

Care Quality Commission

Inspection Evidence Table

Thornfield Medical Group (1-542757958)

Inspection date: 3 October 2018

Date of data download: 07 September 2018

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

Safe

Safety systems and processes

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

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: 21/09/2018	Yes
There was a record of equipment calibration Date of last calibration: 21/09/2018	Yes
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: 24/11/2017	Yes
Actions were identified and completed.	Yes
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment: 11/6/2018	Yes
Health and safety risk assessment and actions Date of last assessment: 15/3/2018	Yes
Additional comments:	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 23/3/2018 The practice acted on any issues identified Detail: <ul style="list-style-type: none"> • Hand hygiene audit carried out • Hand gel replaced • Regular infection control meetings held to discuss improvements. 	Yes Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Any additional evidence

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 ¹
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:	
<p>¹ In addition to online training, a GP partner provided care navigation staff with training on how to recognise medical emergencies, how to triage patients and how best to direct them.</p>	

Information to deliver safe care and treatment

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

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.97	1.03	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). (01/07/2017 to 30/06/2018) (NHSBSA)	8.1%	7.9%	8.7%	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.	Yes ¹
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 ²
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.	NA
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>¹ The practice had improved the security of their prescription stationery following two thefts which occurred within the practice. The thefts were considered through the significant events policy to ensure learning was identified and improvements made.</p> <p>² The practice had acted to reduce the prescribing of opioid medicines. They had introduced a dose reduction program for those patients already prescribed opioid medicines. They had introduced a protocol to support clinicians with prompts to guide appropriate prescribing. This included restricting any new prescribing to short term prescriptions and the patient must complete a pain score questionnaire and sign a contract before commencing opioids. All patients were reviewed and opioids were discontinued if no benefits to taking the medicines were identified. With the 11 patients prescribed the highest doses of opioids or prescribed opioids alongside other medicines which put them at higher risk of respiratory depression, the practice had achieved a total reduction across all patients of 395mg per day of morphine equivalent in these patients (an average reduction of 36mg per patient per day). This was achieved within a context of a very deprived area (second most deprived decile in England), alongside inheriting 10,000 patients when they took over another local practice where, the practice told us, many patients had not received a review of their medication for a number of years.</p>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	NA
Access to the dispensary was restricted to authorised staff only.	NA
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	NA
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	NA
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.	NA
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.	NA
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.	NA
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.	NA
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	NA
Explanation of any answers	
Any other comments on dispensary services:	

Track record on safety and lessons learned and improvements made

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

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

Event	Specific action taken
Delayed diagnosis of cancer after patient failed to attend appointment arranged under two-week wait for urgent referrals when cancer was suspected	The practice reviewed the letter sent to patients who failed to attend appointments for investigations, when they were referred under the two-week wait initiative. They felt the letter was too reassuring to patients, so they redrafted the letter to more clearly inform the patient of the importance of attending these appointments.
Patient suicide	The practice contacted a mental health organisation for advice on what they could do and sourced posters to display in the practice waiting area to help direct patients to organisations who could help if they were experiencing suicidal thoughts.
Serious case reviews	The practice had identified learning from significant case reviews following deaths in the community. Improvements made included: <ul style="list-style-type: none"> • Improved support for mothers post birth, including one-week postnatal phone calls to discuss early concerns. • Review of vulnerable patient alerts system. • Improvements to medication reviews and annual health checks for patients with learning disabilities.

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>The practice used the local intranet to record all medicine and patient safety alerts. The practice manager received alerts from the Central Alerting System (CAS) and the practice pharmacists received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). They recorded the alert and the action taken. We looked at three recent alerts and found appropriate action had been taken.</p>	

Any additional evidence

The practice reviewed all deaths and serious diagnoses to see if they could have improved the care and treatment offered. They also considered all diagnoses of cancer that were not detected through a referral under the two-week wait scheme, to see if there were any missed opportunities to detect the cancer at an earlier opportunity. These were discussed at clinical meetings. Where appropriate, they considered cases through the significant events process, to ensure they were capturing any learning and implementing improvements to the care and treatment provided to patients.

