

Care Quality Commission

Inspection Evidence Table

Bolton House Surgery (1-559622542)

Inspection date: **19 September 2018**

Date of data download: 18 September 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	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: We were told that If a child failed to attend appointments for immunisations or secondary care, the practice would contact the parent or guardian by telephone and if not contactable they would write. If they still did not respond they would inform the health visitor who would phone and or write and if they still did not attend, the health visitor would visit the family. We were shown examples where staff had identified safeguarding issues and followed the correct pathways and procedures.	

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.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Partially
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <p>The clinicians updated their professional registration when it became due. Copies of certificates were retained in their staff files, were accessible to the practice managers and were up to date. Since the inspection the practice have told us that they have introduced a system so that the managers also specifically monitor that professional registrations remain appropriate and current.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 15/10/2016	Y
There was a record of equipment calibration Date of last calibration: 04/10/2017	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals (see below)	N/A
Fire procedure in place	Y
Fire extinguisher checks 20/07/2018	Y
Fire drills and logs	See below
Fire alarm checks	Y
Fire training for staff: Last done October 2017, booked external trainer for 21/11/2018	Y
Fire marshals	N
Fire risk assessment Date of completion Last done 2006	See below
Actions were identified and completed.	Y
Additional observations: We saw that portable appliance testing had been booked for October 2018 and equipment calibration for 05/11/2018 No cleaning products or chemicals were stored on site. The cleaning company brought in what they required in and took them away each evening. We were told they had their own risk assessments for their cleaning products. No liquid nitrogen was stored on site. Small canisters of liquid nitrogen for cryotherapy were picked up, used at the practice and returned after the session on the same day. The fire procedure was prominently displayed in the waiting room, in all rooms and on the computer system accessible to all staff. All staff had annual fire training. On 30/05/2018 the practice had held some training when they practised the evacuation procedure with staff. However, they did not actually leave the building which meant the procedure was not fully tested. They were planning to do so following training with an external fire training provider on 02/11/2018. Fire alarm checks were not regularly undertaken. Fire training was also given to staff at induction and this was confirmed by staff that we talked to. The fire risk assessment was last done 2006. Actions were completed then (fire exit signs and emergency lighting). We were told that the person that checks the fire extinguishers checked the signs annually as well. The practice told us that nothing had specifically changed about the building since then, but that they would arrange for a new risk assessment to be carried out by an external provider.	

<p>Health and safety Premises/security risk assessment? Date of last assessment: 13/08/2018</p>	<p>Y</p>
<p>Health and safety risk assessment and actions Date of last assessment: 13/08/2018</p>	<p>Y</p>
<p>Additional comments: We saw that actions were identified and taken at the last two health and safety risk assessments in July 2017 and August 2018. Additionally, the infection control lead carried out a monthly spot check with respect to infection control and the state of the building.</p>	

Infection control	Y/N
Risk assessment and policy in place	Y
Date of last infection control audit: 05/09/2018	Y
<p>The practice acted on any issues identified</p> <p>Detail: For example it was noted that disposable hand towels were being disposed of in the clinical waste bins. The practice purchased additional non-clinical waste bins and put up notices that hand towels were to be disposed of in it.</p> <p>The infection control lead carried out a monthly review of the premises and carried out infection control spot checks recording and actioning any findings.</p>	
The arrangements for managing waste and clinical specimens kept people safe?	Y

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.	Y
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
<p>Explanation of any answers:</p> <p>We saw a documented case where an unwell patient had been appropriately assessed, treated with oxygen and an ambulance called. They were subsequently diagnosed with sepsis in hospital.</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.	Y
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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.04	-	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	9.3%	-	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
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:</p> <p>We looked at the records of a patient was referred to the mental health team. The team changed the patient's medicines and informed the GP. The letter was actioned by the GP and the change of medicine recorded and actioned in the patients records on the computer system.</p> <p>We were told that a recent audit by the clinical commissioning group (CCG) showed low antibiotic prescribing by the practice.</p> <p>The practice had carried out a two-cycle audit in to prescribing of antibiotics in upper respiratory tract infections. The results showed that they had reduced their prescribing of antibiotics by 37.5% between the first and second audit cycles.</p> <p>The practice had also carried out an audit in to the prescribing of opiates (Medicines for pain relief that are potentially addictive) within the practice.</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 since last inspection (recorded from January 2018)	6
Number of events that required action	3

