

Care Quality Commission

Inspection Evidence Table

Oxford Street Surgery (1-4488486696)

Inspection date: 18 October 2018

Date of data download: 02 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

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 Sept 18
There was a record of equipment calibration Date of last calibration:	Yes 17 Nov 17
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	N/a
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	8 Feb 18 & Oct 18
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 19.5.2016
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes Oct 2018
Health and safety risk assessment and actions Date of last assessment:	Yes Oct 2018
<p>Additional comments:</p> <p>The provider had undertaken a variety of health and safety risk assessments including manual handling, slips, trips and falls, use of display screen equipment, stress and electrical safety. A health and safety consultant carried out an annual review of the practice. The provider also had a lone working policy.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: Areas of concern identified during the most recent infection control audit carried out in September 2018 included: <ol style="list-style-type: none"> 1. Not all of the hand washing basins in clinical areas had elbow or non-touch taps 2. Some clinical rooms were carpeted We were informed that the practice was in the process of replacing the carpeted floors in all clinical areas with easier to clean and more hygienic flooring as and when carpets needed replacing. A decision regarding replacing the taps on the hand washing basins was pending and dependent on the future accommodation plans for the practice.	Yes Sept 18 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: Staff ensured that sharps bins were dated and signed on construction and were never allowed to be over two thirds full. Clinical waste was stored in a locked area and disposed of appropriately on a weekly basis.	

Any additional evidence
The practice had an effective cleaning schedule in place which included all clinical room, non-clinical areas and toys in the waiting room. The premises were clean and tidy.

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Risk management plans were developed in line with national guidance.	No
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	No
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers: Although it was evident that risks such as staffing and succession planning were discussed regularly the practice did not have a formal risk register or business plan. Clinicians were able to describe the action they would take if they suspected a sepsis in a patient and a	

toolkit was available to aid identification. However, non-clinical staff had not received training to help them recognise the signs of sepsis.

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> <p>The practice had employed an ex-nurse as a results interpreter to help reduce the amount of time that GPs would normally spend reviewing test results. The role of the results interpreter was to review test results on a daily basis and prioritise any abnormal results for follow up with the on-call GP. If urgent follow-up was not required the results were assigned to one of the other GPs for review. The results interpreter also ensured that people requiring tests associated with their long-term condition were booked in for a review appointment. Patients waiting for test results were able to contact the results interpreter direct by selecting a separate option when ringing the practice. The work of the results interpreter was underpinned by a comprehensive protocol.</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)	1.54	1.09	0.95	Variation (negative)
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)	8.5%	8.0%	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	Yes

example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	
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
Explanation of any answers: *During the inspection the provider took the decision to dispose of their small stock of controlled drugs and no longer hold these on the premises.	

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
Number of events that required action	10

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

Event	Specific action taken
Breach of the cold chain – the electrical socket for one of the refrigerators used for storing vaccines had accidentally been turned off	The incident was reported to the Screening and Immunisations team and vaccine manufacturers were contacted to confirm vaccine stability. Socket protectors were ordered to ensure that refrigerator sockets could not accidentally be turned off or

	unplugged.
Blood samples taken from two patients during home visits carried out by a healthcare assistant were swapped	Sample bottles are now labelled with the patients details before carrying out the home visits.
Needle stick injury	The decision was taken to move the sharps boxes in the treatment room so nursing staff did not have as far to walk and could dispose of used sharps immediately. A review of the event took place with the nursing team to raise awareness of good sharps management and encourage staff to reflect on their own personal practice.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: Safety alerts were received via the practice generic email account. The practice manager was responsible for sifting the alerts to see if any needed disseminating to clinical staff for action. A process was in place to ensure that all alerts requiring action were dealt with appropriately and alerts were often discussed in weekly clinical meetings. Details of recent alerts were also included in the locum induction pack to ensure that locum clinicians were up to date with recent developments.	

