decreasing the prescription of hypnotics within the practice.				

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	75.2%	80.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8% (20)	9.7%	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)	85.0%	77.7%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (5)	7.9%	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)	76.6%	81.9%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.7% (17)	14.1%	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)	72.4%	75.5%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (3)	12.4%	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)	92.5%	92.4%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (2)	13.3%	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)	82.9%	82.6%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (8)	2.9%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	75.0%	85.8%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (4)	6.1%	8.2%	

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)	28	33	84.8%	Below 90% minimum (variation negative)
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)	24	27	88.9%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	24	27	88.9%	Below 90% minimum (variation negative)
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)	24	27	88.9%	Below 90% minimum (variation negative)
Any additional evidence or comments				
<p>The practice was aware that childhood immunisation levels were below the WHO target. They told us that they would call the parents to make appointments and if they failed would call and make another. They would also put a flag on the computer system so that they would be alerted to the fact that a patient was due an immunisation and could opportunistically organise the appointment.</p>				

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)	73.3%	74.3%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.6%	72.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	45.3%	58.3%	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)	100.0%	73.5%	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)	77.8%	66.6%	51.6%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The provider commented that if patients did not attend for smear tests, that they would send further appointments or call and would try to opportunistically discuss the advantages with their patients. They also tried to encourage patients to comply with bowel cancer screening when they attended the surgery and had put posters up in the waiting room.</p> <p>The practice offered the Meningitis ACWY vaccine for those eligible and attending university for the first time.</p>				

People whose circumstances make them vulnerable

Any additional evidence
<p>The provider had noted the national concern at the high level of opioids (strong, potentially addictive pain killers) being prescribed for chronic non-malignant pain. He had therefore invited the local Medicines Management team to the practice to advise him on the review and management of patients on these medicines in his practice. The medicines management team, also at the providers request, carried out a search and assessment of patients that may benefit from a reduction or change in medicines. Following the visit, we saw a copy of a letter from the team commending the provider on his subsequent reviews of patients and the fact that the number of patients that remained on opioids for this indication, had reduced from 75 to 43 over a period of three and a half months from April to July 2018. This was a reduction of 42%. Additionally, another 14 patients were on a reduced dose.</p> <p>The provider had identified a higher than average number of substance misuse patients among the</p>

practice population. They hosted a fortnightly substance misuse clinic for the practice's patients staffed by a nurse from a local specialist team. The clinic was for patients that were currently stable. If any non-compliance was detected the patient would be referred back to the provider who would review and assess the patient and if necessary refer them on to the main substance misuse service.

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)	94.9%	87.8%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	11.1%	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)	97.4%	85.9%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (1)	9.6%	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)	92.9%	84.4%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (1)	7.4%	6.8%	
Any additional evidence or comments				
<p>We saw a letter from an external service commending the practice on the quality of their annual health checks of patients with a learning disability and the quality of their delivery of the learning disability enhanced service.</p> <p>The overall exception reporting rate was 4.2% compared with a England average of 5.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, where the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) This was notably the case with mental health indicators.</p>				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552	545	539
Overall QOF exception reporting (all domains)	4.2%	5.9%	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)	98.1%	94.4%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 0.1% (1)	CCG Exception rate 0.7%	England Exception rate 0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>We saw that for example, when taking smear tests, or 24 hour Blood Pressure recordings informed consent had been sought, given and recorded in the notes.</p> <p>We also saw that consent was obtained when devising care plans for patients. Clinicians had undergone training on the mental capacity act.</p> <p>When reviewing notes clinicians ensured that consent had been recorded where appropriate.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	39
Number of CQC comments received which were positive about the service	39
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	All 39 cards were very positive about the team at the practice and the service they provide. The practice was frequently described as first class and staff as helpful friendly and caring. Several respondents noted how carefully they were listened to. Two cards mention that they sometimes have to wait a while to be seen but mitigated the comments by mentioning that the doctor is very busy and both these cards were very positive.
NHS Choices and Google Reviews websites	There was a total of five reviews from patients on the NHS choices and Google Reviews websites. All five reviews gave the service five stars and the reviewers were very positive in their comments.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,651	297	100	33.67%	3.77%

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)	89.2%	83.1%	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)	96.7%	90.8%	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)	99.4%	95.8%	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)	92.6%	87.2%	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)	99.2%	91.5%	91.4%	Variation (positive)
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)	95.7%	91.7%	90.7%	Comparable with other practices

Any additional evidence or comments

All of the above figures are above local and England averages, but with the exception of the fifth question, they are statistically comparable to other practices in England as assessed by CQC's data analysts (see the explanation of the statistics used at the bottom of this evidence table). The fifth question shows a positive variation and the results are statistically better when compared to other practices in England.

