

# Care Quality Commission

## Inspection Evidence Table

### White Horse Health Centre (1-2345668580)

Inspection date: 29 & 30 August 2018

Date of data download: 01 August 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There 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:	
<p>The practice had developed their own system for managing safeguarding concerns, which included the development of a computerised template and an electronic register. The system alerted staff to a patient on the register whenever they accessed the patient's records.</p> <p>The GP lead:</p> <ul style="list-style-type: none"><li>• Reviewed all safeguarding related correspondence on the day it was received</li><li>• Received a weekly report of all patients where there were safeguarding concerns</li><li>• Received a weekly report of all children who did not attend for an appointment</li></ul>	

The practice had done an audit of their safeguarding system.

The practice had recently started a new scheme to ensure all children (and the child's carers where there were known concerns) were given a same day appointment with a GP Partner. The system alerted staff to patients on the register whenever they accessed the patient's records.

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	See below
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>We looked at the staff files and recruitment records for five staff and found some of the required information was not up to the required standard. For example:</p> <ul style="list-style-type: none"> <li>On three of the staff files the practice had recorded a Disclosure and Barring Service (DBS) check, by recording the DBS certificate number and the date it had been seen. However, the entry had not been signed by a member of staff confirming they had seen the certificate and the number was correct. Neither was there a copy of the certificate. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)</li> <li>One newly employed member of staff had two references on file. One of these references, started, "To whom it may concern", and gave no information about who the reference was from, the organisation they worked for or their work role. It was on plain paper and unsigned.</li> </ul>	

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 22/3/2018
There was a record of equipment calibration Date of last calibration:	Yes May 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
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 23/05/2018
Actions were identified and completed.	Yes
Additional observations: The practice did not have a current electrical safety certificate which is required to be completed every five years. We noted the building was approximately six years old. There was evidence of regular gas services, the last being on 21/8/2018 There was evidence the lift was regularly serviced, the last being on 10/07/2018	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 17/8/2018
Health and safety risk assessment and actions Date of last assessment:	Yes
Additional comments: The practice had a legionella risk assessment and external contractors visited monthly to carry out the recommended checks and to flush out some water outlets. We noted that the risk assessment recommended the practice considered replacing the water heating system which a new system negated the need for a cold-water storage tank in the roof space. There was no evidence the practice had considered this. The practice told us this had not been discussed, but as the building was less than four years old at the time, and the report did not consider the current system to be a high risk,	

they decided the cost of a replacement would be prohibitive.

The practice is a Registered Yellow Fever Centre.

Following a recent incident with the vaccine storage fridge temperatures, the practice had reviewed how they ensured a range of quality standards were embedded and being maintained. As a result of this review the practice management team had started doing a quarterly audit and a monthly check of a range of systems including fridge temperature monitoring and infection control systems.

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit:  The practice acted on any issues identified	Yes February 2018 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

#### Any additional evidence

The practice employed a team of cleaning staff and a handyman. There was a system for other staff to communicate with the cleaning staff to alert them to issues which needed attention.

## 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  (see section on medicine management for further information)
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

## 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

## 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)	1.05	0.92	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)	11.4%	11.3%	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.	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.	See further information below
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.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes (see below for further information)
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes

There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>Blank prescription pads and forms were stored securely and there was system in place to monitor their use. However, at the Bratton branch surgery the records showed that some prescription serial numbers had not been recorded.</p> <p>When we looked at the emergency medicines held by the practice we found there was no Atropine on their list of drugs they had identified as being required. Atropine which is a drug recommended to be available in practices such as White Horse Health Centre who fit coils or perform minor surgery. When we pointed this out the practice immediately reviewed their list of emergency medicines and added atropine. We saw the practice had atropine which was stored in a cupboard in the treatment room where coil fitting and minor surgery was carried out.</p>	

