

Care Quality Commission

Inspection Evidence Table

THE HUSBANDS BOSWORTH SURGERY (C82109)

Inspection date: 22nd August 2018

Date of data download: 13 August 2018

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

The practice has a new registration due to moving to a new building premises. Data in the following evidence table has been obtained from the previous registered location name for information. For this reason the data in the following evidence table does not have comparisons available.

Safe

Safety systems and processes

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

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes May 2018
There was a record of equipment calibration Date of last calibration:	Yes December 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes August 2018
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes June 2018
Health and safety risk assessment and actions Date of last assessment:	Yes June 2018

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: The practice had completed a pre inspection of the new building in February 2018 to identify any issues or infection control risks. No risks were found. An audit was completed in July 2018 after opening the new building and will be completed annually as per the infection control policy. No actions were found due to the brand new purpose built building.	Yes 17 th July 2018 NA
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
Explanation of any answers: The practice had a policy for unwell patients and receptionists had regular training on emergency symptoms. The receptionists were due training for sepsis awareness.	

Information to deliver safe care and treatment

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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.93	0.92	0.95	No comparison available
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	13.8%	10.6%	8.8%	No comparison available

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	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.	Yes*
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.	NA
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.	No
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.	No*
<p>Explanation of any answers:</p> <p>Prescription pads were locked securely and logged in however there was not an effective system in place for logging the blank prescriptions out to either the clinicians room or the dispensary.</p> <p>The practice were aware of any patients on high dose or long term controlled drugs prescribing and could show us how this was monitored.</p> <p>The practice had systems in place for controlled drugs however they were not always being followed. We saw evidence of two stock discrepancies of controlled drugs on the day of inspection which had been missed as part of a monthly stock check. We also saw no evidence of second checks on destruction and dispensing of controlled drugs however staff told us this was the usual procedure.</p> <p>Emergency medicines were held in the practice however there was some uncertainty about the location of these. Clinical rooms were equipped with adrenaline. However we found that all other emergency medicines were in the dispensary but we found that dispensary staff were not aware they were holding the only emergency stock for the practice. They were not all in one location and some were located in impractical places in event of an emergency.</p> <p>Due to the dispensary staff not being aware they were holding all stock for the emergency medicines there were no systems in place for replacing this stock if it had been used in case of emergency.</p> <p>There was a policy for ensuring medicines which required refrigeration were stored appropriate and temperatures were monitored however on records we reviewed we saw evidence that temperature monitoring was consistently recorded at high temperatures and against the recommended levels of two to eight degrees. This puts medicines at risk of not being effective treatment and patients at risk.</p>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Yes*
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes*
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	No
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	NA
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Explanation of any answers	
<p data-bbox="76 1272 718 1310">Any other comments on dispensary services:</p> <p data-bbox="76 1323 1525 1435">There was a named GP responsible for providing leadership for the dispensary however we do not feel this leadership was effective. Staff told us this GP did not routinely work at Husbands Bosworth and only attended for monthly meetings.</p> <p data-bbox="76 1487 1474 1561">Dispensary standard operating procedures were in place however we saw evidence they were not always being followed for example controlled drugs and temperature monitoring.</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.	29
Number of events that required action	29

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

Event	Specific action taken
Dosage change resulted in an error.	Any medication changes which included total daily doses required information and directions on what time of day to take all doses to amount to the total dose. For patients with complex doses of medicines, the patient and carers will have written clarification to aid compliance.
Monitoring done on patient who did not require it	The practice clarified the process of booking patients in for reviews. Staff had extra training to avoid the unnecessary tests again.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
All alerts came into on member of staff who recorded them and disseminated them to the appropriate staff who needed to action or have knowledge. These were then discussed at team meetings.	

Any additional evidence
The practice did not routinely record dispensing errors as they classed any dispensing errors which had been picked up by the patient as significant events. These were then dealt with through the significant event process. We saw evidence of these being fully investigated and dealt with.

