

Care Quality Commission

Inspection Evidence Table

Kirkham Health Centre (1-554763214)

Inspection date: 27 September 2018

Date of data download: 19 September 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
Additional comments: The GP lead for safeguarding was committed in ensuring that the practice and the staff team provided a comprehensive proactive system of monitoring and support for victims and potential victims of abuse. The GP was supported by a lead member of the admin team who maintained a range of different registers including children registers subdivided into points of contact such as health visitor, school, looked after children and those with child protection plans in place. In addition, a register in response to the Multi-Agency Risk Assessment Conference (MARAC) was maintained. (MARAC is part of a coordinated community response to domestic abuse.) The practice had developed a domestic violence policy that included approved domestic violence codes of practice. The practice used practice meetings as opportunities to provide practice wide training on different aspects of safeguarding including serious case reviews and safeguarding adults reviews. Staff confirmed learning was embedded by the use of quizzes on the	

<p>subject. The GP lead had attended training on the risks and use of cannabis to improve practitioner knowledge around the risks and effects of cannabis use, and support them in their ability to carry out effective risk assessments and successfully challenge parents on the use of the drug. This training had been shared with the GPs at the practice and full staff training in the form of a staff quiz was planned.</p> <p>Information available demonstrated clear evidence of support and collaboration with the local safeguarding lead for primary care within the local clinical commissioning group to develop accessible policies and protocols. The GP lead had ensured the practice policies of safeguarding reflected updated guidance from Lancashire Safeguarding Adults Board.</p> <p>The practice held in house safeguarding meetings every second month where health visitors, district and school nurses were invited to attend. The GP lead for safeguarding had undertaken a first cycle audit to monitor the clinical team's recording of who accompanied a child attending an appointment at the surgery.</p>	
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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: Three staff files were reviewed and these contained all the required information.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 16/03/2018	Yes
There was a record of equipment calibration Date of last calibration:26/02/2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes

Fire drills and logs Last one 12/09/2018	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	No
Fire risk assessment Date of completion 03/05/2018	Yes
<p>Actions were identified and completed.</p> <p>Following the comprehensive fire risk assessment, a number of areas were identified requiring improvement. The practice was working with the Lancashire Fire and Rescue Service to implement actions as required by the assessment. Some actions had been completed such as staff training in fire safety, the replacement of a fire extinguisher and the removal of items stored under a stairway. Quotes were also available for remedial building work that the practice must undertake. Additional training for designated fire marshals was planned.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: A recorded risk assessment was not place, however the practice implemented daily security checks on the building and facilities and the alarm system was maintained.</p>	Yes
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment: Not yet completed</p> <p>An overarching health and safety risk assessment was being developed and implemented for the practice.</p>	No
<p>Additional comments:</p> <p>A security maintenance certificate was available</p> <p>A range of other maintenance certificates were available for utilities, including water testing for Legionella.</p> <p>The areas we identified at our previous inspection in December 2014 for further development had been addressed. These included improving the storage of medicines, undertaking infection control audits, undertaking a fire risk assessment, updating the practice business continuity plan and ensuring building maintenance certificates were available.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 22/11/2017</p> <p>The practice acted on any issues identified. Additional audits to support the infection control policy included a handwashing audit in August 2018 and a cold chain audit in September 2018.</p> <p>The standard of cleaning was monitored regularly and the practice nursing team</p>	Yes

undertook daily recorded checks on the practice clinical equipment.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes

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
Additional Comments: Following participation in the NHS quality improvement programme Productive General Practice the surgery streamlined how it managed incoming mail and information. Two specific staff members were responsible for reviewing incoming mail and sorting this following assessment to identify the need for a GP to review this information. Both staff members were very experienced and very clear on the criteria regarding what information a GP did not need to review. Written protocols and pathways to support the assessment and sorting of incoming mail and information were being developed. The GP and practice manager confirmed an audit to ensure the process was effective and safe was planned.	

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)	1.07	1.01	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)	7.1%	7.3%	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
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.	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.	NA
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	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	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
Additional information The practice employed a pharmacist who assisted with the monitoring of medicines including repeat prescribing and hospital discharge medicines. The practice pharmacist also reviewed and actioned medicine related patient safety alerts.	

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.	Six
Number of events that required action	Six
Any additional evidence	
Significant events were managed and discussed with the relevant staff. The practice team had identified significant events as an area requiring further development and improvement. The GP and practice manager discussed how they wanted to use significant events as tools to support staff learning and development as well as improving patient safety.	