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

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.	yes
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).	N/A
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
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 (see further information below)
Number of events recorded since April 2018	13
Number of events recorded between April 2017 and March 2018	10
Number of events since April 2018 that required action	7

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

Event	Specific action taken
In January 2018 the practice found their system for ensuring vaccines were stored at the appropriate temperatures was not being followed and two of the fridges temperatures were at a higher temperature than recommended. The fridge temperatures were not being recorded twice a day and the historic recorded were missing which meant they could not determine how long the problem had going on.	<p>The practice informed the clinical commissioning group and NHS England who carried out an investigation. The practice also carried out their own investigation at took a range of actions which included:</p> <ul style="list-style-type: none"> <li>• Getting further advice from the vaccine manufactures</li> <li>• Patients who had been vaccinated in the last 12 months were contacted, informed and given advice.</li> <li>• Reviewing their policies and procedures.</li> <li>• Introducing a new system of audits going across a range of clinical systems within the practice.</li> </ul> <p>We understand NHS England have now closed the issue as risks to patients were determined to be minimal. NHSE reported that the practice had exemplary Duty of Candour, were open and transparent with them and patients.</p>
There was an incident of multiple anti-coagulants being prescribed to a patient. The patient was on an anti-coagulant (medicine A). When they went into hospital medicine A was stopped and they were prescribed another anti-coagulant (medicine B). On discharge the practice was advised by the hospital they had prescribed medicine B and continued to prescribe this medicine, unaware that once discharged the patient had also recommenced taking medicine A.	<p>The error was found during a routine medicine review and a range of actions were taken which included:</p> <ul style="list-style-type: none"> <li>• Doing a full investigation</li> <li>• Taken advice from the hospital pharmacy</li> <li>• Stopping both medicines</li> <li>• Informing the patient and their family</li> <li>• The incident was reported to the National Reporting and Learning System (NRLS)</li> <li>• The practice a reviewed their practices and procedures</li> <li>• Made a number of changes to their procedures, such as deciding all future discharge summaries would be processed by the practice pharmacist.</li> </ul>
When a staff member had cause to press the alarm button to signal they needed assistance no one	On investigation it was found that although staff had been alerted, the control panel had given incorrect information about where assistance was needed. The practice took steps to



responded until they went to the waiting room to call verbally for help.	have the control panel repaired and then tested all alarm points.
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Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>We looked at the practice system for dealing with safety alerts. We were told these came to the practice manager who forwarded the alert to the appropriate person for action. We saw evidence that the appropriate action had been taken. However, there was no central system for recording the alerts or confirming that all appropriate action had been completed.</p>	

Any additional evidence
<p>We looked at the practice system for ensuring any learning from significant events was disseminated to all staff, such as those who were unable to attend meetings where the issues were discussed. The practice told us these learning points were sent to all staff by email. There was no system in place to ensure staff read these specific emails, although we saw evidence that the practice monitored staffs use of email and responded to emails appropriately. We saw evidence that the practice had discussions with staff who did not meet the practice standards for responding to emails.</p>

# 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)	0.86	0.82	0.84	Comparable with other practices

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.7%	83.5%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.1% (246)	18.1%	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)	84.1%	79.6%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.6% (210)	12.2%	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)	83.1%	82.7%	80.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.5% (250)	17.6%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	73.8%	78.1%	76.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.6% (465)	9.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.0%	92.7%	90.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.0% (99)	13.6%	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)	83.1%	83.9%	83.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (369)	4.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	83.3%	90.5%	88.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (46)	8.3%	8.2%	

## Families, children and young people

<b>Child Immunisation</b>				
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 influenzae type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) (NHS England)	212	224	94.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	212	229	92.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	211	229	92.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	215	229	93.9%	Met 90% minimum (no variation)

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)	74.9%	75.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.3%	76.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.4%	62.9%	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)	46.2%	66.0%	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)	43.0%	46.5%	51.6%	Comparable with other practices

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	91.4%	94.0%	90.3%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.5% (24)	15.1%	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)	95.6%	93.3%	90.7%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.7%	(26)	13.8%	
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)	73.8%	87.2%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6%	(13)	8.6%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	553	539
Overall QOF exception reporting (all domains)	10.9%	6.2%	5.7%
Overall clinical exception reporting (QOF and Public Health measures combined)	19.7%	11.1%	9.6%

### Additional comments:

During the inspection we discussed the practices' higher than average exception reporting.