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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.55	0.64	0.83	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)	80.6%	81.0%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.4% (146)	13.4%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	81.2%	78.1%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (92)	9.8%	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)	79.0%	82.8%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.1% (132)	12.7%	13.3%	

Any additional evidence or comments

The practice provided us with the data they held for QOF 2017/18. This was not yet published nor had it been verified. As such we did not have access to any recent comparator data. The data for the indicators above were as follows:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 81.3%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 76%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 86.3%.

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)	69.6%	77.6%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (34)	7.9%	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)	85.4%	92.0%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (58)	10.6%	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)	84.3%	85.2%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (43)	3.7%	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)	86.1%	89.9%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

4.5%

(13)

8.6%

8.2%

Any additional evidence or comments

The practice had acted to improve the care and treatment of patients with asthma. Actions taken included:

- Delivering group asthma clinics for children and young people during the summer holidays. Informal feedback during the event was that parents and guardians liked the group sessions as did children, as it made them feel as though they were not the only ones with asthma.
- The practice pharmacist also offered review appointments on a Saturday to encourage people who worked to attend for review.
- Identifying patients who failed to attend reviews and had used more than 12 inhalers a year. These patients were referred to a community pharmacy where the pharmacist could carry out a review when the patient collected their prescription.

This had helped reduce the number of patients who had not received a review from 33 to 13.

The practice had acted to improve health outcomes for patients with chronic obstructive pulmonary disease (COPD). They monitored those patients prescribed rescue packs for exacerbation of symptoms, for example, due to onset of chest infections. Where appropriate the patients were referred to hospital consultants or community matron for review, including review of inhaler use. The practice had increased the issue of rescue packs from 48 patients in 2016/17 to 84 in 2017/18. This was whilst maintaining the antibiotic prescribing rates, which were below the CCG average. This approach had resulted in a 12.5% reduction in non-elective admissions to hospital for COPD year on year, since this work started. The latest monthly data to August 2017 showed a further reduction to 7%.

The practice provided us with the data they held for QOF 2017/18. This was not yet published nor had it been verified. As such we did not have access to any recent comparator data. The data for the indicators above were as follows:

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions, was 72.9% compared to 69.6% in 2016/17.
- 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 was 90.6% compared to 85.4% in 2016/17.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 82.6% compared to 84.3% in 2016/17.
- 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 was 88.7% compared to 86.1% in 2016/17.

In May 2018, the practice worked with the local stoma nurse to review all patients who used stoma products. The purpose of this work was to check the patients had the correct fitting devices and give them some support. Of the 25 patients reviewed, 13 had not had their stoma care reviewed by a specialist nurse for at least two years. The most frequent issues reported by patients were leakage and sore skin. As a result of the reviews, interventions included advice on accessory usage, stopping the usage of some products and making adjustments. As well as the improved patient outcomes, there was also a projected cost saving by assuring care and treatment was effective and appropriate. This was £728 per month and £8741 annually.

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)	125	135	92.6%	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)	134	138	97.1%	Met 95% WHO based target (significant variation positive)
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)	134	138	97.1%	Met 95% WHO based target (significant variation positive)
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)	133	138	96.4%	Met 95% WHO based target (significant variation positive)
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)	62.3%	70.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.3%	72.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	50.4%	57.5%	54.6%	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)	63.2%	73.1%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	50.6%	47.3%	51.6%	Comparable with other practices
Any additional evidence or comments				
<p>The practice had carried out work with the local Healthwatch team to identify and address barriers to attending for screening of cervical, breast and bowel cancers. A report was published in April 2018 and as a result the practice changed appointment schedules to support ad hoc appointments for cervical screening. They also provided active reminders for all screening programmes when patients attended the practice, where they had previously failed to attend or respond for screening. Care navigator staff had received training in the new bowel screening process, so they could reassure any patients who had queries. Where patients failed to respond to bowel screening requests, care navigators followed this up with the patient to encourage uptake. Where a patient's first language was not English, interpreters were arranged and leaflets were sent to the patient in their chosen language.</p>				

