

Care Quality Commission

Inspection Evidence Table

Alexandra Road Surgery (1-569297394)

Inspection date: 11 October 2018

Date of data download: 01 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
Explanation of any 'No' answers:	

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:	

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 September 2018
There was a record of equipment calibration Date of last calibration:	Yes September 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 September 2018
Actions were identified and completed. For example, it was identified not all staff had signed in to the building and therefore reminders were given to staff in meetings.	Yes
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes May 2018
Health and safety risk assessment and actions Date of last assessment:	Yes December 2017
Additional comments:	

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 ensured audits were completed at both sites. Identified actions were completed, such as replacing the bins with pedal operated bins. Infection prevention and control was seen as a priority within the practice and all staff were trained appropriately. Both sites were clean and clear of clutter. Spill kits were available for staff to use and staff knew of their location.</p>	<p>Yes</p> <p>October 2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p>	

Any additional evidence

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>Reception staff were able to give examples of where they had appropriately raised concerns with the duty GP regarding a patient with suspected sepsis. The outcome for this patient was positive due to early identification of symptoms.</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
<p>Explanation of any answers:</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.08	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)	7.9%	7.6%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
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.	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
Explanation of any answers: There was a system in place for monitoring expiry dates of medicines on the emergency trolley, however this was ineffective. We found out of date medicines and out of date equipment on the emergency trolley and in clinical rooms. The practice took immediate action and removed these and told us they would review the system in place.	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	10

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

Event	Specific action taken
Door to the practice left unlocked	An email was sent to all staff re-iterating the locking process. A thorough inspection of the building was completed by a security company and no information governance breach was found.
Medicine was stopped but was then prescribed in error	The practice reviewed the system in place to ensure it was appropriate and then discussed this information with the relevant teams and the patient. The practice reviewed the patient to ensure they were receiving the appropriate medicine. The repeat prescribing system was discussed with the team to ensure it was safe.
Patient refused a referral after diagnosis	Discussed within a team meeting and decided that the patient should be transferred to another GP for further management. There was no evidence that the patient did not have capacity to make decisions but to ensure safe care the practice arranged for another GP to see the patient.

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>The alerts came in to the practice pharmacist who actioned them as appropriate. The practice kept a log of alerts and actions taken, which included reviews of patient notes. There had been an additional audit completed on a recent alert regarding medicines for patients of child bearing age to ensure that all patients received the appropriate follow up.</p>	

Any additional evidence

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)	1.45	1.14	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	75.1%	77.3%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.6% (165)	15.7%	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)	65.3%	75.2%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.2% (190)	12.7%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	75.5%	76.5%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.3% (191)	17.7%	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)	71.2%	75.1%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.5% (252)	14.7%	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)	87.5%	85.2%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.3% (123)	13.0%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	80.4%	81.2%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (177)	6.4%	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)	83.6%	81.0%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.7% (22)	8.4%	8.2%	

Any additional evidence or comments

We reviewed the QOF outcomes for 2017/18 and found there had been a decrease in the overall achievement to 86%. We spoke with the practice about this, who were aware and had reviewed this. The practice had reviewed their exception reporting processes and had decreased exception reporting to 9% in 2017/18 from 16% in 2016/17 in clinical domains. They had also identified some coding issues, particularly around diabetes where there was shared care with the hospital. The practice had recently employed additional nursing staff and had given clinicians lead roles for conditions.

We found the unverified data for 2017/18 showed:

- Diabetes care had reduced to 66% overall. The practice had reviewed this and had completed an audit to review care processes for patients with diabetes. The outcome of this audit was to call the patients who were not meeting best practice standard outcomes, to attend for a review and to improve documentation and coding in records. The practice also ensured the shared computer system had up to date guidance including local protocols, insulin guidance, chronic disease checklist, and a resource information sheet which had information on to refer patients to local support groups and national charities.
- Outcomes for other long term conditions including COPD, atrial fibrillation, heart failure and chronic kidney disease were in line with or above local and national averages.

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)	170	180	94.4%	Met 90% minimum (no variation)
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)	170	184	92.4%	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)	170	184	92.4%	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)	171	184	92.9%	Met 90% minimum (no variation)
Any additional evidence or comments				
The practice called any parent of a child that did not attend for immunisations to encourage uptake. There was a system to ensure patients were booked in for follow up immunisations where possible.				