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

Event	Specific action taken
Sepsis	Patient seen at the practice and advice provided to call back to the surgery in the afternoon if no improvement. Patient admitted to hospital with sepsis. Following review all staff attended a practice meeting where sepsis was discussed and all clinicians undertook additional eLearning training in the recognition and response to suspected sepsis.
Information sharing when confronted with potential suicide risk.	Advice sought from medical indemnity provider to identify the legal position of clinicians sharing information of significant concern about a patient with other professionals.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	Yes
Comments on systems in place: The practice disseminated patient safety alerts to all clinicians and evidence was available to demonstrate action was taken for those relevant to the practice. It was reported that the practice pharmacist also responded to medicine patient safety alerts. However, we noted the practice did not document or log alerts received and acted on, to provide an audit trail and managerial oversight that all had been satisfactorily dealt with.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.79	0.67	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)	84.7%	84.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.0% (78)	11.9%	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)	71.5%	80.9%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.4% (51)	7.8%	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)	82.7%	82.1%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.1% (74)	17.3%	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)	80.8%	75.9%	76.4%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (27)	7.8%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	92.7%	91.2%	90.4%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (21)	9.0%	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%	83.4%	83.4%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (62)	3.1%	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)	86.6%	87.6%	88.4%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	2.2%	(3)	8.5%	8.2%
Any additional evidence or comments				
In addition to written reminders the practice had implemented a programme of calling patients directly to encourage them to attend diabetic reviews.				

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)	71	74	95.9%	Met 95% WHO based target (significant variation positive)
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)	79	82	96.3%	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)	79	82	96.3%	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)	79	82	96.3%	Met 95% WHO based target (significant variation positive)

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)	77.5%	77.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.5%	74.3%	70.3%	N/A

Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	61.9%	62.8%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	73.9%	74.6%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	51.6%	47.5%	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)	71.4%	91.8%	90.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (4)	17.5%	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)	79.2%	92.3%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (5)	11.2%	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)	98.3%	86.8%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.9% (8)	8.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550	550	539
Overall QOF exception reporting (all domains)	5.2%	5.8%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) <small>(QOF)</small>	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) <small>(QOF)</small>	98.2%	96.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (8)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice implemented protocols to ensure consent was sought and recorded appropriately. This included reviewing patient records when investigating significant events and complaints.</p> <p>The practice was aware of and complied with the new General Data Protection Regulation (GDPR). The practice maintained data safely in accordance with data protection legislation.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	2
Number of CQC comments received which were positive about the service	1
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards.	Both CQC comment cards referred to the GPs positively. Comments described the care as excellent and the staff friendly. However, another comment suggested the reception team could benefit from additional training.
Patient feedback	We spoke with two patients. Both patients spoke positively about the service at the practice. Patients recognised the challenges the GP practice faced and were sympathetic to these but comments indicated that the practice receptionists were not always welcoming or friendly.
NHS Choices	There were six ratings left on the NHS Choices between October 2017 and July 2018. Four of these provided one-star ratings identifying concerns with telephone access and reception staff. Two people rated the practice four stars complimenting the staff and service provided by the practice.

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
9090	234	107	45.7%	1.18%

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	91.0%	92.5%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
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)	88.0%	91.2%	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)	100.0%	96.1%	95.6%	Variation (positive)
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)	90.0%	86.8%	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.				Yes

Date of exercise	Summary of results
September 2018	The practice patient participation group (PPG) had developed a patient questionnaire and spent five mornings and three afternoons handing out paper questionnaires to patients. They handed out 320 questionnaires and over 300 were returned. The analysis had been completed but the outcome of the feedback activity had not been shared with the PPG or the practice. A member of the PPG confirmed that the outcome from the questionnaires indicated approximately 95% of the responses identified different aspects of the GP service as either good or very good.

Any additional evidence
The practice had recognised that patient feedback about the service they received from the reception team was not always positive and staff had received customer service training. Additional training in customer service was planned for later in the year.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	The two patients we spoke with confirmed they were involved in the decisions regarding their care and treatment. We heard examples where appropriate referrals to secondary care were undertaken quickly. The patients we spoke with were

satisfied with the standard of care they received.
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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)	95.2%	95.6%	93.5%	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 number of carers identified	The practice had 89 patients which equates to less than 1% (0.98 %) of their patient population registered as a carer.
How the practice supports carers	The practice supported patients who were carers by signposting them to n'Compass Northwest, a charity that had established the Lancashire Carer's Hub that offered patients access to support and advice. Supportive information packs were also available for patients
How the practice supports recently bereaved patients	The practice provided support to patients on an individual basis and this included a visit if it was appropriate. They signposted patients to bereavement support services.

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	The practice recognised that the building configuration for the reception area and patient waiting area did not allow effective privacy for conversations with

at the reception desk	<p>patients. To improve privacy of conversation the practice had a TV switched on in the patient waiting area. An electronic self-check in facility was available. A private space was available should a patient wish to have a discreet conversation with a reception team member.</p> <p>The practice was in discussion with NHS England and the CCG and were awaiting confirmation of a future move to a new health care facility.</p>
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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 responded to patients according to their needs. They had a good understanding of promoting patient privacy and responding to people with consideration and respect.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 to 18:30
Tuesday	08:00 to 18:30
Wednesday	08:00 to 18:30
Thursday	08:00 to 18:30
Friday	08:00 to 18:30

Appointments available	
Monday to Friday	GP appointments from 08:30 to 17:50 Nurse practitioners and practice nurse appointments from 08:00 to 18:00.
Extended hours opening – not available at the practice	
Extended Access primary health care available at Freckleton, Fleetwood and Blackpool Monday to Friday Saturday and Sunday	18:30 to 21:00 Mornings

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	
Patients' requests for home visits were triaged by either a nurse practitioner or GP and a visit arranged in accordance with the triage outcome. Staff knew when to interrupt a GP consultation if they had concerns about a patient.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9090	234	107	45.7%	1.18%

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	99.4%	96.1%	94.8%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
were met (01/01/2018 to 31/03/2018)				
Any additional evidence or comments				
The practice was committed to providing same day access to all its patients. To achieve this the GPs were supported with a large nursing team that included a nurse consultant and nurse practitioners who were also non-medical prescribers of medicine. These nurses provided consultations for minor illnesses.				