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)	1.51	0.51	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)	83.5%	83.6%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 9.7% (43)	CCG Exception rate 15.3%	England Exception rate 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)	78.1%	83.2%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (37)	8.5%	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)	83.1%	82.8%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.8% (88)	17.0%	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)	72.0%	77.9%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (32)	9.6%	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)	90.9%	93.1%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.8% (33)	11.8%	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)	85.8%	86.2%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (26)	3.0%	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)	75.8%	87.3%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (6)	10.4%	8.2%	
Any additional evidence or comments				
<p>The information above is the latest published data that was available at the time of the inspection and relates to the period 1 April 2016 to 31 March 2017. The practice was able to provide as yet unpublished or verified data relating to the period 1 April 2017 to 31 March 2018 which showed that:</p> <ul style="list-style-type: none"> The practice had attained 97% of the total points available to them They had attained 100% for 15 of the 19 separate clinical indicators. We had no concerns about the attainment rate for the other four indicators The overall clinical exception rate was 10.6%. 				

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)	76	77	98.7%	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	88	89	98.9%	Met 95% WHO based target (significant

Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)				variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	88	89	98.9%	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)	88	89	98.9%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	77.2%	77.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.0%	76.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.6%	61.3%	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)	77.1%	78.9%	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)	40.5%	51.1%	51.6%	Comparable with other practices
Any additional comments or information:				
At the time of our inspection the practice had 240 patients on their cancer register. A multi-disciplinary approach was in place to caring for patients with cancer and practice clinicians regularly met with representatives from the local palliative care team.				

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)	93.9%	93.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.9% (10)	11.0%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.9%	93.4%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.6% (11)	10.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	81.0%	82.6%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.8%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	554	539
Overall QOF exception reporting (all domains)	5.4%	5.4%	5.7%
<p>The figures above are in respect of the latest published data that was available at the time of the inspection and relates to the period 1 April 2016 to 31 March 2017. The practice was able to provide as yet unpublished or verified data relating to the period 1 April 2017 to 31 March 2018 which showed that:</p> <ul style="list-style-type: none"> • Their overall score for 2017/18 was 546 (97.7%) • Their overall QOF exception reporting rate was 15.8% 			

The QOF scores for 2016/17 had shown some high exception reporting:

- Chronic Obstructive Pulmonary Disease (COPD) – 24.3% (CCG 13.7%; national 12.8%)
- Depression - 31.4% (CCG average 22.5%; national average 22.9%)
- Mental health – 18.4% (CCG average 9.3%; national average 10.7%)
- Osteoporosis – 33.3% (CCG average 16%; national average 14.5%)

The practice manager told us that patients failing to attend review appointments would only be 'excepted' after three reminder letters more than a month apart had been sent and only then following individual review by the lead practice nurse.

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)	94.5%	95.8%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (11)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice had a comprehensive consent policy which was accessible to all staff on the shared computer drive. Consent forms were used where procedures, such as minor surgery, carried a degree of risk or where it was appropriate to do so (i.e. malicious patients). Informed consent was obtained prior to immunisations.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	42
Number of CQC comments received which were positive about the service	35
Number of comments cards received which were mixed about the service	7

Number of CQC comments received which were negative about the service	4
---	---

Examples of feedback received:

Source	Feedback
NHS Choices website	There are 5 reviews of the surgery on the NHS choices website dated between June 2017 and June 2018 resulting in an overall rating of 2/5 stars. One review was positive but the others cite problems in being able to get through to the surgery by phone and difficulties experienced in trying to get an appointment. None of the reviews contained any concerns about care and treatment.
Comment cards	Although four of the 42 comment cards we received included negative comments these were in relation to access to appointments. There were no negative comments about care and treatment and patients reported that they were treated with dignity and respect.

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
6775	294	109	37.1%	1.61%

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)	81.9%	90.0%	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)	81.6%	88.9%	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)	91.7%	96.5%	95.6%	Comparable with other practices
The percentage of respondents to the GP	75.4%	83.9%	83.8%	Comparable

Indicator	Practice	CCG average	England average	England comparison
patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)				with other practices