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

Date of exercise	Summary of results
2016-2017	<p>100% of the 45 patients surveyed were either likely or very likely to recommend the practice to their friends and families. There were no negative responses to the questions.</p> <p>The main issue that was raised was that the radio was too loud in the waiting room. In response the practice put up a notice to explain that 'The music in the waiting room is set at a controlled tone to assist in protecting your confidentiality and privacy when in attendance with the doctor or with the nurse.'</p> <p>The survey and the practice response were posted on the practice website as were the monthly patient participation group minutes.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke to four patients all of whom felt that they were fully involved in any decisions regarding their care and treatment.
Comment cards	Several patients who replied on the CQC comment cards referred to how carefully they were listened to and what good care they had received.

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)	89.3%	87.2%	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)	92.0%	83.3%	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)	98.2%	90.9%	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)	95.4%	85.3%	85.4%	Comparable with other practices

Any additional evidence or comments

All of the above figures are above local and England averages, but they are statistically comparable to other practices in England as assessed by CQC's data analysts (see the explanation of the statistics used at the bottom of this evidence table)

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	There were 75 patients flagged on the system as carers. This equated to about 3% of the practice population.
How the practice supports carers	There was a poster, leaflets and business cards in the waiting room signposting patients to a carers group. There was a carers' page on the website which encouraged carers to register at the practice as a carer. Once registered as carers patients were offered an annual flu vaccination and if necessary, extended GP appointments. There were also links on the website to advice on how to access help and support (including benefits advice) from local services.
How the practice supports recently bereaved patients	The bereaved patient would receive a phone call by GP and a personalised letter which also contained practical advice as well as signposting the patient to support groups. We saw an example of one of the letters and it contained very caring and thoughtful comments about the deceased.

Any additional evidence
The practice could provide access to interpretation and translation services including sign language if required. There were signs up with various languages on for patients to use to indicate the interpreter they required. The GP had a knowledge of regional Indian languages, which helped communicate with patients from India, Pakistan and Bangladesh.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>There was a radio playing in the waiting room, it had been set at a level that prevented private discussions being overheard.</p> <p>All staff had signed confidentiality agreements and had received information governance training.</p> <p>There was a poster explaining that a private room could be made available if a patient wished to speak to a staff member confidentially.</p> <p>Telephones were placed away from the reception desk in the reception office.</p>

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

Examples of specific feedback received:

Source	Feedback
Internet review sites: NHS Choices and Google Reviews.	There was a total of five reviews from patients on the NHS choices and Google Reviews websites. All five reviews gave the service five stars and the reviewers were very positive in their comments.
CQC comment cards returned by patients.	All 39 CQC comment cards were positive about the practice. Several patients describe how carefully they are listened to and how caring, kind and thoughtful the GP is.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.00 to 18.30
Tuesday	08.00 to 18.30
Wednesday	08.00 to 18.30 (no surgeries in the afternoon)
Thursday	08.00 to 18.30
Friday	08.00 to 18.30

<p>Appointments were available daily. All patients arriving before 10.30am would be seen by the GP (or by the nurse practitioner on a Thursday). Afternoon appointments with the GP were bookable one month in advance. Appointments with the practice nurse or health care assistant were bookable in advance. On Wednesday afternoon, no surgeries were operating, but the practice was open for telephone calls and the GP was available for emergency calls.</p>	
<p>Extended hours opening (GP and nurse appointments were bookable in advance)</p>	
Tuesday	18.30 to 19.30

Home visits	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>Requests for home visits were taken by staff and put on the computer screen and into a book alongside information describing the patient's signs, symptoms and request. The GP triaged the patients for visits often by calling the patient first. Staff would call or message the GP if a request for a visit was urgent.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,651	297	100	33.67%	3.77%

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)	92.5%	82.1%	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)	95.5%	76.0%	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)	94.1%	79.4%	75.5%	Variation (positive)
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)	85.6%	79.1%	72.7%	Comparable with other practices

Any additional evidence or comments

All of the above figures are above local and England averages, but with the exception of the third question, they are statistically comparable to other practices in England as assessed by CQC's data analysts (see the explanation of the statistics used at the bottom of this evidence table). The third question shows a positive variation and the results are statistically better when compared to other practices in England.

