

Care Quality Commission

Inspection Evidence Table

Stockwell Lodge Medical Centre (1-540153838)

Inspection date: 28 August 2018

Date of data download: 14 August 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.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y*
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers: *Staff had access to safeguarding e-training modules and all of the staff we spoke with demonstrated an awareness of managing safeguarding concerns. However, at the time of inspection one of the medical secretaries had not completed safeguarding children and adults training. The practice had recruited a nurse practitioner who had joined the practice in July 2018. Although this staff member had completed essential training, this had been undertaken at their previous practice in 2016. The practice told us that this training would be completed during September 2018.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any answers: Clinical staff had a record of Hepatitis B vaccination. However, at the time of inspection the practice did not have up-to-date records of vaccinations for all staff members in line with national guidance. Shortly after our inspection, the practice told us that staff members were in the process of having their blood tests to ensure all staff members had the required vaccinations relevant to their roles.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: January 2018	Y
There was a record of equipment calibration Date of last calibration: June 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	N
Actions were identified and completed.	
Additional observations:	None
Health and safety Premises/security risk assessment? Date of last assessment: 31/08/2017	Y
Health and safety risk assessment and actions Date of last assessment: 31/08/2017	Y
Additional comments: At the time of inspection the practice was not able to provide a copy of their fire risk assessment. The practice took immediate action and shortly after the inspection, we received evidence to confirm an additional fire risk assessment had been completed by an external contractor on 30 August 2018.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 08/08/2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <ul style="list-style-type: none"> • Ensure water temperature checks are carried out at the required intervals, in accordance with the legionella risk assessment. • Ensure old furniture is removed from the practice. • Review storage of cleaning materials. 	<p>Y</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>

Any additional evidence
<p>An external contractor collected clinical waste from the practice on a regular basis. A Legionella risk assessment was in place and the practice carried out water temperature checks.</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	N
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers: During our inspection we found not all non-clinical staff had a clear understanding of identifying acutely unwell and deteriorating patients. Shortly after the inspection, the practice provided us with evidence to confirm relevant staff members had received the relevant training on 4 September 2018.	

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.	N
Referral letters contained specific information to allow appropriate and timely referrals.	Y*
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers: During our inspection we checked a sample of individual care records and found the practice did not routinely code Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) on the clinical system for relevant patients. (The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly).</p> <p>During our inspection we checked a sample of referral letters and found some were lacking information. From the 17 referral letters we looked at we found a small sample included a minimal assessment by the referring GP. For example, we found one referral letter to a falls clinic which did not include information such as the patient's heart rate or blood pressure.</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	1.13	1.02	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	7.2%	8.7%	8.8%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	N
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers: During our checks and discussions with staff members, we found the practice did not have a documented policy or clear audit trail in place for the management of clinical documentation. Shortly after our inspection, the practice provided us with evidence to confirm they had reviewed their processes, and a practice protocol was now in place for the management of clinical documentation.</p> <p>During our inspection we found a prescription for acute medicines which had been verbally requested by a patient. This prescription included an antibiotic used to treat infections, which had been listed on the prescription in error. The practice took immediate action and told us that all staff had been reminded to follow the repeat prescribing policy.</p> <p>From the sample of records we reviewed, we found the practice had a comprehensive system in place for monitoring patients receiving high risk medicines and medicines which required monitoring. A system of clinical coding and alerts enabled the practice to easily and accurately identify patients that were due the required checks prior to medicines being re-authorised and issued.</p>	

Track record on safety and lessons learned and improvements made

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

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

Event	Specific action taken
Patient presented with severe hypertension	Clinical staff guidance updated on malignant and accelerated hypertension
Failure to monitor fridge temperatures	Cold chain policy reviewed and backup systems implemented

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: A primary care pharmacist employed by the practice was responsible for receiving and circulating safety alerts to relevant staff for action. The practice had a process in place to ensure a record was maintained of action taken for safety alerts relevant to the practice.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) (NHSBSA)	1.06	0.69	0.84	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	73.7%	77.8%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (81)	10.6%	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)	56.3%	75.7%	78.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (64)	8.7%	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)	68.4%	77.7%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.6% (62)	12.2%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	70.9%	75.2%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (5)	7.2%	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)	83.5%	90.8%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.3% (26)	13.4%	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)	74.7%	81.9%	83.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (74)	3.3%	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)	77.4%	88.0%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (6)	6.2%	8.2%	
Any additional evidence or comments: During our inspection we checked a sample of records for patients with diabetes, and found all of these patients had received appropriate reviews or had been invited for a review. Current unverified data from the latest Quality and Outcomes Framework (QOF) 2018/2019 showed an improvement in diabetes care and patient reviews. Exception reporting was in line with local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).				
Current unverified data from the latest QOF (2018/2019) showed 69% of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less.				
The practice told us that they had allocated roles to staff members to contact patients for reviews and performance for QOF had been prioritised. The practice had an effective recall system in place.				