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)	65.7%	73.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.6%	76.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	54.2%	58.1%	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)	63.3%	66.0%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	44.3%	49.6%	51.6%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The practice had recently employed more nursing staff in order to meet the demands of providing a cervical screening programme. The practice also reviewed the number of inadequate smears they completed and found that they had low numbers each year. The practice ensured the nursing team had adequate time to complete the training required to meet the standards required.</p> <p>To encourage uptake of all cancer screening, the practice hosted the Macmillan nurses to provide information and education to patients.</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)	93.8%	88.4%	90.3%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	44.8% (78)	19.5%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	90.4%	87.7%	90.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.5% (60)	18.2%	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)	95.6%	80.3%	83.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.3% (23)	9.2%	6.8%	
Any additional evidence or comments				
We found that unverified data for 2017/18 showed mental health outcomes had reduced to 59% overall. However, we also found that exception reporting had reduced from 34% to 15%. This was due to a review of exception reporting completed by the practice to ensure only appropriate patients were exception reported. The practice was also keen to improve the access to group therapy and hosted a weekly art group for patients with mental health diagnoses.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
-----------	----------	-------------	-----------------

Overall QOF score (out of maximum 559)	541	530	539
Overall QOF exception reporting (all domains)	9.7%	7.1%	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)	93.6%	94.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (53)	1.1%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We reviewed patient records and found that consent was sought appropriately. It was also reviewed by GPs during peer review sessions. Each nurse had a designated GP lead who also reviewed care records.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	21
Number of CQC comments received which were positive about the service	19
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comment cards	Several comment cards were positive about the caring nature of the staff. For example, one comment card reported “staff are friendly and caring, they answer your questions and are easy to talk to.”
Interviews with patients	Patients we spoke with on the day of inspection were positive about the staff in the practice. They commented that staff were friendly and accommodating.

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
15817	276	112	40.6%	0.71%

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)	90.0%	88.9%	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)	89.8%	88.0%	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)	95.2%	95.9%	95.6%	Comparable with other practices
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)	77.0%	83.9%	83.8%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results

Any additional evidence
<p>Although the practice had not completed any of their own surveys, they regularly analysed the outcomes of nationally reported surveys such as the National GP Survey and the Friends and Family test. They used this analysis to help inform plans for the future of the practice and where changes needed to be made. For example, the practice had introduced a new phone system due to patient feedback. The practice also ensured they responded to all feedback on NHS Choices and gave patients the chance to discuss their feedback with the management team.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards	There were several comments from patients regarding how well clinicians listened to their views and were involved in their 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 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)	89.9%	93.8%	93.5%	Comparable with other practices
Any additional evidence or comments				

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 578 patients as carers, which was 4% of the practice population.
How the practice supports carers	When the practice identified a patient as a carer, they sent a letter with a return slip to confirm that the patient was a carer and they wished to be registered as one. Once this was confirmed, the practice sent a second letter which identified support groups locally and invited the patient for an annual flu jab. An annual assessment letter was sent to all patients on the register to ask if they were still a carer, to ensure the register was up to date continually.
How the practice supports recently bereaved patients	When a patient had a bereavement, the practice either called or sent a sympathy card. They offered timely support and direction to local support groups if this was required.

Any additional evidence

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 practice ensured that there was a private room for patients to use if they became distressed or upset and did not want to wait in the waiting room. Reception staff were able to give examples of where this had been utilised and were aware of maintaining confidentiality at the desk.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Alexandra Site	
Monday	8am-8pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm

Crestview Site	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-8pm
Friday	8am-8pm

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
All home visit requests were dealt with via the dedicated home visit line. The emergency care practitioner completed all home visits and had a GP to refer to where required. There was a system in place whereby every patient that was housebound had a weekly visit by the nurse to ensure all care needs were met.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15817	276	112	40.6%	0.71%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last	92.2%	95.3%	94.8%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
general practice appointment, their needs were met (01/01/2018 to 31/03/2018)				practices
Any additional evidence or comments				

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)	54.9%	71.0%	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)	58.7%	69.9%	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)	58.0%	64.1%	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)	66.4%	77.0%	74.4%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The practice had changed their appointments system to an on the day system which allowed for greater appointment availability. We found that there were appointments available on the day of our inspection. The practice had a system whereby there was a telephone hub at the Alexandra Road Surgery which dealt with all incoming calls. The practice planned to review the new system.</p>				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Although there are negative comments relating to access and the phone lines, however these had reduced after the new phone appointment system had been introduced.
Patient interviews	Patients reported that there had been an issue with getting through on the phone to book appointments, however this had improved with the new appointment system.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	16
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Additional comments:	
All complaints we viewed were dealt with in a timely and compassionate manner. Learning was used to drive improvements within the practice and the practice recorded verbal complaints to ensure all feedback was gathered.	

