

Care Quality Commission

Inspection Evidence Table

Westfield Surgery (1-572054326)

Inspection date: 25 November 2018

Date of data download: 26 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(s) 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 23/10/18
There was a record of equipment calibration Date of last calibration:	Yes 19/10/18
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 (weekly testing)	Yes
Fire training for staff	Yes
Fire marshals (testing weekly for alarm/monthly lighting) 2 for each site	Yes
Fire risk assessment Date of completion	Yes September 2018
Actions were identified and completed	Yes
Additional observations: The practice had brought in an external contractor to assess the risk of the building as part of the fire risk assessment. Some of the action identified included updating the electricity insulation in the building to mitigate the risk.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes January 2018
Health and safety risk assessment and actions – reviewing with Marches and learning from each other and has consultant in to support them. Date of last assessment:	Yes August 2018
Additional comments: The practice carried out relevant environmental risk assessments such as legionella, COSHH and health and safety assessments. Actions had been identified and completed. The practice were working with an external provider to develop a tool to manage this effectively.	

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>One of the practice nurses was the infection control lead. An audit had been completed, however this needed embedding further in line with its policy. Actions had been identified such as renewing the hand gel in one of the consultation rooms and updating aprons and posters for hand hygiene and needlestick injury in the sluice room. We saw a good standard of cleanliness throughout. All staff had received training on infection control and records we looked at and staff we spoke with confirmed this.</p>	<p>Yes</p> <p>15/10/18</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p> <p>All hazardous waste was stored in a lockable outside cupboard with another practice who shared the building. This was collected weekly.</p>	

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 had completed the care navigation and sepsis training. In addition, the practice had implemented a tool sheet which was available for clinicians in all consultation rooms.</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)	1.17	0.90	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)	6.5%	7.5%	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.	Yes
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
<p>Explanation of any answers:</p> <p>All consultations rooms had access to a lockable cupboard and prescriptions were locked away when not in use.</p> <p>We checked the emergency medicines held by the practice and found that the adrenalin for one of the GPs boxes had recently expired. The practice confirmed that this was on order but due to delays from the manufacturer there were difficulties in obtaining this. The practice confirmed that they did not stock naloxone for opiates based patients. However, on the day of inspection the practice confirmed they would order this as part of best practice.</p> <p>The practice had a defibrillator with adult pads. No paediatric pads were held by the practice, however on the day of the inspection the practice confirmed they had ordered these.</p> <p>We checked all the vaccine fridges and found they were at the required temperature. We found that one of the fridges was unable to lock. The practice confirmed that they would order a new fridge.</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	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.	Seven
Number of events that required action	Seven

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

Event	Specific action taken
Lost prescriptions in the post	The practice liaised with the postal service and reported the incident to NHS England as part of their data policy procedures. Patients were identified, notified and prescriptions were replaced. The practice reviewed its security policy to ensure prescriptions were sent in a much more secure way.
Telephone system stopped working and patients were unable to telephone into the practice.	The practice checked and found the telephone system was not working. They contacted the system supplier and used a mobile telephone as an interim measure until the issue was resolved. The contingency plan was reviewed and discussed by practice staff to aid learning.
Car crashed into the car park wall	No injury to patients, the area was cordoned off, repairs and renewal work was carried out. The practice reviewed the current spaces and relocated the disabled space for patients. The practice continues to work with the building owners to review and consider alternative options available.

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 practice had a policy and process in place for receiving, reviewing and acting on, recording and monitoring in response to external safety alerts. The practice manager received external safety alerts electronically. Alerts were shared with the GPs, reviewed, actioned where required and shared with clinical staff and in practice meetings. We saw evidence that the practice had taken appropriate action in relation to alerts and had contacted patients and recalled them for review where required.</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)	0.69	0.59	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)	75.7%	80.6%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (54)	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)	73.2%	79.9%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (46)	9.9%	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)	82.5%	82.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.0% (99)	15.9%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	70.6%	77.6%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (8)	3.2%	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)	91.9%	93.1%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (4)	5.5%	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)	78.6%	84.7%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (51)	3.7%	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)	91.2%	88.6%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (12)	6.8%	8.2%	
Any additional evidence or comments				

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)	81	82	98.8%	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)	96	97	99.0%	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)	93	97	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)	95	97	97.9%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				

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)	71.5%	74.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.7%	73.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	56.4%	61.6%	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)	61.0%	79.3%	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)	52.1%	56.5%	51.6%	Comparable with other practices
Any additional evidence or comments				

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)	60.9%	93.0%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.2% (5)	13.2%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.1%	92.2%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (2)	10.3%	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)	89.5%	87.0%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (3)	5.7%	6.8%	

Any additional evidence or comments

At the time of the quality outcomes framework (QOF) the practice were undergoing changes to the restructure of its workforce following the departure of a number of GPs and staff. Since its restructure the practice told us:

- The practice has a primary mental health nurse who holds weekly clinics and follows up any patients with a mental health condition.
- The practice is allocated a dementia nurse and advisor who offers annual reviews to patients and offers advice and support to the practice.
- Care homes are visited weekly and ward rounds completed by the advanced nurse practitioner. In addition, patients have access to an in-reach mental health worker who works closely with the practice.
- The practice employed a clinical pharmacist who attended weekly meetings and who provided information on the latest guidance.
- Home visits for housebound patients were carried out by the nurse practitioner who carried out long term reviews.
- The practice could access a community matron for the referral of older patients with complex needs.