Example of significant events recorded and actions by the practice;

Event	Specific action taken
A locum clinician prescribed a medicine for a patient with asthma that was often contra-indicated in that condition.	The significant event was discussed at a practice meeting on 09 February 2018. The action was that the clinicians spoke to the clinician involved to advise that they didn't want that specific medicine prescribed for a patient with asthma. The learning was to advice to clinicians about being vigilant in checking patient care histories and diagnoses.
A patient slipped down the stairs in the practice.	The patient was a new patient who had not yet had their new patient review. They were fully examined by a GP and a nurse, given wound care and advice and the accident book completed. The incident was discussed at a practice meeting on 16 August

	2018. The specific action was to add a paragraph on their new patient form about stairs and asking patients if they were able to manage the stairs (this had since been done). Additional learning that was considered was, where possible new patient checks should be arranged before routine appointments.
A clinician received a needle stick injury.	The clinician followed practice protocols and the appropriate procedures following a needle stick injury were followed and documented. The event was discussed at a practice meeting on 08 March 2018. It was noted that there was no sharps bin in the room that the clinician took the blood in. As a result, the practice ensured that all clinical rooms contained appropriate sharps bins.

Any additional evidence

We saw that significant events were recorded, discussed and actioned. Minutes of the meetings were recorded and they and the significant events records were available to all staff on the practice's shared computer drive. Reception and administration staff told us they received emails or tasks informing them of actions and learning from significant events and complaints relevant to them and were told to read the minutes of the practice meetings where they were discussed. Practice managers also discussed relevant significant events with them face to face and if necessary they would be sent personal emails. Nursing staff told us the lead nurse attended the practice meetings and the nursing team then received copies of the minutes to read and the lead nurse fed back in detail what was discussed. The lead nurse also fed back to the practice meetings or staff could speak to GPs directly.

However, although the event, date of review and actions were always recorded, some forms were missing data such as the date of the incident, date of closure and name of the persons recording the event. Also, the recording of the dissemination of learning could be more formalised as there was not always a clear audit trail.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place: The practice kept a log of the alerts. We looked at three safety alerts and followed them through. We saw that searches were carried out and where a patient was affected, they were contacted and advised. A record of the consultation, advice and action taken was retained in their records.</p> <p>Nursing staff told us that they were informed of safety alerts via their in tray and had to sign to say that they had read them.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	2.31	-	-	Variation (negative)

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)	82.6%	-	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.0% (65)	17.6%	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)	73.4%	-	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.6% (61)	16.4%	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)	80.8%	-	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.1% (54)	17.4%	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)	71.3%	-	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (25)	13.2%	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)	92.9%	-	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.3% (22)	15.4%	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)	82.1%	-	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (78)	5.7%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	86.2%	-	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (10)	5.6%	8.2%	

Any additional evidence or comments

The practice showed a negative variation in the Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). They told us that the practice always had had a large population of disadvantaged patients and those with a history of substance dependency. This was partly due to the location of the practice, being the central town practice. It had been recognised by the clinical commissioning group (CCG) that they had more patients with a dependency on hypnotics than other practices in their area. In the past they had CCG pharmacy assistance to try to reduce their prescribing, but it had not had the positive outcomes hoped for. The local substance misuse unit would not take referrals for patients with hypnotic dependency. They told us that despite their efforts, they had been unable to reduce the number of patients on hypnotic medicines, but were trying to control the prescribing by avoiding automatic repeat prescriptions where possible and limiting the amount of medicines prescribed each time.

The practice had a high exception reporting rate, (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). The practice told us that all patients were offered review appointments three times (sent letters) then the doctor had to be informed before patients were excepted. The GPs told us that patients were also telephoned to come in for review. We were told that the practice tried to mitigate the risk of patients failing to make an appointment through repeat prescriptions. They could not refuse to prescribe certain medicines which may be essential to the patient's care, but would write on the prescription or contact the pharmacist asking the patient to make an appointment. We were told that GPs and nurses discussed exception reporting and we saw that both clinical and non-clinical staff that we talked to were engaged in the process of improving the exception rates. Patients would be phoned if persistently failing to come in for a review.

