

Care Quality Commission

Inspection Evidence Table

Dr Philip Matthewman (1-485294478)

Inspection date: 07 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 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)	No
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: We were not assured that both clinical and non-clinical staff had completed the appropriate level of safeguarding children training, as the practice was unable to provide us with certificates to confirm this. The guidance 'Safeguarding Children and Young people: roles and competences for health care staff (intercollegiate document) 2014', states that clinical staff who worked with children should be trained at child safeguarding level 3 and all non-clinical staff working in a healthcare setting should be trained at child safeguarding level 1.	

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes April 2018
There was a record of equipment calibration Date of last calibration:	Yes April 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes January 2018
Actions were identified and completed.	Yes
Additional Observation: We saw evidence that the practice carried out PAT testing, calibration of equipment and fire safety risk assessments on an annual basis. Any actions which were identified would be completed and followed up the management. On the day of the inspection we noted that there was no information on display on what to do in the event of a fire, for example details of the nearest fire exit and the assembly point. We were told that the practice was very small and patients were always within close proximity of staff who were trained to guide patients out of the building through the nearest and safest fire exit.	
Health and safety Premises/security risk assessment? Date of last assessment:	No N/A
Health and safety risk assessment and actions	No

Date of last assessment:	N/A
<p>Additional comments:</p> <p>The practice told us that the GP carried out daily health and safety/ premise and security risk assessments by walking around the premise and making physical observations, and that if concerns were identified they would be actioned within 24 hours. However, these risk assessments and any resulting action were not documented.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice's infection prevention control policy had been reviewed in January 2018. We saw evidence that an external infection control practice nurse had conducted an infection prevention control audit in September 2017. The audit identified one area of improvement which was to install a new sink without an overflow in the main consulting room. We were told that this recommendation would be actioned at the next point of refurbishment.</p> <p>We noted that the disposable curtain in the treatment room was last replaced in January 2018 and the curtain in the consultation room had last been dry cleaned in January 2018. National guidance states that curtains should be cleaned or changed six monthly.</p> <p>There was a sharps injury policy in place. However, there was no sharps injury guidance within the consulting or treatment rooms in order to provide staff with quick access to information on the steps to be taken in the event of a sharps injury.</p>	<p>Yes</p> <p>September 2017</p>
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.	No
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
<p>Explanation of any answers:</p> <p>Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening complication of an infection or injury. The practice told us that non-clinical staff had not undertaken sepsis training but were competent in recognising the key symptoms which would help them identify a deteriorating or acutely unwell patient in the waiting area. However, non-clinical staff we spoke with were unable to demonstrate an understanding of what sepsis was or what the associated symptoms were, for example high temperature, chest pains, shortness of breath, nausea, vomiting, chills and shivering.</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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.56	0.55	0.95	Variation (positive)
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)	10.5%	9.5%	8.8%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	N/A
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	No
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.	Not adequately documented
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	No
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.	No
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.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes (but see comments below)
There was medical oxygen on site.	Yes (but see comments below)

The practice had a defibrillator.	Yes (but see comments below)
Both were checked regularly and this was recorded.	Yes (but see comments below)
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><u>Prescriptions</u></p> <p>There were no lockable printer trays to keep prescription stationary secure at all times in the practice. There was no system in place to effectively monitor prescriptions both on delivery and when they were distributed through the practice.</p> <p>The systems put in place for the monitoring of uncollected prescriptions were ineffective, our review of the prescriptions box found prescriptions for six patients of which prescriptions for four patients were overdue for collection. For these four patients, their uncollected prescriptions were dated from July 2017 to December 2017. We noted that for one patient there were two uncollected prescriptions for high-risk controlled drugs; two prescriptions were issued for vulnerable patients, a child and an elderly person; and for one patient there were three uncollected prescriptions. The practice was unable to explain why these prescriptions were still in the collection box.</p> <p><u>Monitoring the prescribing of high risk medicine</u></p> <p>We reviewed the records for eight patients that had been prescribed anticoagulant medicine. We noted that in four of these it did not record the patient's last blood test. In the other four records it appeared that the most recent blood tests were too long ago to be viable. For example, we noted that a patient was issued with anticoagulant medicine in July 2018 but the last recorded blood test documented in the notes was dated May 2011. Another example we noted was that a patient was issued with anticoagulant medicine in July 2018 but the last recorded blood test documented in the notes was dated October 2015.</p> <p>We also identified one patient who had been admitted to hospital with abnormal blood test results and there was no evidence within the patient consultation notes of a follow up or review with this patient by the practice. We also identified one patient where the patient consultations were unclear as to why the warfarin had been stopped.</p> <p><u>Controlled drugs handed into practice</u></p> <p>We found that 60 tablets of a high-risk drug, returned to the practice unused had not been safely destroyed as recommended by national clinical guidance. The practice was unable to explain why these drugs had remained on site since being received and why they had not been disposed of. After the inspection, we were told that the drugs were going to be taken to the local pharmacy for destruction.</p>	