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)	86.9%	88.9%	90.3%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (23)	13.2%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	81.6%	91.4%	90.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (19)	9.8%	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)	78.0%	85.4%	83.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (3)	5.9%	6.8%	

Any additional evidence or comments

The practice provided us with the data they held for QOF 2017/18. This was not yet published nor had it been verified. As such we did not have access to any recent comparator data. The data for the indicators above were as follows:

- 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 was 92.1% compared to 86.9% in 2016/17.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 90.6% compared to 81.6% in 2016/17.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 95.2% compared to 78% in 2016/17.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	551	546	539
Overall QOF exception reporting (all domains)	7.9%	6.2%	5.7%

Any additional evidence or comments

The practice provided us with the data they held for QOF 2017/18. This was not yet published nor had it been verified. As such we did not have access to any recent comparator data. This showed the practice had achieved 556.01 of the 559 (99.5%) of the points available.

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)	93.3%	96.1%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (57)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

Any additional evidence
The practice carried out group consultation sessions for patients, including statins seminars, asthma, atrial fibrillation and osteoporosis clinics. They were planning to also roll out group clinics for diabetes and COPD.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	35
Number of CQC comments received which were positive about the service	35
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
CQC comment cards	The patients commented they received a good service, with friendly excellent staff and very good or great care provided. Some said they walked past other more local GP practices to come to this one, as they were so happy with the quality of the service. Several patients named particular staff members for commendation. One thanked staff for seeing them, even when the electricity in the practice was off.
Patient interviews	We spoke with or had email contact with six patients. All were satisfied with the care they received.
NHS Choices reviews	<p>There were ten reviews submitted within the last year (of which seven were 5-stars reviews, one 3-star and two 1-star reviews). Positive comments included</p> <ul style="list-style-type: none"> • Brilliant doctors and nurses, who are friendly, understanding and efficient. • Given time and attention. • Reception staff helped look after a patient after a fall and took him to hospital. • Good arrangements for blood monitoring. • Can get emergency appointments when needed <p>Negatives comments included:</p> <ul style="list-style-type: none"> • Long phone queues • Wait for routine appointments • Delays in asthma reviews • Clinical errors • Staff lack respectfulness.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
19493	388	107	27.6%	0.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	89.4%	91.2%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	90.2%	89.8%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.4%	96.6%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	84.0%	86.9%	83.8%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results

Any additional evidence
<p>The practice collated patient feedback from the National GP Patient Survey, patients' complaints, feedback and suggestions. There was an action plan in place to address any areas for improvement.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us they were provided with information and supported to make decisions about their health and wellbeing.
CQC Comment cards	Patients were generally satisfied with their 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 during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.8%	94.6%	93.5%	Comparable with other practices
Any additional evidence or comments				

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	The practice had identified 451 (2%) of their patient list as carers.
How the practice supports carers	The practice offered to refer carers to local support groups and where appropriate also referred carers to the local social prescribing initiative to help them access other sources of help and support. This included the primary care navigator. (Primary care navigators help to connect vulnerable patients with care and support in the community, and provide direct non-medical support.) This was a clinical commissioning group (CCG) wide initiative. The practice had identified two staff as carers champions to ensure the needs of carers were identified and met.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was followed either by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Any additional evidence

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	There were areas where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality and phone calls were taken away from the front desk wherever possible.