We saw a QOF exclusion audit the practice had done. Although undated and with no name saying who did the audit, it looked the reasons 75 patients were excluded in the data for 2016/17. It classified exclusions into "Informed dissent" and "unsuitable".

Of the 75 patient who were excluded for informed consent:

- 66% were excluded after three invitations to attend a review had been sent with no response.
- 28% were excluded following a signed or verbal disclaimer by the patients.
- 6% were excluded for other reasons, such patient was housebound.

Of the 37 patients who were excluded as being "unsuitable" to be included:

- 38% were unsuitable due to other medical conditions.
- 19% were incorrectly coded and should have been marked as "informed dissent".
- 11% were incorrectly coded and did not suffer the relevant medical condition.
- 8% had been coded by a previous practice with no reason given.
- The audit did not give an explanation for the remaining 24%.

The audit made a number of recommended action for the practice to take, such training and repeating the audit for the data period 2018/19.

The practice showed us unpublished and unverified QOF data for the year 2017/18, which we used to compare their exclusion rates for a number of QOF targets over the last three years. This is shown in

the table below.

Table showing comparison of White Horse Health Centre exception rates for a number of clinical areas.

	Data for 2014/15 (used in previous report)	National average 2014/15	Data for 2016/17 (the latest published data)	National average 2016/17	Unverified data for 2017/18
Overall Clinical exception rate	15.6%	10.2%	19.7%	9.6%	No data
COPD003	30.4%	11.1%	29%	11.4%	27%
MH002	32%	12.6%	25.5%	12.5%	25.5%
AST003	30%	7.5%	34.6%	7.7%	28.8%
DM008	16%	11.7	24.1%	12.4%	29.5%
CAN	23.5%	15.4%	50%	24.9%	No data

Note:

- Official data for 2017/18 is not yet available
- COPD003 relates to patients with COPD who have had an appropriate review in the preceding 12 months.
- MH002 relates to patients with schizophrenia or other psychoses who have a care plan documented in their records, in the preceding 12 months.
- AST003 relates to patients with asthma who had an appropriate asthma review in the preceding 12 months.
- DM003 relates to patients with diabetes, on the register, in whom the last blood sugar level was within the target range.
- CAN relates to the overall scores of two cancer measures.

We looked at the medical records of 20 patients who had been excluded in the QOF data. We found no evidence of poor care in these records.

## 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)	91.4%	95.6%	95.3%	Comparable with other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0.8% (39)	0.8%	0.8%	



# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	10
Number of CQC comments received which were positive about the service	9
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	nil

Examples of feedback received:

Source	Feedback
CQC comments cards	Most of the ten CQC comment cards received praised the practice and the staff. Patients said the service was very good and a number of GP's and nurses were named as providing excellent care. One comment card said a diagnosis had been delayed, but that once recognised the care and treatment provided showed great diligence.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
22,149	236	108	45.76%	0.5%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	67.0%	83.8%	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)	81.5%	92.4%	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)	97.2%	97.7%	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)	78.5%	89.6%	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)	88.1%	92.8%	91.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	88.8%	92.0%	90.7%	Comparable with other practices

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

Date of exercise	Summary of results
July 2017	<p>We saw evidence the practice had conducted a patient survey in partnership with the Patient Participation Group. Members of the PPG helped by attending the surgery and encouraging patients to complete the questions. A total of 483 responses were received, this was an increase from last year by 75 patients.</p> <p>The practice had analysed the results and developed an action plan in response to some of the feedback. For example, the practice said they would recruit additional reception staff to ensure the phones were fully covered during the busiest times.</p>