The practice felt that the high result for access to a nurse or GP was due largely to the walk-in surgery (for registered patients) that they ran each week day from 9-10.30am.

Examples of feedback received from patients:

Source	Feedback
PPG members	The four members of the PPG that we interviewed felt that they received an excellent service from all at the practice. They all felt that they were treated with dignity and respect and involved in decision making about their own health. They felt that the walk-in surgery was a very positive aspect of the service. A patient that we interviewed was also very happy with the care they had received.
CQC comment cards	All respondents were positive about the service and many considered it to be first class, outstanding or very good. Two specifically mentioned that they can see the doctor any day although one of those mentioned it did mean a little wait.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We examined all of the complaints. All the complaints were appropriately acknowledged, investigated and responded to in a reasonable time scale. We saw that Duty of Candour was adhered to and where appropriate apologies were made. We saw written reflections on the two clinical complaints and learning principles that were drawn from the incidents.	

Example of how quality has improved in response to complaints

One recent complaint had wider implications with respect to ensuring that GPs registering new patients receive all the relevant past medical history information for that patient. The practice was intending to discuss the incident with the clinical commissioning group and their GP federation at the next meetings of the groups.

Any additional evidence

There was one additional complaint specifically against an independent practitioner that the practitioner dealt with directly and resolved. We understand that it was resolved satisfactorily, but the paper work was not available to us on the day. The practice had told us that should a similar situation

arise again, that they would take the lead in dealing with the complaint.

Well-led

Leadership capacity and capability

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

The practice had a clear Mission Statement which is available to see on their website:

- To achieve excellence on healthcare for all
- To treat their patients with respect and courtesy at all times
- To provide their patients with advice and treatment in a timely manner
- Putting their patients at the heart of everything they do
- To act as their patients' advocate and guide through health and social services
- To maintain confidentiality in what they discuss and the records they keep on their patients' behalf
- To remain up to date with development in healthcare by continued learning.

The practice had made significant improvements in the governance and management of their services since going in to special measures which had led to their overall CQC ratings moving from inadequate to good.

Vision and strategy

Practice Vision and values

The practice vision and values are shared with their patients and other stakeholders through their website. Their values are:

- To treat all patients fairly and without Discrimination or prejudice
- To be polite, considerate and honest at all times
- To promote openness and transparency
- To promote shared decision making between patients & carers
- To act ethically and with honesty and integrity at all times.

Their vision is:

- To achieve the highest standards of care
- To move towards the most cost - effective, integrated and resilient system of care
- To continually promote healthy lifestyles and behaviours
- To work towards more co-ordination and collaboration across boundaries with less fragmentation of health care.
- To work towards working in federated organisations with inter-connected clusters of practices and other care providers.

Culture

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

We saw minutes that confirmed the practice held bi-monthly practice meetings, that all staff attended, where incidents had been raised, investigated, discussed and learning was shared. The practice understood and complied with their duty of candour.

We also saw documentation that confirmed that members of staff had a formal annual appraisal at which they could raise issues and discuss areas such as their personal development and training.