They felt that their high exception rate was largely due to the high number of transient patients that registered with them throughout the year. They were designated a town centre practice and had a large number of patients that registered and then moved on without informing them and became uncontactable. This was particularly the case with the large number of patients that came seasonally from other countries to work (Eastbourne is a seaside town).

The practice was aware of the issue and were trying to reduce exception reporting where they could and we were shown the exception reported figures (unverified by CQC) for 2017/2018. The overall figure although still above the national average, had reduced from 17% to 14.48% and several of the individual categories had been reduced. The practice had also recruited a new member of staff to assist with QOF since the last inspection.

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)	45	45	100.0%	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)	47	49	95.9%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	47	49	95.9%	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)	47	49	95.9%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				
Data for all four for childhood immunisation data sets showed the practice to be attaining immunisation rates which when analysed by CQC's data analysts showed a significant positive variation in relation to the World Health Organisation target.				

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)	65.0%	-	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	51.3%	-	-	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	48.6%	-	-	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)	53.3%	-	-	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)	75.9%	-	51.6%	Comparable with other practices
<p>Any additional evidence or comment: The practice's uptake for cervical screening was 65%, which was below the 80% coverage target for the national screening programme, the practice was aware that the figures were lower than the 80% target and did send out reminders and opportunistically encouraged patients to have the test. They did however point out that they had a large foreign female population that are either seasonal workers or had cervical screening undertaken in their home country.</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)	96.7%	-	90.3%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	53.8% (35)	20.9%	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)	97.4%	-	90.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	40.0% (26)	16.4%	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)	74.2%	-	83.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (12)	8.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	555	-	-
Overall QoF exception reporting (all domains)	10.5%	-	-

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.8%	-	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (40)	0.8%	0.8%	

Consent to care and treatment

We looked at patient notes and confirmed that consent was sought and recorded appropriately.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	39
Number of CQC comments received which were positive about the service	30
Number of comments cards received which were mixed about the service	8
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Of the 39 comment cards received, 38 were positive about the care received from the service often describing it as excellent or very good and the staff as professional, lovely, friendly and helpful. Patients said they were treated with dignity and respect and were listened to. The one card that was negative about the service was negative about access to appointments. Of the eight mixed response cards, two felt that they sometimes had to wait to be seen (appointments running late), but one mitigated the comment by noting that it was probably because the GP was so thorough. Five felt that it could be hard to get an appointment (although three of the positive respondents were complementary about the appointments system and another said they didn't have to wait long). One mixed comment was negative about the hospital wait and not the practice. The final mixed comment was about having difficulty getting to the surgery in time after work to pick up forms.</p> <p>We spoke to two patients who found the practice to be welcoming, friendly and helpful. Clinical staff listened to them and included them in the management of their conditions. They were treated with dignity and respect.</p> <p>Of the three people that left a google review since the inspection of 11 December 2017, one left a one-star (out of five) review nine months ago, commenting that the practice was always busy and they can't have an appointment when needed. One left a five stars rating three months ago commenting 'excellent practice'. One left a one-star rating one month ago with no comment.</p>

National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5127	283	99	35%	1.93%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	98.0%	90.2%	89.0%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	90.8%	89.0%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	100.0%	97.2%	95.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	87.0%	86.6%	83.8%	Comparable with other practices

Any additional evidence

The answers to two of the questions showed a statistically positive variation (better than) from the national average.

Question	Y/N
The practice carries out its own patient survey patient feedback exercises.	Not recently

Friends and family test

Date of exercise examined	Summary of results
02 July 2018 to 18 September 2018 inclusive.	The practice encouraged friends and family survey feedback. Friends and family test results showed that of 412 respondents, 92% would recommend the practice to friends and family. Of the remainder 4% would not recommend it and 4% said neither/don't know. The practice kept a record of all the responses which also contained written feedback from patients allowing them to look for specific issues and trends. We saw that the practice anonymously posted both positive and negative friends and family feedback comments in the waiting room.