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

Date of exercise	Summary of results
Continual	<p>The practice participates in the friends and family test (F&F) and has provided results for the period October 2017 to October 2018. Patients are invited to fill in the friends and family test in the practice waiting room and on the website. In addition, a text message is automatically sent to any patient over the age of 16 for whom the practice has a mobile phone number following their appointment to gain feedback.</p> <ul style="list-style-type: none"> Between 12.10.17 and 11.10.18 the practice had received 2122 F&F returns. Of these, 1564 (73.7%) said they would be extremely likely to recommend the practice to friends and family and a further 406 (19.1%) said they would be likely to recommend the practice. 79 patients (3.8%) said they would be either unlikely or extremely unlikely to recommend the practice. This was an improvement in the result for 2016 which was 10.5%. Negative comments were in relation to a lack of GP appointment availability. The practice is looking to address this issue by increasing the number of GP and nurse practitioner appointments available, offering routine telephone consultations and incorporating routine appointments into the schedule for the on-call GP. In addition, patients can access acute on the day appointments at Workington Primary Care Centre.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards	No patients who completed the 42 comment cards we received expressed any concern over the care and treatment they had received.

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	85.2%	94.7%	93.5%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				

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	90 (24 male and 66 female). Approximately 1.3% of the practice patient population.
How the practice supports carers	Carers are offered an annual health check and influenza immunisation. They are also signposted to local carer support services. A representative from the local carers association attends the practice on a weekly basis to aid identification of carers and offer support.
How the practice supports recently bereaved patients	Information is available in the practice information leaflet and on their website advising patients of what to do when a relative dies. Deceased patients were discussed in weekly clinical meetings when a decision was taken as to whether the family needed a visit or any other support.

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	Low level music was played in the reception area. There was also a TV screen displaying health related information to divert patient's attention. A notice behind the reception desk advised patients that they could ask for a discussion in private if they would prefer.

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*
* Only if one of the consultation rooms was not in use.	

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
Friday	8am to 6.30pm

Appointments were available from 8am to 6.20pm. A total of 48 face to face GP appointments and 12 telephone GP consultations were available each day. A total of 16 face to face appointments and 4 telephone consultations with a nurse practitioner were available.

Extended hours opening

Patients registered with the practice can also access same day appointments with a GP or nurse practitioner at Workington Primary Care Centre from 8am to 8pm on a Monday to Friday and 10am to 4pm on a Saturday and Sunday. The Primary Care Centre is run by Workington Health Ltd which was formed by the five Workington GP practices in 2014. Workington Health Ltd provides a range of 'town wide' services on behalf of the five practices. As well as the Primary Care Centre it provides wound care and vascular services; 24-hour ECGs and a Frail Elderly Assessment team which works with older people in care homes and the community.

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 requests for home visits were assessed by either the on-call GP or on-call nurse practitioner.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6775	294	109	37.1%	1.61%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last	87.5%	95.8%	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

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)	74.6%	71.7%	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)	61.9%	67.6%	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)	55.2%	65.9%	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)	66.6%	75.1%	74.4%	Comparable with other practices

Any additional evidence or comments

The practice was aware of low patient satisfaction concerning access to appointments. In response they had:

- Sought approval from NHS England to close their list to new patients with effect from April 2017. This decision was due to be reviewed in November 2018.
- Sought approval from NHS England to reduce their catchment area for new patients and now operated an inner and outer boundary system.
- Employed a locum nurse practitioner to support their on-call GP with requests for urgent appointments and home visits.

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Four of the five reviews on the NHS Choices website dated between June 2017 and June 2018 express dissatisfaction in being able to get an appointment or being

	able to get through to the surgery by phone.
Comment cards	11 of the 42 (26%) comment cards we received commented on a delay in being able to get a routine appointment

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	10
Number of complaints we examined	10
Number of complaints we examined that were satisfactorily handled in a timely way	10
Additional comments:	
There was evidence of detailed investigations into complaints and of patients being invited into the surgery to discuss their concerns. There was also evidence of patients being informed on how to escalate their concerns to the Parliamentary Health Service Ombudsman should they remain dissatisfied with the practice response.	

Example of how quality has improved in response to complaints

A complaint regarding hospital discharge information being added to the record of a patient with the same name had led to a review of the practice policy for scanning information onto patient records. Staff had also been reminded of the importance of checking full names as well as dates of birth.