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)	0.16	0.65	0.84	No comparison available

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	88.0%	82.3%	79.5%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (10)	9.2%	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)	87.7%	77.0%	78.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (5)	9.3%	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)	88.0%	82.0%	80.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (26)	13.2%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	74.3%	74.8%	76.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (9)	9.9%	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)	96.2%	91.0%	90.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (6)	12.7%	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)	85.4%	83.0%	83.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (10)	4.2%	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)	88.6%	90.7%	88.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.1% (7)	7.1%	8.2%	
Any additional evidence or comments				

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) (to) <small>(NHS England)England</small>	32	34	94.1%	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) (to) <small>(NHS England)England</small>	21	21	100.0%	Met 95% WHO based target
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) (to) <small>(NHS England)England</small>	21	21	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) <small>(NHS England)</small>	21	21	100.0%	Met 95% WHO based target
Any additional evidence or comments				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	78.6%	77.3%	72.1%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.2%	78.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	60.7%	62.1%	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)	82.4%	66.6%	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)	60.7%	58.8%	51.6%	No comparison available
Any additional evidence or comments				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	100.0%	97.1%	90.3%	No comparison available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	70.8% (17)	47.9%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	100.0%	95.5%	90.7%	No comparison available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	58.3% (14)	38.8%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	83.3%	81.1%	83.7%	No comparison available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (3)	8.4%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	559	Data Unavailable	539
Overall QoF exception reporting	4.2%	Data Unavailable	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)	96.8%	95.6%	95.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (10)	1.1%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Consent was sought through a generic consent form which was completed and signed by the patient and scanned onto the patients record.</p> <p>The practice completed audits on minor surgery appointments to ensure that consent was gained and recorded appropriately.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	36
Number of CQC comments received which were positive about the service	33
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comment cards	<p>We received generally positive feedback about staff being caring and considerate. Patients reported that reception staff and dispensary staff will go above and beyond to help.</p> <p>The mixed reviews contained negative comments about poor communication between services such as hospitals or care homes.</p>
NHS choices	<p>Patients generally left positive feedback about the care they received at the service including comments on excellent service from all staff at the practice and how the prescription process is easy and quick to use. Negative feedback was also left on the website including complaints about the phone system keeping patients waiting and difficulties when registering new patients. The practice had responded to these comments offering to investigate fully.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3566	223	127	56.95%	4%

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)	70.4%	79.9%	78.9%	No comparison available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	89.9%	90.6%	88.8%	No comparison available
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	93.0%	96.4%	95.5%	No comparison available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	87.4%	88.1%	85.5%	No comparison available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	84.8%	90.4%	91.4%	No comparison available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	92.1%	90.4%	90.7%	No comparison available

Any additional evidence or comments

The practices 2018 GP patient survey had been published at the time of the inspection which showed the practice results were in line with local and national averages for all areas.

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

Date of exercise	Summary of results
July 2018	Patients gave feedback on the new premises which included the installation of a water dispenser with compostable cups at the request of patients. Patients also gave feedback that the waiting area was open and could hear conversations. The practice purchased two sound screen boards to reduce the noise and also installed a radio to draw attention away from the reception area.

Any additional evidence
The police had requested if the practice could accommodate any rooms in the practice for local police officer to use when completing paperwork. The practice regularly allowed this officer to use the space.

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 said they felt clinicians involved them in their care and treatment options. Patients also reported they were fully supported and were able to ask questions during consultations.

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)	85.2%	88.5%	86.4%	No comparison available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	77.3%	83.2%	82.0%	No comparison available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	87.4%	88.7%	89.9%	No comparison available

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	78.4%	83.5%	85.4%	No comparison available
Any additional evidence or comments				
The 2018 GP patient survey had higher results for patient's satisfaction about being listened to during GP appointments and being involved in decisions about care and treatment.				

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

Carers	Narrative
Percentage and number of carers identified	81 carers (2% of practice population)
How the practice supports carers	Carers had regular health reviews offered and were offered flu vaccination. Carers were given an information pack on local services and useful information.
How the practice supports recently bereaved patients	GPs reported they would visit the family if the patient was known and offer to support. Bereaved patients were send a card and offered appointments for support. Staff were aware of local support for bereavement depending on circumstances and would offer this to patients should they need them.

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	<p>The practice had music on to distract from conversations at the reception desk.</p> <p>Reception staff told us they would try and keep conversations private however would offer a private room if the patient seemed distressed or asked.</p>

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
Comment cards	Patients reported that they felt their treatment was conducted with privacy during sensitive matters. Other patients reported that all staff treated them with respect and dignity whilst at the surgery.
Patient interviews	Patients we spoke with on the day of inspection said they felt supported at the surgery and the doctors would always treat them with respect. Some patients reported that nurses were understanding during consultations and would put the patient at ease.