Example of how quality has improved in response to complaints
Due to complaints, the practice had completed an audit of calls incoming, and those relating to blood tests and prescriptions. This had been factored in when inputting the new phone system.

Any additional evidence
The practice had hosted a complaints training session which was facilitated by NHS England to improve the way complaints were handled. This was also offered to other practices within the Clinical Commissioning Group and was well attended.

Well-led

Leadership capacity and capability

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

The practice leaders were aware of issues relating to the quality of care they provided and had clear plans in place to address these. For example, the practice had reviewed the Quality and Outcomes Framework (QOF) data for 2016/2017 and 2017/18 and formalised a plan to address and improve this. The practice were active within the Clinical Commissioning Group (CCG) and regularly shared good practice with other surgeries.

Any additional evidence

Vision and strategy

Practice Vision and values

The mission statement for the practice was “each and every patient matters” and this was underpinned by several values. These included; patient centred care, quality, premises, ethical, innovation, teamwork and staff.

This was available in the staff room for staff to read and staff we spoke to were aware of the statement.

Culture

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

There was a positive culture within the practice. Staff worked across both sites and commented positively on the team within the practice. Staff reported they were able to speak to any member of the team and they were able to easily raise concerns. Any concerns were listened to and they were given feedback in a timely manner. Staff were happy and proud to work at the practice and many had worked there a number of years.

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

Source	Feedback
Staff feedback	Staff were comfortable speaking with the management team about personal issues and were allowed to attend groups that they may have found helpful, such as the art therapy group.
Staff feedback	The practice did not discriminate when recruiting staff and had a diverse workforce from many different backgrounds. Staff reported this improved the way they delivered care as they had a greater understanding of different population groups.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Policies were specific to the practice and updated regularly. Staff were able to easily access these on the shared drive.
Condition folders on the shared drive	The practice had several folders on the shared drive relating to specific conditions. These included up to date information and guidance, referral information, local support groups and prescribing guidance.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
We found that although there was a system in place for the checking of medicines on the emergency trolley, this was ineffective. We found an out of date medicine on the trolley and out of date equipment. We found that it was the individual responsibility of the clinician to review equipment in their rooms, however found out of date items. The practice removed these items immediately and conducted a review of the procedure in place. This review included changing the process to ensure weekly checks were completed with allocated time and a second monthly review by the lead nurse.

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
Risk assessments	All risk assessments we viewed were completed regularly and had completed actions to ensure safety.
QOF	It was noted by the practice that QOF outcomes for 2017/18 were lower than average and the practice had reviewed this. They had put a plan in place to address this, including assigning clinicians lead areas and reducing exception reporting.
Appointment system	The practice had identified an issue with access from patient feedback and national surveys. As a result, the practice had introduced a new telephone hub and on the day appointment system.

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
The PPG were positive regarding their interactions with the practice. They met every two months with the practice but struggled to recruit young members to the group. The PPG were involved in the changes to the appointment system and had fed back to the practice regarding this.

Continuous improvement and innovation

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

Audit area	Improvement
Oestrogen audit	The practice had reviewed all patients on oestrogen only hormone replacement therapy with no hysterectomy. The outcome of this audit was to provide educational sessions for the clinicians and review of all patients to ensure the medicine they were on was appropriate.
Vitamin D audit	As per CCG guidance, the practice commenced a review of all patients on Vitamin D for maintenance therapy. For those patients where it was not considered clinically necessary, the patients were contacted and informed they would need to purchase this themselves.

Any additional evidence

There were many audits in place that covered a wide range of clinical issues. Many of these were single cycle audits, however there was a clear audit schedule in place to ensure these were completed again and improvements monitored.
--

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 practice's 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](#)).