Emergency equipment and medication

The practice had a system in place for the monitoring and recording of emergency equipment and medication. The last monthly check was recorded at the end of July 2018 and no issues were identified. However, we found that the emergency oxygen cylinder had expired two days prior to the inspection date and two emergency drugs recommended in national guidance; an antihistamine used to treat anaphylaxis and acute angio-oedema and medicine used to treat epileptic fit were not included in the emergency kit. The lead GP carried out these monthly checks and was not aware that the emergency oxygen tank had expired; two of the recommended emergency medicines were missing; and there was no evidence of a risk assessment carried out to explain the reasons why these medicines were not suitable for the practice to stock and how the risk of not doing so had been mitigated.

The practice did not have paediatric pads for the defibrillator. However, the practice could explain how it would deal with paediatric emergencies i.e. administering CPR, using adult pads on a reduced voltage and calling the emergency 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	No
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.	0
Number of events that required action	0
Additional comments: The practice did not have a policy on significant events. Clinical staff understood their duty to raise concerns and report incidents and near misses. Non-clinical staff could not explain what a significant event was, until they were prompted and provided with examples. There had been no significant events recorded in the past 12 months and none in 2016 / 17. There had been five in 2015 / 16 and eight in 2014 / 15. We saw from practice meeting agendas and minutes that that should any events occur they would be discussed and reviewed.	

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

Event	Specific action taken
Breakdown in two week wait referral process.	<p>The GP had made a 2-week wait referral for a patient to be seen at the dermatology department at the local hospital. The patient was biopsied with a skin cancer.</p> <p>Patient was again seen by practice GP some three months later, at which point the GP realised that the hospital had not followed up the biopsy results with a surgical incision procedure. The GP took immediate action and spoke with the lead consultant which led to the patient being booked in for the procedure. The consultant explained that a multi-disciplinary team meeting had taken place regarding this patient, but at that time they had a temporary secretary taking the notes and she had failed to action the patient's urgent admission for surgery.</p> <p>The GP going forward would monitor referrals more closely to ensure patients have been seen.</p>
Abnormal test results not sent to GP for review.	<p>Patient with possible infection was referred for a microbial test. The test results came back to the surgery and were positive but this had not been highlighted to the GP by the reception staff. This error came to light when the patient was reviewed by the GP some months later.</p> <p>Reception staff explained to the GP that blood tests which were abnormal would always be flagged by the pathology department, but the same did not happen for microbial tests.</p> <p>The GP instructed staff that going forward all microbial test results are not be filed until it had been reviewed by the GP.</p>

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>Since January this year the practice put in place a procedure for conducting records searches when drugs alerts were received. The practice could evidence that it contacted patients that were affected by drug alerts.</p> <p>For example, we saw that a recent drug alert was recorded in respect of prescribing sodium valproate to pregnant women. This is a medicine used primarily to treat epilepsy and bipolar disorder and to prevent migraine headaches, but which exposes children in the womb to a high risk of serious developmental disorders and/or congenital malformations. A patient record search was carried out and appropriate</p>	

action was taken with patients to discuss the risks associated with taking this medication whilst pregnant.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) (NHSBSA)	0.62	0.82	0.84	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	60.0%	77.9%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (3)	6.3%	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)	68.5%	78.2%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (4)	5.4%	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)	66.0%	81.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (5)	8.9%	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)	84.3%	75.8%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (1)	2.3%	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)	83.9%	91.8%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	3.9%	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	73.9%	81.7%	83.4%	Comparable with other practices

less (01/04/2016 to 31/03/2017) (QOF)					
QOF Exceptions		Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
		1.8% (3)	3.5%	4.0%	
Indicator		Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)		100.0%	87.4%	88.4%	Variation (positive)
QOF Exceptions		Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
		7.1% (1)	13.2%	8.2%	

Any additional evidence or comments:

The QOF data available at the last inspection (2016/2017) was still the most recently published data.

The practice was able to provide unpublished and unverified figures for the overall clinical domains for 2017/2018 which was obtained via the NHS Calculating Quality Reporting Service (CQRS) website. The results of the unverified 2017/2018 QOF figures indicated that the practice had improved in the overall clinical domains of COPD, asthma and scored slightly lower in atrial fibrillation, and significantly lower in diabetes.