## Involvement in decisions about care and treatment

### 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)	81.4%	90.7%	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)	82.6%	86.9%	82.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	84.9%	91.4%	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)	85.3%	87.1%	85.4%	Comparable with other practices

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	The practice had identified 508 carers on their list, which was 2.3% of the

number of carers identified	practice list. This included five carers who were under 20 years of age.
How the practice supports carers	The practice had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority. The practice had a comprehensive carers register to identify carers. They had won the award for their work with carers because they ensured priority and flexible access to appointments and an annual health check for this group of patients. There was close liaison with the local Wiltshire Carers trust to provide support, including benefit advice to all carers within the practice. The practice also offered carers a yearly educational event.

### Privacy and dignity

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

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

# Responsive

## Responding to and meeting people's needs

Practice Opening Times		
Day	Normal Opening Time	Extended hours opening
Monday	08.00 - 18.30	
Tuesday	08.00 - 18.30	7.00 - 8.00 and 18.30 – 20.00
Wednesday	08.00 - 18.30	18.30 – 20.00
Thursday	08.00 - 18.30	18.30 – 20.00
Friday	08.00 - 18.30	
Alternate Saturdays		8.00 – 10.30

Appointments available
On the day of our inspection we were told the next available urgent appointment with a GP was the same day and the next routine appointment was in two days. Longer appointments were available for those who needed them.

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

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
22,149	236	108	45.76%	0.5%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	77.2%	82.7%	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)	54.1%	78.1%	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)	65.9%	83.8%	75.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	63.4%	79.4%	72.7%	Comparable with other practices

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	During our inspection we spoke with five patients about the care they received. They all told us they felt the GPs and Nurses were very good and they were fully involved in decisions about their care and treatment. Four patients told us they usually found it difficult to make a routine appointment, and there was often four to six weeks waiting list. One patient told us that urgent, on the day appointments were always available if they needed one.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	31 (2017/18)
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice had done a review of complaints received for the year 2017/18.	



# Well-led

## Leadership capacity and capability

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

There was a visible leadership team who were cohesive, caring and enthusiastic.

### Any additional evidence

The practice had a clear vision to ensure the highest standard of family care and to offer patients appropriate access to health care professionals. The partners told us that the last 18 months had been a difficult time as they had to close a practice which was part of the Westbury Group, which had taken all their spare resources. They felt some areas of practice development had stood still during this period but they were now actively engaged in developing services. We saw evidence confirming this.

## Vision and strategy

### Practice Vision and values

The practice had a clear vision to ensure the highest standard of family care and to offer patients appropriate access to health care professionals.

## Culture

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

Staff met regularly to discuss aspects of the service including patient care and service developments.

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

Source	Feedback
Practice Staff	Staff described the practice as friendly, supportive of staff and well organised, with patient care as a priority, and senior partners accessible. The practice was described as a good place to work, with a focus on individual professional development and encouragement to pursue courses for personal development.

## Governance arrangements

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

Practice specific policies	Policies were in place and easily available to staff. We saw evidence policies were regularly reviewed and updated in line with the practices developments and external guidance.
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	Y/N
Staff were able to describe the governance arrangements	Yes

Staff were clear on their roles and responsibilities	Yes
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### Registration issues

The practice Registration Certificate No: CRT1-4620296256 (Dated 12/12/2017) shows six partnership members, while the practice website shows four GP partners. Dr Michael Grumbly and Dr Deborah Beale are on the Certificate as Partners, but not on the website. Also, our records show Dr Beale as the Main Partner while the website shows Dr Edwards as the Senior Partner. We discussed this with the practice who told us they had thought they had dealt with this, but would contact CQC customer support centre to see what further action they needed to take to resolve this.