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)	120	122	98.4%	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)	112	119	94.1%	Met 90% minimum (no variation)
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)	112	119	94.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	109	119	91.6%	Met 90% minimum (no variation)
Any additional evidence or comments: The practice performance for childhood immunisation rates were above the 90% standard across all four indicators. The practice told us that staff members would contact patients by telephone which had increased uptake.				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	74.4%	75.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.4%	70.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	56.7%	58.7%	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)	79.5%	66.0%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	61.1%	52.7%	51.6%	Comparable with other practices
Any additional evidence or comments: The practice encouraged uptake to national screening programmes during patient health checks and promoted campaigns using noticeboards in patient waiting areas.				

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)	85.5%	92.0%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (12)	14.5%	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)	87.8%	92.0%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (7)	12.4%	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)	75.8%	83.8%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (2)	8.1%	6.8%	
Any additional evidence or comments: During our inspection we found the practice did not record care plan reviews for dementia patients. Care plans had not been created and key points from discussions with patients had not been recorded within the patient notes. The practice told us that they were preparing to change to a new clinical system and that this would enable access to electronic patient care plan templates. However, shortly after the inspection the practice confirmed that they had created a dementia care plan template and had completed this with all of their patients at a local residential home. The practice was able to provide us with evidence to confirm this and told us that all patients diagnosed with dementia would have a documented care plan in place before October 2018.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	516	539	539
Overall QOF exception reporting (all domains)	6.0%	5.0%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.5%	94.5%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (10)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians had completed training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The practice recorded consent and monitored the process for seeking consent appropriately.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	21
Number of CQC comments received which were positive about the service	Eight
Number of comments cards received which were mixed about the service	Eight
Number of CQC comments received which were negative about the service	Five

Examples of feedback received:

Source	Feedback
Interviews with patients. CQC Comment cards.	<p>Patient comments demonstrated that they felt the staff were helpful, caring and treated them with dignity and respect. However, some comments indicated that patients had problems getting an appointment and contacting the practice by telephone.</p> <p>Feedback from the Patient Participation Group (PPG) was positive. They told us they were satisfied with the care provided by all staff members at the practice and said their dignity and privacy was respected.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,401	240	88	36.67%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	22.1%	75.3%	78.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	59.2%	87.2%	88.8%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	81.8%	95.0%	95.5%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	47.3%	83.0%	85.5%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	69.0%	91.7%	91.4%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	65.0%	91.1%	90.7%	Significant Variation (negative)

Any additional evidence or comments: Results from the National GP Patient Survey published in August 2018 showed the practice was performing lower than the local and national average for most indicators. The practice had implemented an action plan and had also received support from the Local Healthwatch. The practice had introduced a meet and greet service and had recruited new staff members. The practice had introduced weekly customer care meetings and all staff members were invited to attend.

Results from the latest National GP Patient Survey published in August 2018 showed:

- 59% found the receptionists at this GP practice helpful. This was 6% higher than the results from 2017. However, this remained lower than the local average of 88% and national average of 90%.
- 58% said the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment. This was 7% higher than the results from 2017. However, this remained lower than the local average of 85% and national average of 87%.
- 61% said the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment. This was 14% higher than the results from 2017. However, this remained lower than the local average of 86% and national average of 87%.
- 82% were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment. This was 35% higher than the results from 2017. However, this remained lower than the local and national average of 93%.

The PPG had undertaken a patient survey between January and February 2018 and had received 230 responses (2% of practice population). Results from the PPG survey showed 82% of patients who responded to the survey said they were satisfied with their consultation. 54% said they would recommend their surgery to others.