The practice told us that they were aware that QOF scores for diabetes had not improved. Staff were unable to explain why there was no improvement but told us once a month a specialist diabetes nurse ran a monthly clinic to help diabetic patients improve their health.

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)	*	*	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for	*	*	100.0%	Met 95% WHO based target

Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)				(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)	*	*	100.0%	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)	*	*	100.0%	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)	44.3%	56.1%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	53.1%	56.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	39.2%	45.2%	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)	66.7%	79.8%	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)	66.7%	58.2%	51.6%	Comparable with other practices
Any additional evidence or comments <p>The cervical screening data available at the last inspection (2016/2017) was still the most recently published data.</p> <p>The practice told us that the uptake for cervical screening had not improved. We made enquiries with staff why there had been no improvement but no clear explanation was given by the practice. The practice did not have a practice nurse in post and the lead GP told us this role was not needed in the practice.</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)	100.0%	90.9%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.0%	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)	85.7%	90.5%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.2%	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)	100.0%	83.7%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	425	540	539
Overall QOF exception reporting (all domains)	2.8%	4.3%	5.7%

Effective Staffing

Indicator	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme	No
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice.	Yes
Any additional evidence or comments The lead GP was unable to provide assurances that staff were trained to the appropriate level for child safeguarding. Non-clinical staff had not undertaken sepsis training and were unable to explain how to identify a deteriorating patient.	

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)	90.9%	93.8%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (2)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

We found that the clinical staff had working knowledge of the Mental Capacity Act.

The Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-old girls without parental consent. Since then, they have been used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

The GP was unable to demonstrate a good understanding of these guidelines. The GP told us that he was not comfortable in advising and prescribing contraceptives for girls under the age of 16, without a parent being present. We were told that if the parent was not present then they would send the patient to a local health clinic.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	13
Number of CQC comments received which were positive about the service	13
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
Patient interviews	Patients told us they received excellent and professional care, staff were kind, helpful and caring and they are treated with dignity and respect.
CQC comment cards	Overall comments stated that it was an excellent service where staff are friendly and professional. We also saw comments that staff and GPs were supportive, encouraging and caring, explaining care and treatment and taking time with patients; patients said they were treated with respect.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,028	367	60	16.35%	3%

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)	80.6%	81.8%	78.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	84.7%	89.0%	88.8%	Comparable with other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	88.2%	95.2%	95.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	79.3%	85.9%	85.5%	Comparable with other practices

Any additional evidence or comments

The practice sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period January 2018 to May 2018, based on 28 responses, showed that 93% of patients would be extremely likely or likely to recommend the service.

The practice had a patient feedback box and reviewed comments posted on NHS Choices.

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

Date of exercise	Summary of results
N/A	N/A

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with advised that they always felt that they were involved in decisions about care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	83.9%	86.0%	86.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	83.6%	80.8%	82.0%	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.	No
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	36 carers 1.7% of patient population
How the practice supports carers	The practice had a policy on carers which stated that where a patient was old or frail, or disabled, or handicapped, or where there is a significant illness, the practice will routinely ask who their main carer is. This information will then be recorded on the internal database. Patients identified as carers were signposted to the local support organisation 'Camden Carers Centre.'

How the practice supports recently bereaved patients	Patients were signposted to the local Marie Curie bereavement support group service.
--	--

Any additional evidence
At the previous inspection it was recommended that information leaflets should be made available in easy read formats, however, there was no such leaflets on display.
There was information about support groups on the practice website and it was also available in the reception area.

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	The reception desk was away from the waiting area. However, it was possible other patients in the queue could hear conversations with reception team. The receptionist informed us that patients were aware that if they wished to talk in a private room they could request to do so.

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
CQC comment cards	Patients told us they were always treated with dignity and respect.
Staff training records	We saw that staff had completed Equality and Diversity training.

Responsive

Responding to and meeting people's needs

Practice Opening Times		
Day	AM	PM
Monday	9am – 12 noon	3pm – 5pm
Tuesday	9am – 12 noon	4pm – 6pm
Wednesday	9am – 12 noon	4pm – 7.30pm
Thursday	9am – 12 noon	Closed
Friday	9am – 12noon	4pm – 6.30pm

Appointments available:

A walk-in clinic operated every weekday morning between 9.30am-11.30am.

Telephone consultations were available with the lead GP every weekday between 11.30am-12 noon.

Patients could book appointments for the afternoon clinics which were available on Monday, Tuesday, Wednesday and Friday.

Extended hours opening:

Extended opening hours are available at the practice on Wednesday evenings between 6.30pm-7.30pm.

The local clinical commissioning group had commissioned an extended hours service, which operated between 6.30pm and 8pm on weeknights and from 8am to 8pm at weekends at four “Hub” locations across the Camden borough. Patients could book appointments with the service by contacting the practice.