Any additional evidence
<p>The practice took part in a clinical commissioning group (CCG) survey in January/February 2018 in to extended hours access at the local practice, results were collated by the CCG.</p> <p>The Patient Participation Group (PPG) told us that they went in to the waiting room when the annual survey was carried out and encouraged patients to fill in the form. At subsequent PPG meetings, results were discussed between them and the practice staff at the meeting. However, the last survey that we saw evidence of was from a previous year.</p> <p>The practice regularly met with the patient participation group who fed back comments and suggestions. These were discussed with the practice at meetings and where appropriate acted on. The practice actively encouraged feedback from patients.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke to two patients who found the practice to be welcoming, friendly and helpful. Clinical staff listened to them and included them in the management of their conditions. They were treated with dignity and respect.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.9%	94.9%	93.5%	Comparable with other practices

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 could be made available in easy read format if requested.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	Thirty-one carers had been identified which was 0.6% of the practice population.
How the practice supports carers	The practice signposted carers to support groups information, which was available in the waiting room. Information was also available in the newsletter which was available in hard copy, by email or on-line.
How the practice supports recently bereaved patients	Patients who were bereaved would be offered information on how to access bereavement help from support groups. The website also held information on practical aspects of how to proceed following a bereavement.

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	There was a screen between each section of the desk ensuring that two patients standing side by side couldn't hear what was being said by the other. Patients who were collecting results were asked if they wanted to go to a confidential area to get the result. Staff told us that this was in response to a complaint made in the past. There was a sign up telling patients that they could ask to speak to a staff member in a more private area, they could ask to.

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
Comment cards	'Every time has been excellent.'
Comment cards	'Always received excellent care and treated with care and respect.'

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30 am to 5.30 pm
Tuesday	8.30 am to 5.30 pm
Wednesday	8.30 am to 5.30 pm
Thursday	8.30 am to 5.30 pm
Friday	8.30 am to 5.30 pm

Appointments available	
	<p>GPs: First face to face appointment 9am, last one 4.50pm. After that time GPs will call patients requesting telephone consultations. Emergency line was open until 6.30pm.</p> <p>Nurses: First appointment 8.30am, last appointment 5.10 pm.</p>
Extended hours opening	
	There are no extended hours surgeries.

Any additional comments
Between 8 am and 8.30 am and 5.30 pm and 6.30 pm patients phoning the practice will receive a message to phone another line which is staffed by GPs and will give advice as appropriate.

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	
<p>When home visit calls were taken they were put on the computer systems visit list. The paramedic practitioner and GPs monitored the list and the paramedic practitioner triaged the visits, going out to visit the urgent ones if appropriate. Staff informed the paramedic practitioner if further visits came in throughout the day once he had started his visits. The GPs allocated themselves visits remaining from the list.</p> <p>Reception staff were trained to recognise serious symptoms and when to tell the patient to call 999. They called the patient back shortly after to ensure that they had made the call.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5127	283	99	35%	1.93%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.8%	95.8%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	72.8%	67.5%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	64.1%	71.2%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	60.9%	65.2%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	74.1%	78.0%	74.4%	Comparable with other practices

Listening and learning from complaints received

Complaints	Y/N
Number of complaints recorded since last inspection (recorded from January 2018)	6
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We saw that complaints were handled in an open, transparent and timely way. The practice gave clear explanations and made apologies where appropriate. The practice kept a log of all complaints back to 2011.	

Example of how quality has improved in response to complaints

Following a complaint regarding a patient directive changes were made to the practice policy on patients wishes with respect to resuscitation.

Well-led

Leadership capacity and capability

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

The practice leadership had responded well to the challenges of the previous year when two partners and one replacement, another clinician, the practice manager and three other staff members including a QOF administrator resigned. They had recruited additional staff and restructured the practice. Staff that we spoke to including newly recruited staff understood their roles and those of others.

The partners and managers were visible throughout the practice, staff told us that they were approachable and available. They told us that there was a 'no blame' culture and that managers allowed them to work to their full potential. Staff also told us that communication within the practice was now very good.

Staff told us that GPs had specific lead roles and knew who to approach with specific issues. A record of the GPs' lead roles was available on the shared computer drive.

Vision and strategy

Practice Vision and values

We were told that the practice had a vision of providing personal, patient-centred care whilst remaining an up to date, high quality care provider.

Culture

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

We saw that the practice had an open, 'no blame' culture where staff were encouraged to bring up issues that could be improved. Staff had identified specific issues that they had with the appointments system which they took to the practice managers and the GPs. Changes were made as a result which benefitted both patients and the practice. Staff commented that this interaction was very positive.