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

Date of exercise	Summary of results
January – February 2018	<p>The PPG survey was distributed to 230 patients and 204 surveys were returned. This was a response rate of 89% which was approximately 2% of the practice population. Results from the PPG survey showed:</p> <ul style="list-style-type: none"> • 38% of respondents were positive when asked how easy it was to contact the practice by telephone. • 83% found the receptionists to be helpful. • 60% responded positively to the overall experience of making an appointment. • 82% were satisfied with their consultation. • 82% were satisfied with their overall experience at the surgery. • 54% would recommend their surgery to others.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients. CQC Comment cards.	During the inspection we spoke with eight patients and three members of the PPG. All of these patients told us that they felt involved in their care and treatment. They also told us they felt listened to and supported by the doctors and nurses and had sufficient time during consultations. However, a small sample of patients said that they felt rushed during their consultation.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	54.7%	84.7%	86.4%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	46.9%	78.9%	82.0%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	67.7%	89.8%	89.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	54.5%	85.6%	85.4%	Significant Variation (negative)

Any additional evidence or comments: Results from the National GP Patient Survey published in July 2017 showed the practice was performing lower than the local and national average for most indicators. The practice had implemented an action plan and had taken steps to improve the patient experience. The practice had introduced a meet and greet service and had recruited new staff members. The practice had also introduced weekly customer care meetings and all staff were invited to attend.

Results from the latest National GP Patient Survey published in August 2018 showed:

- 82% were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment. This was 35% higher than the results from 2017. However, this remained lower than the local and national average of 93%.

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

Carers	Narrative
Percentage and number of carers identified	The practice held a register of carers, with 293 carers identified, which was approximately 3% of the practice list.
How the practice supports carers	The practice's computer system alerted GPs if a patient was also a carer. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They attended local carers meetings and information about support services for carers was displayed in the practice.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement their usual GP contacted them and arranged a visit. The practice also offered counselling.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Staff recognised the importance of patients' dignity and respect. However, the size of the reception area meant that there was a lack of privacy when patients spoke with reception staff.</p> <p>Staff were aware of this and made efforts to maintain privacy and confidentiality. A notice was displayed in the reception area to promote patient confidentiality. The practice had an electronic check-in desk which was available in different languages.</p>

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

Examples of specific feedback received:

Source	Feedback
Interviews with patients and CQC comment cards.	The patients we spoke with told us that their privacy and dignity was always respected by reception and medical staff. This was in line with the comments we received from patients.

Responsive

Responding to and meeting people's needs

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

Appointments available	
8am – 1pm	2pm – 4pm
Extended hours opening	
Extended hours appointments were available on Monday, Tuesday and Wednesday mornings from 7.30am and Monday and Tuesday evenings until 8pm.	

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
The practice provided a telephone triage and call back service led by a duty doctor. All home visit requests were clinically assessed by a duty doctor.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,401	240	88	36.67%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	60.1%	75.7%	80.0%	Variation (negative)
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	17.2%	61.4%	70.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	41.7%	70.3%	75.5%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	33.6%	66.3%	72.7%	Significant Variation (negative)

Any additional evidence or comments:

Results from the National GP Patient Survey published in July 2017 showed the practice was performing lower than the local and national average for all indicators relating to access. During our inspection we spoke with eight patients and three members of the PPG. Overall, patients commented on the improvements made by the practice. However, six patients told us that they had experienced difficulties contacting the practice by telephone and three patients told us that they had to wait over 30 minutes to be seen by a doctor.

The practice had implemented an action plan and had taken steps to improve access. The practice had recruited new staff members and had increased the number of online appointments available. The practice had reviewed their appointment system and undertook regular audits to monitor demand. Senior staff told us that they were in the process of changing their telephone system. The practice was also planning on recruiting a dedicated telephonist.

Results from the latest National GP Patient Survey published in August 2018 showed:

- 60% were satisfied with the type of appointment they were offered. This was lower than the local average of 72% and national average of 74%.
- 87% felt their needs were met during their last general practice appointment. This was lower than the local average of 94% and national average of 95%.
- 89% had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment. This was in line with the local and national average of 96%.
- 31% described their experience of making an appointment as good. This was significantly lower than the local average of 63% and national average of 69%.
- 17% found it easy to get through to this GP practice by phone. This was significantly lower than the local average of 64% and national average of 70%.