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	
The reception staff we spoke with told us that all home visit requests are entered on the clinical system and reviewed by the GP. The practice also maintained a register of vulnerable patients who regularly required home visits.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,028	367	60	16.35%	3%

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)	84.4%	76.1%	80.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	100.0%	75.6%	70.9%	Variation (positive)
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)	91.9%	76.8%	75.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	96.9%	71.6%	72.7%	Variation (positive)
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients we spoke with told us that the service was easily accessible and that you could always walk-in and see the GP in the mornings with very little waiting time. Patients also told us that you could nearly always book an afternoon appointment on the same day or the day after.
CQC comments cards	Patients commented that they were able to get appointments when they needed them.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	0
Number of complaints we examined	0
Number of complaints we examined that were satisfactorily handled in a timely way	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Information was available about how to make a complaint or raise concerns and the practice encouraged patients to raise any concerns directly. In the past 24 months no formal complaints had been received. The practice reviewed patient comments via the NHS choices website but had only responded to some these comments.	
Example of how quality has improved in response to complaints	
Due to the lack of formal complaints, there was no evidence of how quality had improved in response to complaints.	

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
<p>The delivery of high-quality care was not assured by the leadership, governance or culture at the practice. The practice had not appropriately addressed all of the action we said it must and should take to make improvements identified at our previous inspection.</p> <p>We reviewed the practice's most recently updated action plan, drawn up following our previous inspection. We noted that it provided assurances that effective systems had been put in place for monitoring patients' two-week referrals; for conducting records searches when drugs alerts were received; to monitor uncollected prescriptions; and the monitoring and recording of emergency equipment and medication.</p> <p>At this inspection we found that there were adequate systems in place for monitoring patients' two-week referrals and for conducting records searches when drugs alerts were received.</p> <p>The systems put in place for the monitoring and recording of emergency equipment and medication was ineffective as we found that the emergency oxygen had expired and two of the recommended emergency drugs were missing.</p> <p>The systems put in place for the monitoring of uncollected prescriptions were ineffective, our review of</p>

the prescriptions box found prescriptions for six patients of which prescriptions for four patients were overdue for collection. For these four patients, their uncollected prescriptions were dated from July 2017 to December 2017 and included high risk medication, medication for a minor and medication for an elderly person.

Staff told us that the lead GP was visible, approachable and worked closely with staff. There was also evidence of regular team meetings taking place.

Vision and strategy

Practice Vision and values

The practice informed us that their mission was to provide personal care in an accessible manner. However, the practice's supporting strategy and business plan were informal and not articulated in any written documentation.

Culture

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

Source	Feedback
Staff interviews	One of the reception staff had been working at the practice for 10 years and the other for five years. They both told us that they enjoyed working at the practice, and that they were always supported, valued and respected.

Governance arrangements

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

Practice specific policies	Child and Adult Safeguarding, Health and Safety, Complaints, Infection Prevention Control, Sharps Injury, Confidentiality and Business Continuity Plan.
----------------------------	---

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Additional information:

There were no policies in place for information governance and reporting on significant events.

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
Managing 2-week referrals.	Since the previous inspection the practice had implemented an effective system to monitor patients who had been referred under the 2-week cancer referral process. A monthly follow up procedure was in place to ensure patients had been seen within the 2-weeks of the referral, and if not enquires were made as to why not.
Conducting records searches when drugs alerts were received.	Since the previous inspection the practice had implemented an effective system for conducting records searches when drugs alerts were received. We saw examples where affected patients were contacted and invited into the surgery to discuss the impact of the drug alerts.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
There was a suggestions box in the waiting area and the practice operated a Facebook page to keep patients informed of issues relating to the service and to allow them to give feedback. We noted that the facility had been used to inform patients of late surgeries on Wednesdays, the availability of flu immunisations and that a female locum GP was working at the practice.

Continuous improvement and innovation

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

Audit area	Improvement
Various	There had been six clinical audits that had been carried out in the past 24 months, including one second-cycle audit. Some of the audits had highlighted improvements in clinical performance. For example, an annual audit of prescribing of medicine used for sleeping problems and anxiety had decreased year on year since 2015/2016. An audit of patients with Chronic Obstructive Pulmonary Disease (COPD) using steroid inhalers had resulted in two patients being given advice on improving their inhaler use; three having their inhaler types changed; and one having their inhaler discontinued as ineffective.
Polypharmacy	The practice had taken active steps to recall and review patients who

	were on four or more medicines. The practice had managed to review 98% of these patients and where appropriate effectively reduced their medicines.
--	---

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for 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:

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](#)).