Well-led

Leadership capacity and capability

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

- The GP and practice manager could demonstrate that they had the experience and capability necessary to help improve the quality of the care and treatment they provided.
- Staff we spoke with told us that leaders were supportive and approachable.
- Leaders were active in addressing the challenges they faced, such as recruitment and retention of staff and access to appointments

Vision and strategy

Practice Vision and values

The practice mission statement was:

‘Working closely with others we aim to treat our patients with the care and respect we would want for our own friends and family’

The practice vision going forward was to be ‘a practice that has adapted to complexity and demand by leading and contributing to the local health economy’. They aimed to achieve this by:

- Effectively communicating with older people and those who are socially isolated due to a poor local infrastructure
- Understanding and managing inverse care law
- Adapting to younger families’ changing expectations and lifestyle

- Maximising access through seeing the right person at the right time
- Maintaining a positive attitude about the future and encouraging others to join the team

Culture

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

We invited non-clinical staff to complete a questionnaire about working at the practice as part of the inspection process. The majority responded positively to questions about staffing levels, support and working together to promote and sustain high level care. However, not all staff were currently being given the opportunity of an annual appraisal during which mandatory and non-mandatory training needs and requirements were identified and acted upon.

Clinical staff had weekly meetings where patients causing concern were discussed together with other matters such as significant events and implementation of updated best practice guidance.

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

Source	Feedback
Non-clinical staff questionnaires	<ul style="list-style-type: none"> • All respondents said that they felt there were enough members of staff when everyone who should be duty was on duty. • All said that they felt the GP's, clinical staff and non-clinical staff worked well together • Several commented that they did not have the opportunity of an annual appraisal • The majority stated that they felt well supported by their immediate line manager
Discussion with attached staff member (Interim Clinical Services manager, Strengthening Families Team)	The attached staff member reported that they had no concerns regarding their working relationship or working arrangements with the practice. Confirmed that regular (approximately bi monthly) safeguarding meetings were held. Minutes of the meetings were recorded and action points developed which were reviewed at subsequent meetings. Stated that staff were very approachable, family focused and supportive of children in need, particularly those referred to the Children and Adolescent Mental Health Service (CAMHS).

Governance arrangements

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

Practice specific policies	Practice staff were able to access a range of up to date and regularly reviewed policies and protocols on their intranet system.
Other examples	The practice held weekly clinical meetings to discuss a variety of issues. The nursing team met on a monthly basis and there was evidence of regular multi-disciplinary team meetings
	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
Although it was evident that risks such as staffing and succession planning were discussed regularly the practice did not have a formal risk register or business plan.	

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 patient participation group was no longer in existence due to lack of interest. The practice was in the process of looking at digital solutions to encourage better patient feedback and involvement. This would include the use of social media and an improved text messaging system to gather feedback from adult patients shortly after their appointments.

Continuous improvement and innovation

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

Audit area	Improvement
Audit to ensure patients at risk of developing atrial fibrillation have been identified according to clinical predictors – September 2018	The audit identified 59 patients as being at risk of developing atrial fibrillation. These patients were subsequently coded on the practice computer system to ensure they were being appropriately monitored and supported. 11 of the patients were identified as needing an electro cardiogram (ECG) and invited for screening. A second cycle of the audit was planned for September 2019.
Audit of patients prescribed dronedarone to ensure they were being appropriately monitored by secondary care cardiology services – January 2018	The audit revealed that three of the seven patients identified were not being monitored by secondary care cardiology services. These patients were subsequently asked to attend the surgery for blood tests and ECG monitoring and a system was put in place to ensure they were regularly recalled for review. Advice regarding the monitoring of patients prescribed the medicine was disseminated to all clinical staff and included in the locum induction pack.
A review of patients	The aim of the audit was to encourage patients to gradually reduce

prescribed proton pump inhibitors (PPIs) to relieve the symptoms of indigestion – June 2018	their use of PPI's due to health risks associated with long term usage. The audit identified 264 patients who had been taking a PPI for a period exceeding a year. These patients were sent a letter advising them how to reduce their usage and giving advice on holistically managing their conditions.
---	---

Any additional evidence

The practice had carried out a number of other audits in the past two years, including audits of:

- Long term, high-dose opiate prescribing
- Women with polycystic ovary syndrome prescribed Metformin
- Valproate prescribing of women in childbearing age
- Prescribing of Co-amoxiclav
- Prescribing of Solifenacin
- Anti-coagulation
- Near patient testing care bundles
- Prostate cancer injections

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](#)).