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)	87.3%	76.6%	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)	76.4%	74.6%	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)	76.5%	68.7%	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)	81.9%	79.2%	74.4%	Comparable with other practices

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
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:	
The complaint records identified the practice investigated complaints and responded both in writing and directly with the complainant.	

Well-led

Leadership capacity and capability

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

The GP partners at the practice had reviewed their areas of responsibility within the practice and taken on specific areas of leadership in according with their preferences. For example, one GP was lead for practice quality and development, one GP was lead for the strategic development of primary care within the locality and the GP for safeguarding was consulted by the CCG for their input into the locality safeguarding strategy.

Vision and strategy

Practice Vision and values

The practice's mission statement was "To provide excellent, holistic healthcare to our patients and to continue to act as an integral part of our close-knit community". This was supported with a number of aims and objectives including "we aim to ensure high quality, safe and effective services and environment" and "to provide monitored, audited and continually improving health care services". The practice ethos and aims and objectives were shared with staff at regular practice meetings where learning and developing was a regular agenda item.

Culture

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

The practice ensured joint learning and development was shared across all the staff. This was achieved with weekly partner meetings, monthly practice level meetings, regular nurse team meetings and a number of multi-disciplinary team meeting with external healthcare professionals. Staff were supported and there was a strong emphasis on staff training and development. We heard examples of where staff had been encouraged to develop.

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

Source	Feedback
Interviews with staff	Staff we spoke with told us they felt they were a good team that worked well together, helped each other and were supported by management. They said managers were approachable and helpful. Staff told us they felt comfortable raising any concerns and that managers were open to any suggestions for improvement.
Meeting minutes	We saw meeting minutes which documented regular meetings took place to facilitate training updates and the sharing of information and any changes as a result of significant events.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Practice specific policies were available and these were reviewed at regular intervals.
Staffing	Systems were established to minimise the risk of understaffing and to provide opportunities to cover staff absence. This reduced the practice need to use locum staff.
Practice meetings	There was a meeting structure with set agendas that allowed for discussion of all areas of quality improvement. Meetings were undertaken at practice level, cluster or local level and at group level.
Staff training	There was good management overview of staff training and development. Training and development was planned to support future development of the service.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

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
Systems and processes to respond to potential risks to patients.	Systems to respond to significant incidents and complaints were established and embedded. Action was undertaken in response to patient safety alerts however an overarching log of alerts and actions undertaken was not available. An overarching health and safety risk assessment was being development and the action plan in response to the fire risk assessment was being implemented.
Quality Improvement	The practice reviewed performance and worked in partnership with other healthcare professionals. Staff had allocated specific lead roles and were accountable to ensure practice performance was maintained.
Staffing	Performance of all staff was monitored supportively within a culture of learning and development.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group (PPG);

Feedback
The PPG was relatively newly established. We spoke with two representatives from the group who confirmed there were currently only five members in the group. The representatives we spoke with confirmed that the practice supported their meetings, however the group had autonomy to develop and grow. It was the PPG who had decided one of their first actions was to survey the patient populations about their thoughts and views on the service provided. They developed the feedback questionnaire and encouraged patients attending the practice during one week in September to complete these.

Any additional evidence
The practice leadership had a clear overview of the challenges they faced including those from working in a semi-rural location. The practice worked closely with the CCG and the other GP practice in Kirkham to try to ensure the needs of patients were met.

Continuous improvement and innovation

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

Audit area	Improvement
Audit of patients at risk of developing Type II diabetes	Following the first audit the practice introduced an action plan to improve monitoring of these patients. The re-audit in 2018 identified significant improvements in all the identified criteria. However, the re-audit identified areas for further improvement. The practice established an annual recall register for these patients.
Audit of the management of lower urinary tract infections in men.	The initial audit identified patients prescribed treatment for the management of their condition and assessed this alongside best practice guidance (NICE). The re-audit identified improvements in the management and treatment of these patients in accordance with guidance.

Any additional evidence
A range of additional clinical audits were available covering many different areas including family planning (coil and Nexplanon), asthma, ENT (ear, nose and throat) referrals, patients with very high body mass index (BMI) and medicine audits for valproate and bisphosphonate use. The nursing team were proactive in peer reviewing each other's patient consultations. This ensured a safe service and promoted individual development. GPs provided mentoring and on the job support to the nursing team. The practice supported student nurse training.

The Practice acknowledges the limitations of its current premises, and with the support of NHSE and the CCG is exploring a new- build project in conjunction with the other GP Practice in Kirkham. Completion is anticipated to be 2019-20.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.([See NHS Choices for more details](#)).