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

Source	Feedback
Staff	Staff felt able to discuss clinical and operational concerns with the management and if necessary interrupt the GP where appropriate, with an urgent matter.
Practice meeting minutes	<p>We saw instances where staff had raised issues at practice meetings (which all staff and management attended) and that they had been adopted. For example, a named member of staff had asked that documents should be scanned and attached to records on the same day and not left to be attached at a later date. This was adopted as practice protocol. We saw that staff entered issues to be discussed at the practice meeting into a book and that they were added to the agenda.</p> <p>All significant events, complaints and recent bereavements were discussed at practice meetings, we saw that there was an open and transparent culture within the practice.</p> <p>Practice meetings were also for training. For example, we saw minutes that showed confidentiality and mental capacity were discussed at one practice meeting.</p> <p>The practice arranged an annual Christmas meal for all staff members.</p>
Records	<p>There was a clear culture of collaborative working with representatives from other health and social care organisations attending multi-disciplinary team meetings, in particular the district nursing and adult social care teams.</p> <p>Patients were referred to another local organisation for smoking cessation and weight management support.</p> <p>The practice also worked closely with the local substance abuse team who ran a fortnightly clinic at the surgery for patients of the practice whose misuse issues had been stabilised.</p>

Any additional evidence

We saw that staff safety had been addressed, there was a manual panic button in the rooms as well as one on the computer screens.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	<p>There was a suite of practice specific policies and protocols that were accessible to all staff via the computer system. For example, there were policies on safeguarding of adults and children, recruitment, dealing with complaints and a business continuity plan.</p> <p>We also saw minutes from team meetings where staff were told of new policies that had been introduced. For example, on 16/01/2018, a new Business Plan and Grievance Procedure had been introduced with a new updated Whistleblowing Policy. Staff had been informed of the changes in this policy. We saw that practice meetings were inclusive and covered a diverse range of topics.</p> <p>We looked at eight policies, seven had been appropriately reviewed and updated, although one was overdue for review.</p>
Other examples	<p>Staff that we interviewed clearly understood the management structure, their own roles within the practice team and those of other staff members. They felt supported by the management and able to discuss any concerns or problems that they may have regarding patient care. They understood how to access policies and protocols and were kept informed about any changes through practice meetings at which they had an active input.</p>
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
Clinical staff including locum staff that we talked to described how the senior clinician was very helpful and supportive.

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Risk of injury from wall unit	A patient caught themselves on a wall dispenser. They were not injured, but reported it to reception. The practice apologised to the patient and had it moved to a safer area. The incident was shared with the practice team and was recorded in the incident book.
Infection control	Following the infection control audit in July 2018, hands free taps were

	fitted in the nurses' room. It was also noted that waste bags were not being secured properly in bins. Training was provided to staff on the correct method of attaching the bags.
Legionella	We saw invoices for work on the plumbing that had been carried out in response to the risk assessment findings.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The Patient Participation Group (PPG) had been meeting since April 2016 and met every two months. All the minutes for the meetings were available on the website. The PPG felt that the relationship between the practice and the PPG was very good. The GP attended all the meetings and both he and they would bring issues to the meeting. They felt that the practice was very receptive and as open as they could be within the boundaries of confidentiality. The PPG had made several suggestions that the practice had adopted such as information notice boards, a suggestions and feedback box and a prescription box. They were kept informed and involved in discussions about the flu immunisation programme, extended access and the employing of a nurse practitioner amongst other issues. They were also involved in improving the appearance of the waiting area.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Monitoring renal function in patients taking a specific oral medicine for diabetes.	In rare cases this particular medicine can cause toxicity. The medicine is excreted in the urine therefore if kidney function is poor the medicine is retained and may increase the risk of toxicity. At the first cycle of 105 patients in 2016, 12 patients required a change of management. During the second cycle in 2018 of 110 patients, 15 required a change of management. The conclusion was that the outcome of 10-15% of patients on the therapy was improved because of the audit.
Monitoring the levels of Thyroid Stimulating Hormone (TSH) in patients taking a type of thyroxine (a hormone) replacement	Patients on the replacement therapy were checked to see if they had had a TSH level checked over a one year period (2016-2017) and whether the level was within normal range. Any patients outside the recommended range were individually reviewed. At the second cycle an increased percentage had had their levels checked but a similar percentage had levels outside the recommended range. Again, they were each individually reviewed and appropriate adjustments made to their therapy.

Any additional evidence
A variety of other audits to improve quality assurance were carried out including amongst others a two-cycle audit on electrolyte levels in patients on diuretics, one of substances covered by COSHH (Control of Substances Hazardous to Health), an infection control audit and one of staff handwashing.

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 practices 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](#)).