

Care Quality Commission

Inspection Evidence Table

The Sidings Medical Practice (1-3748714115)

Inspection date: 11 October 2018

Date of data download: 03 October 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes*
Explanation of any answers: *Group policy for GP and nursing staff. Evidence seen of locum's individual indemnity.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y Mar 18
There was a record of equipment calibration Date of last calibration:	Y Dec 17 Mar 18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y June 18
Health and safety Premises/security risk assessment? Date of last assessment: 10 October 2018	Yes
Health and safety risk assessment and actions Date of last assessment: 18 October 2018. Some low risk issues had been identified and addressed.	Yes

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Yes October 18 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	No*
Explanation of any answers: *There was no information visible to staff regarding SEPSIS and staff told us they had not received any training.	

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.14	1.16	0.95	Comparable with other practices
The number of prescription items for co-	7.1%	11.0%	8.7%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
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)				

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff could access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>Some blank prescription forms were left in printers in unlocked rooms</p> <p>There was no effective process in place for monitoring uncollected prescriptions or checking on the welfare of patients who had not collected their prescriptions.</p>	

There was no process in place to monitor or oversee the prescribing practice of non-clinical prescribers.

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	N
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	22
Number of events that required action	19
Explanation of answers; Not externally. Staff we spoke with were not aware of the National Reporting and Learning System	

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

Event	Specific action taken
2ww August 18. A patient was referred on a 2WW form but the form did not get printed off.	Audit run to check and see if the form was printed. GPs now also send a task to the secretary as a failsafe when a referral is made. The secretary we spoke with confirmed that all clinicians now do this.
Tablet found in patient toilet Feb 2018	A patient went to the toilet and found a medicine capsule on the floor. The toilet is now kept locked, to ensure that children people do not use the toilet without supervision. We saw evidence of the door being locked.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: A new system to record, act and retain safety alerts had been set up. All alerts were also put on the practice computer system for staff to view and the practice manager monitored these.	

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)	2.03	1.42	0.83	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)	84.8%	80.4%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.4% (80)	9.6%	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)	84.9%	81.4%	78.1%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.8% (71)	8.3%	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)	87.9%	82.0%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.8% (93)	14.6%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	80.4%	77.3%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.3% (117)	12.1%	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)	92.5%	88.3%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.8% (31)	11.9%	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 less (01/04/2016 to 31/03/2017) (QOF)	84.6%	83.9%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (58)	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)	86.4%	90.4%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (6)	5.2%	8.2%	

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)	77	81	95.1%	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)	81	88	92.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	82	88	93.2%	Met 90% minimum (no variation)

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	82	88	93.2%	Met 90% minimum (no variation)
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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)	71.2%	72.4%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.2%	73.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	56.7%	58.3%	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)	58.3%	60.7%	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)	57.6%	50.1%	51.6%	Comparable with other practices

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	82.4%	86.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.4% (11)	21.8%	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)	97.1%	86.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.4% (11)	16.6%	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)	94.1%	86.9%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (7)	10.5%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	534	539
Overall QOF exception reporting (all domains)	7.5%	5.8%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (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)	95.8%	94.9%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (12)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Verbal consent is recorded in patient notes. Written consent where appropriate is scanned to patient records. We saw evidence that this was the case.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	two
Number of CQC comments received which were positive about the service	two
Number of comments cards received which were mixed about the service	nil
Number of CQC comments received which were negative about the service	nil

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
18130	247	104	42.1%	0.57%

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)	91.3%	87.9%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	87.7%	86.4%	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)	93.9%	95.5%	95.6%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
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)	80.2%	78.8%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
Nov/ Dec 2017	109 patient surveys were returned. Generally, the results were similar to those of the National GP survey. The practice acknowledged the low satisfaction scores regarding telephone access and acted by adopting a new system which increased the number of incoming phone lines from two to 13. All available staff were now encouraged to answer phones during the initial early morning busy period to minimise waiting times for patients.

Any additional evidence
<p>Lincolnshire East CCG carried out a listening clinic at this practice on 24 September 2018. 19 patients were interviewed. 21% of patients provided wholly positive feedback, 26% wholly negative and 53% provided mixed feedback. There was a general dissatisfaction with the appointments system and four expressed dissatisfaction with the process for obtaining a repeat prescription.</p> <p>The positive feedback concerned the ease of getting an on the day appointment and one commented that things had improved since the merger of the two practices.</p> <p>Eight patients expressed positive views about care and treatment. Two expressed negative views.</p>

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)	92.4%	93.0%	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 were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	228 which was 1.26% of the practice list
How the practice supports carers	The practice had been awarded the Lincolnshire Carers Award in 2017. The practice offered support and signposting to support agencies. Carers were offered flu vaccinations and flexible appointment times to meet the needs of both they and the ones they cared for.
How the practice supports recently bereaved patients	Upon being aware of a patient death a letter was sent to the next of kin and a leaflet which provided invaluable and practical advice of what to in times of bereavement including advice of registering the death. The letter informed the next of kin that could seek advice including an appointment with a GP if they so required.