The PPG had completed a patient survey between January and February 2018. This survey was distributed to 230 patients and 204 surveys were returned. This was a response rate of 89% which was approximately 2% of the practice population. Results from the PPG survey showed:

- 38% of respondents were positive when asked how easy it was to contact the practice by telephone.
- 60% responded positively to the overall experience of making an appointment.
- 82% were satisfied with their consultation.
- 82% were satisfied with their overall experience at the surgery.

The PPG survey results indicated that progress had been made, when compared with previous patient survey results. This was in line with the comments we received from patients during our inspection.

Examples of feedback received from patients:

Source	Feedback
Patients	The majority of patients told us that they could get an appointment for when they needed one.

Listening and learning from complaints received

Complaints	
Number of complaints received in the last year.	14
Number of complaints we examined	Four
Number of complaints we examined that were satisfactorily handled in a timely way	Four
Number of complaints referred to the Parliamentary and Health Service Ombudsman	One
Additional comments:	
<p>Information about how to make a complaint or raise concerns was available and it was easy to do. The practice offered apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.</p> <p>The complaint leaflet included information on the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England). However, the practice did not provide patients with information on the role of the PHSO when sending a final response to patients.</p> <p>Following our comments, the practice told us that they would now be ensuring that the complaints leaflet would be sent out as standard with all final responses to patient complaints.</p>	

Example of how quality has improved in response to complaints
<p>The practice had analysed complaints to identify trends and had reviewed their repeat prescribing policy as a result.</p>

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
The practice had successfully recruited a permanent practice manager who was due to start their role shortly after our inspection. Staff were encouraged to upskill and the practice had recruited both clinical and non-clinical staff members within the previous 12 months.

Vision and strategy

Practice Vision and values
The practice had a vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was to foster an ethos of continuous improvement.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
Senior staff had taken steps to improve the culture. The practice had introduced weekly customer care staff meetings and focused on improving the services provided and the patient experience.
Feedback from staff was positive about the culture. Staff said they felt respected and valued. They told us that there was an open culture and described senior staff as approachable and supportive.

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

Source	Feedback
Staff	Reflected on the practices' focus on ensuring a consistent and effective flow of information across all staff groups.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a number of policies in place which were available to all staff members. However, some of these policies had not been reviewed or updated to ensure that they were specific to the practice.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
During our inspection senior staff told us that practice policies had been reviewed with staff members during team meetings. However, the practice had not updated the policies available to staff at the time of our inspection. Shortly after our inspection, the practice confirmed that the policies had been updated and we received evidence to confirm this.

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Practice capability and requirement to improve.	The practice had an improvement plan in place and progress had been made. The practice was actively attempting to recruit an additional GP.
Low staff morale and negative culture.	Senior staff worked with key stakeholders to drive improvements. The practice had reviewed key positions within the practice and had made changes as a result.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The Patient Participation Group (PPG) held regular meetings with senior practice staff and attended weekly customer care staff meetings. We spoke with the PPG chairperson, vice chairperson and one PPG member, who told us that they were asked for their views on possible service changes. They reported that they felt they were kept informed by the practice and senior staff were focused and dedicated to making improvements. The PPG had completed a patient survey and this had influenced the practice into taking steps to upgrade their telephone system. The PPG actively engaged with the patient population and was planning on holding an information open evening at the practice.

Any additional evidence
<p>The practice had obtained patient feedback using the NHS Friends and Family Test (FFT). (The FFT asks people if they would recommend the services they have used and offers a range of responses). The practice had received 83 responses to the FFT in 2018. The results showed 51 people (61%) were either extremely likely or likely to recommend the service and 21 people (25%) were either extremely unlikely or unlikely to recommend the service.</p> <p>The practice regularly engaged with their patients and patient feedback had resulted in the practice increasing the number of online appointments available. The practice had signed up to a patient access application to improve the patient experience when booking appointments online and had improved processes and methods of communication.</p> <p>The practice was an activity member within the locality. Senior staff regularly attended meetings with peers within their locality. The practice was a member of a local GP Federation and participated in an extended access scheme across the locality, which was due to commence in 2018.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Clinical system	The practice had plans in place to introduce a new clinical system in September 2018. It was anticipated that this would enable the practice to communicate more effectively within the locality, have access to additional clinical templates and introduce a text messaging service.
Monitoring risk	The practice had an improvement plan in place and monitored progress.

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 below -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](#)).