Responsive

Responding to and meeting people's needs

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

Appointments available	
	8.20am to 5.30pm (Monday to Thursday) 8am to 5.30pm (Friday)
Extended hours opening	
	Extended hours were available at the Market Harborough Medical Centre on Monday evenings between 6.30pm to 8pm.

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	
<p>Home visit requests were taken and shared between duty GPs. All patients who requested a home visit would be seen without triage.</p> <p>If any urgent symptoms were given, receptionists would follow the urgent symptoms protocol and either inform the patient to ring 999 or pass onto the duty doctor depending on severity.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3566	223	127	56.95%	4%

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)	66.1%	75.7%	80.0%	No comparison available
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	88.0%	64.2%	70.9%	No comparison available
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	80.3%	74.1%	75.5%	No comparison available
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	71.7%	68.5%	72.7%	No comparison available

Any additional evidence or comments

Following the 2017 GP survey results a new telephone system had been implemented to try and address the access issues.

The practices 2018 GP survey results showed patients were satisfied with access to the practice with results for patients finding it easy to get through to the practice on the phone above local and national averages.

Examples of feedback received from patients:

Source	Feedback
NHS Choices	The practice received some negative feedback on NHS choices regarding getting through on the phone. The practice had responded and apologised and offered to investigate the complaint if raised at the practice however the patient had not took it up as a formal complaint with the practice.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Example of how quality has improved in response to complaints

We saw evidence of additional training given to the whole practice team following complaints to ensure consistent care. For example we saw evidence of the practice having training on communication following a complaint about a break down in communication.

Well-led

Leadership capacity and capability

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

The practice worked with other agencies and providers to ensure their patients could access services in a timely manner. For example, the clinics available at St Lukes hospital such as acute illness service and echocardiograms and ultrasounds. There was also evidence of working with other agencies for patients with complex needs to ensure the patient gets all the support they require.

The practice staff reported they felt supported and encouraged to raise concerns or feedback and felt it would be investigated by the practice.

The practice had a strong management team with emphasis on patient care. However the leadership of the dispensary was not effective as the lead GP did not routinely work at the practice.

Vision and strategy

Practice Vision and values

The practice aimed to provide patients with high quality, accessible care in a safe, responsive and courteous manner.

Culture

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

Source	Feedback
Staff interviews	<p>Staff we spoke with told us the whole practice worked as a team and that management was approachable. Staff told us it was a very supportive environment.</p> <p>When asking staff about the leadership of the dispensary they felt that due to the lead GP not working routinely at the practice, they felt that more support was required.</p>

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a range of policies to govern activity across the practice. Following the October 2016 inspection, all policies were reviewed regularly and included review dates.
Learning from significant events and complaints	The practice demonstrated they learnt from incidents and complaints. The practice showed evidence of additional practice training on any areas which were raised as below standard.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes*

Any additional evidence
Staff were clear on roles and responsibilities however we saw evidence in the dispensary of staff not adhering to their responsibilities in regards to monitoring temperatures and controlled drug discrepancies. There was a lack of oversight to manage this which resulted in ongoing errors putting patients at risk.

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
Health and safety risk assessment	Risk assessments were completed for the new building with any updates on premises and equipment.
Infection control risk assessment	The practice completed a risk assessment before the new building was opened to ensure the building was safe to use. A practice risk assessment had been completed since the opening as part of the ongoing monitoring of the practice.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The patient participation group was held every two months to discuss ongoing issues and ideas. The PPG held weekly meet and greet with patients at the practice to obtain patient views and feedback. They made suggestions to the practice including implementing the new phone system. They also assisted in installing the new water dispenser when patients brought this up through their feedback. The PPG regularly updated the practice patients about the progress of the new building in the village newsletter.

Continuous improvement and innovation

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

Audit area	Improvement
Women at child bearing age and long term medication	Patients who were taking medicines which could affect pregnancy received updated information on their medicines and the risks which were associated with them.
Controlled Drug prescriptions	Changes made to controlled drug delivery to ensure patients sign for acceptance of medication.

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](#)).