Any additional evidence
The practice had a high percentage of patients from eastern Europe whose first language was not English. This was estimated to be approximately 16%. These people primarily originated from Poland, Lithuania, Latvia and Russia. The practice employed staff who, as well as speaking English, could speak Polish and Russian. During our period of observation, we saw that one member of the reception staff dealing primarily with Polish speaking patients and carers. Signs directing patients were clearly displayed in Polish, Russian and Lithuanian.

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	Patients asked to stand behind a Notice whilst waiting to be dealt with. This was displayed also in two other languages.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm (closes 1pm to 4pm one day monthly for training)
Friday	8am to 6.30pm

Appointments available	
GP appointments between 9am and 5pm Nurses appointments between 8am and 7pm.	Times vary according to demand and staffing.
Extended hours opening	
The Sidings hosts the extended hours hub provided by another contractor. Extended hours appointments were available from 6.30 to 8pm Monday to Friday and from 8am to 5.30pm on Saturday, Sundays and bank holidays.	Although the practice hosted the GP extended hours hub, we noted that there was no mention of the opportunity for their own patients to access these appointments on the practice's own website.

Home visits	Y/N
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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	
All requests for home visits were assessed by the duty GP	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18130	247	104	42.1%	0.57%

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)	94.0%	94.5%	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)	44.3%	58.2%	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)	63.9%	60.4%	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)	59.2%	61.0%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the	72.3%	71.7%	74.4%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)				practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The results of the CCG listening clinic and comments left on NHS Choices feedback reflected patient dissatisfaction with telephone access. The practice had responded by increasing the number of lines and the numbers of staff available to answer calls in peak periods.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in 2018.	15
Number of complaints we examined	
Number of complaints we examined that were satisfactorily handled in a timely way	15
Number of complaints referred to the Parliamentary and Health Service Ombudsman	Nil
Additional comments:	
All complaints had been well recorded with good evidence collection and learning outcomes where appropriate	

Well-led

Leadership capacity and capability

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

The new combined practice was led by two very experienced GPs. Both the of the former practices that had merged to form The Sidings Medical Practice had over recent times found it increasing difficult to maintain a good service. Whilst the reasons were different a common theme was the inability to recruit and retain GPs. Both parties had recognised the fact and merger was seen as a means of creating a more stable structure that in turn makes it more attractive to potential GP recruits. In addition, the larger practice was seen as being beneficial in future developments that would not be possible for two smaller practices working in isolation.

Vision and strategy

Practice Vision and values

The practice vision was to provide an excellent core service with a 'right clinician, first time, every time' approach. Going forward it was hoped to provide extended surgery facilities through a level three theatre suite.

The training and retaining of doctors and nurses was an integral part of the sustainability of the practice.

The building housing the practice was seen as a potential barrier to the full integration of the two former practices. Re-modelling of the interior to include the development of the reception area were viewed as a priority along with re-designing the administration and clinical areas.

The practice had plans to open a theatre suite to provide enhanced surgical activity.

Culture

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

Staff reported that they felt able to raise concerns without fear of retribution.
There was a strong emphasis on the safety and well-being of staff.
A whistle blowing policy was in place.

Governance arrangements

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

Practice specific policies	'Prevent', Whistle-blowing , Information Governance*
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	Y/N
Staff were able to describe the governance arrangements	N
Staff were clear on their roles and responsibilities	Y
There was a systematic programme of clinical and internal audit.	Y

Additional comments:

The practice had completed an audit to ensure sensitive data was anonymised before being shared with other organisations. The audit had shown 100% compliance.

The practice did not have in place effective systems to;

- Manage uncollected prescriptions.
- Manage blank prescription forms to ensure their security.
- Ensure all staff had received training in dealing with cases of suspected SEPSIS
- Provide oversight of the prescribing practice of non-clinical prescribers.

It was clear that the merging of the two practices was still work in progress and the practice acknowledged that to be the case. It was evident that not all groups of staff groups felt that they belonged to one team or practice. Notably however, the nursing staff we spoke with said they felt that they had come together as one team and the process was working well.

Some staff we spoke with were unsure of the lines of management and there were still references to Westside and Stuart House, even among more senior members of staff.

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection control	Infection prevention and control audit
Service developments	When considering service developments or changes, the impact on quality and sustainability was assessed.

Appropriate and accurate information

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

entails.	
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Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
There was no active patient participation group in place but we saw evidence that the inaugural meeting of the newly formed group was scheduled for 24 October.

Continuous improvement and innovation

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

Audit area	Improvement
Amlodipine / simvastatin	Audit revealed four patients in conflict. Medications reviewed and changed. Re-audit in 12 months
Clopidogrel/ PPIs	Audit revealed 24 patients with a potential conflict. Appropriate action completed. Re-audit in 12months.

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.