We saw examples where performance management had been appropriately applied.

We saw that new staff received an induction which included appropriate training in such areas as infection control, safeguarding and information governance as well as specific training for their role. All staff received an annual appraisal including a discussion of training needs.

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

Source	Feedback
Staff	Staff told us that they had a very good relationship with the managers and emphasised that this approach helped them to work to the best of their ability. One staff member told us how good the communication and management availability was compared to other places they had worked.
Staff	Staff commented that the issue where a GP came and discussed their appointments concerns was very positive and they felt comfortable discussing

	any concerns with them.
Staff	We were told that all individual staff's working environments were assessed. They were advised how to sit in a chair and how to position their screen. Where necessary staff were issued with a back support and solutions to screen glare. We saw that other individual concerns had been addressed appropriately.
Staff	We were told that the managers were very supportive with respect to patients that exhibited aggressive behaviour and had come down to intervene and resolve issues where possible. Several staff told us that GPs also carried out tests of the emergency alert system setting off the panic button on the computer screen that identifies the room where the alert is occurring. They monitored and fed back the response.
Meeting minutes	There was a clear culture of collaborative working with representatives from other health and social care organisations attending multi-disciplinary team meetings. Patients were referred to another local organisation for smoking cessation and weight management support and we saw minutes of a meeting where the organisation had met with the GPs and lead nurse to discuss their service and the support that they could offer.
Meeting minutes	We saw that the practice had held a meeting for all staff on 22 March 2018 and 11 September 2018. They had a whole practice training day booked for 8 October 2018 and were going to hold a whole practice meeting on that day. They also had a whole practice fire training booked in November 2018. They planned to continue hold whole practice meetings on training days in the future.
Meeting minutes	The practice held monthly multi-disciplinary team meetings with members of other health care teams.

Any additional evidence

The practice held various staff social events.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There was a suite of practice specific policies such as a business continuity policy which was available on the hard drive and as hard copies. All staff were aware of their presence and they had been used on at least two occasions following floods. Examples of other policies included adult and child safeguarding, consent and health and safety. Policies were retained on the shared computer drive that was accessible to all staff.
Other examples	Staff clearly understood their roles within the practice as well of that of colleagues. Most had a role that they led on as well as other roles within the practice, but had colleagues that could cover them in their absence.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
Staff that we talked to all described their additional roles and responsibilities and were aware of the roles of all other staff members. There was some overlap of roles so that there was appropriate cover for annual leave.

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
Awareness of members of the public and staff present in the building.	Patients checked in for appointments when they arrive, there was visitor's book for people visiting the practice on other business and there was a board behind reception that had the name of all staff members on it and staff had to register on it when they arrived and left. This also allowed the practice to know who was out on home visits.
Cross infection risk	The infection control lead nurse carried out a monthly review of the building. We saw that all new staff receive appropriate training on infection control and cross infection at induction.

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 (PPG);

Feedback
The PPG were very positive about the relationship between themselves and the practice. A practice manager would attend meetings and often a GP would attend at the start of the meeting to share (non-confidential) information and answer questions. They felt listened to by the practice and involved in decisions. They raised an issue about the condition of the decoration of the waiting rooms. These were redecorated and new artwork brought in. They were involved in discussions about patients failing to attend appointments and as a result, patients were now sent a text reminder 24 hours before the appointment with the option to text back to cancel the appointment available. The PPG had also introduced a newsletter which was available via email, as a hard copy from the surgery or on the practice website.

Any additional evidence
There was a PPG poster in the waiting room with pictures and a profile of each member and information on how to join or contact the PPG. There was also information about the PPG on the practice website.

Continuous improvement and innovation

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

Audit area	Improvement
Prescribing of antibiotics in upper respiratory tract infections	The practice reduced their prescribing of antibiotics by 37.5% between the first and second audit cycles.
Statin (a medicine for lowering cholesterol) prescribing in diabetic patients.	A cohort of 84 patients with diabetes were assessed and it was found that 62 would benefit from being on statins of which 40 already were. The practice called the patients in for review following the audit and after three months 50 of the 62 patients were being prescribed statins.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95%

confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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