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
Staff interviews	Staff told us they would offer to speak with patients in a private room, where appropriate.
CQC comment cards and patient interviews	All CQC comment cards were positive. They indicated patients were treated with dignity and their privacy respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Molineux Street Health Centre	
Day	Time
Monday	8:30am to 6pm
Tuesday	8:30am to 6pm
Wednesday	8:30am to 6pm
Thursday	8:30am to 12:30pm – 1:30pm to 6pm
Friday	8:30am to 6pm

Shieldfield Health Centre	
Day	Time
Monday	8:45am to 12:30pm – 1:30pm to 5:15pm
Tuesday	8:45am to 12:30pm – 1:30pm to 5:15pm
Wednesday	8:45am to 12:30pm – 1:30pm to 5:15pm
Thursday	8:45am to 12:30pm – 1:30pm to 5:15pm
Friday	8:45am to 12:30pm – 1:30pm to 5:15pm
Appointments available	
	During opening hours
Extended hours opening	
	Selected days 7:30am to 9pm and Saturday Clinics when required.

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
Once the practice received a request for a home visit from a patient, they allocated the request to a GP. The GP triaged the request based on the information collected by the reception staff who took the request by contacting the patient (or their carer) for more information. This helped them assess if a home visit was clinically necessary and the urgency of the need for medical attention. Where a GP assessed that the patient was experiencing a medical emergency they either contacted the emergency services or asked the patient carer to do this, for a more-timely medical response.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
19493	388	107	27.6%	0.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.0%	95.9%	94.8%	Comparable with other practices
Any additional evidence or comments				

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	65.8%	76.8%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	64.3%	71.3%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	62.1%	70.4%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	68.0%	76.4%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	All the CQC comment cards received were positive and indicated there was good and timely access to services.
CQC patient interviews	Most patients were satisfied with their access to the service, although some told us there was sometimes a three-week wait for a routine appointment. However, all patients stated they could get an appointment in an emergency

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	10
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Example of how quality has improved in response to complaints

Changes made to process for following up where patient does not attend an appointment. This included not sending the routine letter for patients who fail to attend, to children under the age of 16. Instead these will be flagged up in clinical meetings for discussion. Where children repeatedly fail to attend appointments, their case will be discussed at clinical meetings as a potential safeguarding issue.

Any additional evidence

The practice thought they had a high number of patients presenting at the practice with mental health conditions who, although not in acute distress, would benefit from additional support to reduce the risk of further deterioration whilst waiting for an appointment with specialist mental health services. This was in the context of longer national waiting times for specialist mental health services and the practice covering an area with high levels of deprivation. The practice carried out a data collection exercise over three weeks and found 38 patients attended for such appointments. Because of this the practice decided to employ a mental health practitioner to meet the needs of these patients. This new employee had started at the practice on the 1 October 2018, just prior to the inspection.

Additional training was provided to staff in relation to a complaint about customer service.

Well-led

Leadership capacity and capability

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

Through interviews with GPs and the management team we found leaders demonstrated they had the knowledge, skills and experience to deliver high quality care and treatment. There was a good understanding of the local and national priorities and plans.

Leaders were not afraid of safe innovation and strove to continually improve the health outcomes for patients. We found there were strong governance arrangements which supported safe innovation and continual improvement. This was evidenced through the range and quality of audit and quality improvement work carried out by the practice. The strong leadership within the practice was evident.

Any additional evidence

Vision and strategy

Practice Vision and values

Through interviews with GPs and the management team we found there was a clear vision and strategy to deliver high quality sustainable care. The practice had a strategy and supporting business plan which reflected the vision and values of the service. This was regularly monitored by the management team.

All staff were clearly working towards the same shared goals and aspirations of the practice. Change was well managed and innovation was considered and implemented in a safe way.

Within the last two years the practice had taken over another local practice. We found the practice had managed this change well and had developed and implemented plans to ensure where any areas of concern were identified, they were addressed and monitored. Staff told us the change had been well managed and they worked as one team, with shared protocols, policies, procedures and culture.

Culture

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

The practice had a very positive patient centred culture, and the staff we spoke with all demonstrated a high level of commitment to providing good quality care.