We reviewed the data for cervical screening as this was 71.5%, which was below the 80% coverage target for the national screening programme. The practice showed us evidence of the processes undertaken to encourage attendance. For example, flags were put on patients notes to prompt discussion when attending for routine appointments.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	541	553	539
Overall QOF exception reporting (all domains)	4.8%	5.3%	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)	95.3%	96.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (15)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice was aware of and complied with the new General Data Protection Regulation (GDPR). The practice maintained data safely in accordance with data protection legislation.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	40
Number of CQC comments received which were positive about the service	27
Number of comments cards received which were mixed about the service	13
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>We received 40 comment cards, 27 of which were positive and 13 were mixed. Positive comments included how the practice was friendly, courteous, professional, caring and very clean and tidy. Mixed feedback included difficulties in getting through to the practice, appointment availability and the limited care parking available.</p> <p>The practice was fully aware of the difficulties highlighted and were working on ways they could improve the service to patients in the future.</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
9180	232	103	44.4%	1.12%

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)	90.8%	91.6%	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)	88.8%	90.6%	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)	93.8%	96.8%	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)	86.6%	87.4%	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.	Yes

Date of exercise	Summary of results
May 2018	<p>The practice had carried out an internal survey aligned with the questions from the national GP patient survey data. Areas for improvement included:</p> <ul style="list-style-type: none"> • Greater promotion in patients using the online services available to reduce demand on the telephone access during busy periods of the day. • To provide patients with a regular newsletter with changes, events and updates in the practice. • To consider setting up a social media page.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with told us they had no concerns about the care and treatment they received and had sufficient time during their consultations.

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)	93.7%	95.0%	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 223 patients as carers (2.5% of the practice list).
How the practice supports carers	The practice had a carer lead in place and supported patients who were carers by signposting them to The Herefordshire Carers Support network for support and advice. The practice worked in conjunction with the carers support network who attended the local flu immunisation programme for patients held at the local school. In addition, the practice worked in partnership with other local practices to host events for local carers and had received annual awards for their active work in identifying and supporting carers at the practice.
How the practice supports recently bereaved patients	The practice provided support to patients on an individual basis and this included an appointment and further follow up should patients request this. They signposted patients to bereavement support services.

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	<p>Receptionists we spoke with recognised the importance of confidentiality when seeing patients. Computer security was maintained including privacy screens. Staff were aware of using limited identifiable information when talking to patients.</p> <p>Staff recognised patient's dignity and respect and knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room.</p>

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

Examples of specific feedback received:

Source	Feedback
Discussion with patients	Patients told us they were treated with dignity and respect and felt listened to.
Patient comment cards	Patients commented that staff were sensitive to patient's needs, kind and caring.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-6pm
Friday	8am-6pm

Appointments available	
	8.20am-1pm – 2pm-6pm
Extended hours opening	
	The practice is part of the local hub and provides extended hours from the building once per week.

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 reception staff had completed the care navigation training. Requests for home visits are recorded on the online system and were triaged by the duty GP. If a visit is deemed appropriate they are put on the visit list on screen and in the visit book. GPs and Advanced Nurse Practitioners meet at the end of the morning surgery when the Duty GP will go through the list and if clinically appropriate, a home visit is allocated and completed.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9180	232	103	44.4%	1.12%

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	89.0%	95.8%	94.8%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
were met (01/01/2018 to 31/03/2018)				
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)	55.9%	77.1%	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)	59.2%	73.0%	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)	64.5%	67.9%	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)	77.5%	78.1%	74.4%	Comparable with other practices
Any additional evidence or comments The practice were aware of ongoing problems with telephone access and continued to review this as part of their action plan to improve performance. This included an increase in bookable appointments, a new process for ordering prescriptions and greater promotion to signpost patients to the online booking of appointments.				

Examples of feedback received from patients:

Source	Feedback
Comment cards	Patients were positive about the care and treatment of the GPs and staff. Patients were generally satisfied with booking routine appointments. Some patients found difficulty in accessing appointments and felt at times they waited long to be seen.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	9
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Information regarding how to complain was available in the practice and on their website. All complaints we reviewed had timely acknowledgement of their concerns.	

Example of how quality has improved in response to complaints
After a complaint was made by a patient concerning a delayed referral to secondary services, the practice investigated this further. The GP wrote an apology letter to the patient and reflected on the consultation at the time and as part of their annual appraisal.