### Managing risks, issues and performance

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

## Appropriate and accurate information

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

## Feedback

On the day of inspection, we spoke with five patients who were attending the practice. They all told us the care and treatment provided by the GPs and nurses was 'very good'. Four of these patients said getting a routine appointment with a GP could be difficult with a four to six week waiting list, whilst one patient said getting a routine appointment was usually easy, another said getting a nurse's appointment was easy, and another said getting a same day appointment was usually easy.

On the day of inspection, we distributed some comment forms to non-clinical staff at the practice and 12 completed forms were returned. All staff who responded said they enjoyed their work and the practice was supportive. Two staff members said it could be stressful at times. All staff who responded knew who the safeguarding lead was and how to report a concern. They said they felt their views and ideas were listened to and acted on.

## Engagement with patients, staff and external partners

	Method	Impact
Patients	Practice website. Information on notice boards in the waiting areas Engagement with the patient participation group (PPG).	Ongoing assessment of services and discussion of any suggested improvements.
Staff	Open door policy. Staff meetings and minutes. Staff appraisal.	Open and transparent communication. Staff felt able to raise concerns and involved in service development.
External partners	Regular programme of meetings. Communication channels, for example email and electronic software systems.	Meeting as a locality helped to map out service provision and plan for future developments. This enabled services to be planned and delivered effectively and for better sustainability of service provision in the future.

## Feedback from Patient Participation Group;

## Feedback

Prior to the day of inspection we spoke with two members of the Patient Participation Group (PPG). The PPG had about 40 members of whom around 20 attended the meetings. They met 4 times a year. There is also a sub-group which met an additional four times a year. Either the practice manager or deputy PM attend all meetings (sometimes both attend) and a GP partner usually attends as well. Communication is usually by email and the email list is held by a receptionist at the practice who acts as secretary and liaison. PPG members can also phone each other but we were told this is not common. The chairperson had been in the role for over five years.

The PPG took an active role and helped the practice by attending the annual flu clinics and managing an annual patient survey.

The PPG told us they felt the practice was supportive of their role as a critical friend and gave examples of how the practice had responded to their feedback. For example:

- When the direct dial phone number for the Bratton branch surgery was removed as part of a complete system overhaul, the PPG reported patients concerns and dis-satisfaction about this and the practice responded by re-installing the dedicated phone line.
- When the PPG heard patient feedback saying patients were dissatisfied at being directed to see nurses and other non-GP clinicians, the PPG suggested the practice create a leaflet explaining the roles of the different staff and why they might be given an appointment with one of these people rather than a GP. The practice agreed with the suggestion and worked with the PPG to draft the leaflet which is now available at the surgeries.
- The PPG felt the responses to their last patient survey was not as numerous as they would like. They suggested the survey should be timed to coincide with the annual flue clinic, (which was attended by PPG members who helped run the clinics), and an on-line survey should be considered. Both these suggestions were being implemented.

## Continuous improvement and innovation

Examples of improvements demonstrated in past two years

Audit area	Improvement
Ear care Audit	We saw evidence the practice had carried out a full cycle audit of ear care and ear syringing done by the practice. The second repeat audit demonstrated the actions taken by the practice had reduced the number of ear syringing procedures carried out, by giving improved advice leaflets to patients, providing specialist training for 2 nurses and training on the use of a template to document clinical advice given in relation to ear issues.
Clinical Lead Action Plan	The practice had a clear clinical action plan to improve clinical aspects of the practice. It included areas for action such as updating clinical pathways and doing ongoing audits to ensure pathways were adhered to. The plan included clear deadlines and we saw evidence that work was ongoing on a number of work streams set out in the plan.
Clinical Notes Audit	The practice had carried out an audit of clinical notes which included looking at notes written by all clinicians to check they met with best practice standards. The practice planned to repeat this audit to check

that improvements had been made where required.

**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 most 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 many 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](#)).