We found a clear culture of innovation to support sustainability and good quality of care. For example, the practice had implemented group consultations for some long-term conditions to ensure patients received review of their care whilst also effectively managing the use of staff resources. They were also implementing e-consultations to improve access for those patients who found it difficult to access services during normal working hours.

The practice had considered sustainability of the service in terms of staffing skills mix. They employed two practice pharmacists, a mental health practitioner and were interviewing to recruit a paramedic. They were an inclusive employer, demonstrated by the employment of GPs with disabilities, as they wanted their workforce to reflect the local community. These helped the practice continue to deliver services within the context of difficulties with GP recruitment and retention locally. Other practices locally had struggled to recruit GPs, but the practice told us they had GPs who had contacted them about employment opportunities.

There was a good awareness of the local community and this informed business planning. For example, the practice had employed a mental health professional to support the high number of patients accessing the practice for support with poor mental health. The practice recognised that mental health problems were not limited solely to patients, and this could also affect their staff. They had asked their mental health practitioner to deliver Mindfulness sessions for staff.

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

Source	Feedback
Feedback from GP staff	GPs told us there was a very supportive culture within the practice. They told us they all helped each other, for example, if one GP had a patient who failed to attend or cancelled appointment, they would to see if any other GPs were running behind and if there were any appointments or other tasks they could pick up to help out.
Interviews with staff	Staff we spoke to told us they felt they were a good team that worked well together and was supported by management. They said the GPs and management team were approachable and helpful. Staff told us they felt the practice was open in its approach and friendly. Staff told us they received all the training they needed for their roles and had protected time to do so.

Any additional evidence

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 were clear and transparent policies to govern the way the practice operated and to support staff to provide care and treatment in line with current legislation, standards and guidance.</p> <p>We looked at a number of policies including safeguarding children and vulnerable adults, infection control, consent and the Mental Capacity Act 2005. All policies were dated with document revision and approval history</p>
Y/N	
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

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 assessments	<p>The practice had a comprehensive range of risk assessments that covered all areas of the practice premises and staff working conditions. They regularly checked and updated these as needed. This included health and safety, fire safety, premises, security and use of hazardous substances.</p>

Any additional evidence

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We spoke with two members of the Patient Participation Group. They told us the practice was responsive to feedback given by the group and acted upon any ideas for improvement. Examples included displaying staff photos in the reception area and improvements to influenza vaccines clinics to support those with additional needs. They told us the practice was open and honest and actively engaged with the group.

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Gender reassignment, gender dysphoria and patients identifying as non-binary.	Improvement in the recording of accurate information about gender reassignment, gender dysphoria and patients identifying as non-binary to inform personalised care and capture the individualised needs of these patients in terms of future health screening and cardiovascular disease risks
Review of patients prescribed vaginal ring pessaries.	Patients identified and follow up action taken to ensure reviews were carried out to change the pessaries and screen for any changes to vaginal tissue to reduce risks of complications.

Any additional evidence
There was a culture of continuous improvement within the practice. For example, the practice considered how they could improve when the local commissioners asked for a reduction in referrals made to hospital consultants. Although referral rates were generally around the local clinical commissioning group (CCG) average, the practice considered the area of highest specialist referrals in May to July 2018, gynaecology. All but one of the referrals were appropriate, with some referrals made by other services and as such were outside the control of the practice. The practice identified and shared learning, including latest guidelines for treatment of endometriosis and comparative costs for semen analysis.

The leaders in the practice drove continuous improvement and supported staff to deliver safe and effective innovation. There was a clear and proactive approach to seeking out and embedding new ways of providing care and treatment. For example,

- e-consultations,
- group consultations for long-term conditions;
- access to a mental health practitioner;
- fast access for urinary tract infections;
- ‘staying steady’ education to reduce falls;
- early postnatal phone calls with new mothers to discuss early concerns and contraception.

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](#)).