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 years when a senior partner retired and two partners and other members of staff resigned. During this time the practice has undergone a restructure and recruited additional staff including two advanced nurse practitioners and a part time pharmacist. Staff that we spoke to including newly recruited staff understood their roles and those of others. Leaders had oversight of all clinical and non-clinical areas and were able to highlight the challenges they faced as well as their achievements. The partners and managers were visible throughout the practice and staff told us that they were approachable and available. They told us that there was a 'no blame' culture and that managers listened to their concerns.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, difficulties in patients accessing the building due to the limited car parking availability. The practice told us they were in discussions with the clinical commissioning group and a practice who shared the building to look at relocating to new premises to meet the demands of its patients.

Staff told us they were part of the North and West locality made up of five practices in Herefordshire who were working together to make changes locally. For example, the practice was piloting a social prescribing scheme and looking at ways to support local projects. In addition, the advanced nurse practitioner completed a weekly ward round at two local nursing homes and was providing holistic care for patients including anticipatory care planning.

Vision and strategy

Practice Vision and values

The practice is committed to providing a high standard of service to all its patients in all aspects of primary care. Staff we spoke with on the day shared the practices vision and were committed to improving services.

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. Policies were available on the practice intranet which was accessible to all staff. 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 and were encouraged to complete equality and diversity training. Staff were able to describe the governance arrangements and were clear on their roles and responsibilities.

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

Source	Feedback
Staff discussions	Staff we spoke with told us that leaders were visible and approachable and encouraged them to raise any issues. They felt there was a positive culture and felt well supported by their colleagues and managers.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	A range of clinical and non-clinical policies were available to staff. Some example of policies included confidentiality, infection control, recruitment, clinical waste and safeguarding.
Staffing arrangements	The practice continually reviewed their workforce to minimise the risk of understaffing and to provide opportunities to cover staff absence.
Staff training	There was good management overview of staff training and development. Training and development was planned to support future development of the service and staff were encouraged to develop.
Team meetings	The practice carried out regular team meetings to update staff and share learning.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

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
Disaster handling and business continuity plan	The practice had access to information in the event of an emergency. This included designation of roles and a communication cascade flowchart so staff knew the action to take.
Potential risk to patients	Systems to respond to significant incidents and complaints were established, action was taken to improve service delivery where necessary and learning was shared with all staff.
Safe working environment	Staff carried out various risk assessment activities associated with the practice premises such as health and safety assessments and infection prevention and control. Mitigating action was taken to address and identify risks.

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 practice had a virtual PPG group who fed back to the practice on areas of improvement when required. The practice told us they needed to be more proactive in promoting the PPG group, however this had been difficult due to the practice undergoing staffing restructure. We contacted the PPG members who confirmed they would like further involvement. The practice told us they would review the PPG group.

Any additional evidence

<p>The practice was proactive in creating and facilitating ways to improve healthcare and knowledge within the wider community. It had undertaken numerous quality initiatives, pilots and audits for example:</p> <ul style="list-style-type: none">• The practice were part of primary care at home system and worked with other local practices in the locality to work with health and social care services for the community. The team met monthly and worked on local initiatives and national campaigns. For example, the practice were currently piloting a social prescribing scheme and told us they had seen a positive impact in the number of patients referred to this service• The GPs and advanced nurse practitioner was part of the Daffodils project and had adopted the standards for those patients requiring palliative and end of life care as part of best practice. Multi-disciplinary meetings were regularly attended and the standards enabled the practice to identify ways for further improvement.• The advanced nurse practitioner had been the lead for nursing homes and provided weekly ward rounds, medicine reviews and anticipated care planning. This had a positive impact on hospital admissions and unplanned care. At the time of the inspection the practice told us that they had been providing ward rounds for six months and had seen a reduction in the number of home visit requested to the practice. In addition, the practice had seen a saving of £200 per month in medicines no longer required.• The practice were part of the quick start programme and had undertaken several exercises to look at workstreams in the practice. This has a positive impact to facilitate efficient changes to processes. For example, the practice had recognised the difficulties in ordering prescriptions over the telephone and had changed the process so that this was now ordered online for most of its patients.

Continuous improvement and innovation

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

Audit area	Improvement
Steroid prescribing for acute respiratory conditions	The practice found that they were prescribing steroids longer than the recommended guidelines. The practice undertook an audit to review all patients in line with the recommended guidance. This was discussed with clinicians and reviewed twelve months later where the results were 100% effective.
Methotrexate Monitoring Audit	The practice carried out an audit in line with current recommended guidelines to identify patients suitable for the monitoring of methotrexate to be reviewed from monthly to every three-month appointment. The practice reviewed 70% of patients to every three months which gave more availability for phlebotomy and GP appointments.

Any additional evidence

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](#)).