

# Care Quality Commission

## Inspection Evidence Table

### Seaford Medical Practice (1-547762353)

Inspection date: 29 November 2018

Date of data download: 12 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

## Safe

### Safety systems and processes

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

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums)	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role	Y
Systems were in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored	Y
Staff who require medical indemnity insurance had it in place	Y
All health care professionals working in the practice were registered with the relevant professional body. Registration was checked on employment (along with satisfactory references) and where applicable annually thereafter. Health care professionals' entry on professional registers were checked to ensure revalidation had occurred and that GPs were included on the NHS Performers List.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date: May 2018	Y
There was a record of equipment calibration Date: October 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date: July 2018	Y
Actions were identified and completed.	Y
<b>Health and safety</b> Premises/security risk assessment	Y
Health and safety risk assessment and actions	Y
Additional comments: The building was owned by NHS Property Services, who completed risk assessment for the building including the fire risk assessment and fire drills.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: January 2018	Y
The practice acted on any issues identified	Y
Detail: The infection control lead completed the infection control audit and had created a detailed action plan. For example, it was highlighted in the audit that the toys in the GP rooms were not being adequately cleaned. The action was to remove these. During our inspection we noted no toys within the GP rooms.	
The arrangements for managing waste and clinical specimens kept people safe	Y

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients	Y
In addition, there was a process in the practice for urgent clinician review of such patients	Y
The practice had equipment available to enable assessment of patients with presumed sepsis	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance	Y

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation	Y
Referral letters contained specific information to allow appropriate and timely referrals	Y
Referrals to specialist services were documented	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols	Y
We saw during the inspection the practice was up to date with its allocation and management of incoming clinical correspondence and test results.	
The practice could make referrals for diet and exercise for patients.	

## 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)	0.85	1.00	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)	7.8%	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	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions)	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength)	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance	Y
Up to date local prescribing guidelines were in use	Y
Clinical staff were able to access a local microbiologist for advice	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use	Y
Blank prescriptions forms delivered to the practice were tracked and stored securely. Prescription forms used in the printers were stored securely but not effectively monitored. However, the practice sent to us after the inspection a new tracking spreadsheet. This ensured that all prescriptions were tracked when being used in the individual room.	

## Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months	20
Number of events that required action	20
The practice reviewed all significant events when raised and then again at a quarterly significant events meeting. This ensured continued learning, identified themes and that the correct action had been taken to improve safety in the practice.	

Example of significant events recorded and actions by the practice;

Event	Specific action taken
Needle Stick injury	Needle stick injury protocol adhered to. Occupation health was contacted however it was noted that the phone number was inaccurate in the protocol. This was actioned to be updated with the correct number and reviewed at the next meeting to ensure it was correct.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>We saw that the practice was receiving safety alerts and was acting appropriately to ensure patients were identified and actions taken. We also saw that the information relating to these alerts were shared during meetings to alert the full clinical team.</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)	0.97	1.19	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 (01/04/2017 to 31/03/2018) (QOF)	87.2%	84.0%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.3% (254)	17.3%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	81.3%	79.4%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.1% (299)	15.7%	9.8%	
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 (01/04/2017 to 31/03/2018) (QOF)	94.5%	86.5%	80.1%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.1% (275)	18.2%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	80.7%	74.4%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.5% (438)	12.4%	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 (01/04/2017 to 31/03/2018) (QOF)	91.1%	92.5%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.5% (120)	14.8%	11.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	81.8%	82.2%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (370)	4.9%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	81.5%	85.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (20)	4.9%	6.7%	

## 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) (01/04/2017 to 31/03/2018)(NHS England)	133	136	97.8%	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) (01/04/2017 to 31/03/2018) (NHS England)	155	159	97.5%	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) (01/04/2017 to 31/03/2018) (NHS England)	155	159	97.5%	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) (01/04/2017 to 31/03/2018) (NHS England)	153	159	96.2%	Met 95% WHO based target (significant variation positive)
The healthcare assistant (HCA) co-ordinated child immunisations. The HCA called parents and or carers of children to organise appointments. If appointments were missed the HCA followed up with a further three phone calls and three letters. Non-attendance was recorded on the practices computer system.				

## 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)	75.3%	74.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	80.5%	68.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.7%	58.4%	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)	76.5%	72.5%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	55.2%	60.7%	51.6%	Comparable with other practices

### People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.5%	90.2%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	40.8% (73)	20.1%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	90.1%	90.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.8% (48)	14.8%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	71.5%	78.2%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (18)	6.0%	6.6%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.62	557.42	554.72
Overall QOF exception reporting (all domains)	9.3%	7.1%	5.8%

## 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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	Y

## 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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.1%	94.1%	95.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (33)	1.1%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff we spoke with demonstrated an appropriate understanding of issues around consent and had completed relevant training. They were able to discuss with us how they sought patient consent prior to treatment. The practice had an appropriate consent policy in place available to staff. The practice was able to monitor that consent was sought for interventions through the patient records. The practice ensured that written consent was sought for minor surgery procedures; the completed forms were then uploaded into the patient record. Consent for other procedures, such as childhood immunisations and cervical screening was verbally sought and recorded on the patient's clinical record.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	6
Number of CQC comments received which were positive about the service	5
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Patient interviews	Patients we spoke with on the day of the inspection told us staff were always kind and respectful and that the GPs went the extra mile.
Friends and family test	The last four months results of the friends and family feedback indicated that 696 patients would be likely or highly likely to recommend the practice and 13 unlikely or extremely unlikely to recommend it.
NHS Choices	We noted there were positive comments about the level of service and patient care.

## 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
17896	233	122	52.4%	0.68%

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)	93.0%	90.2%	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)	88.2%	89.0%	87.4%	Comparable with other practices

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 had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.9%	97.2%	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)	87.3%	86.6%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
Set – Oct 2016	99% of patients were happy with their consultation with the GP or nursing team. 95% of patients are happy with opening hours, the service from our Reception team and the day / time of their appointment. Nearly all other questions had satisfaction ratings of over 90%

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients we spoke with told us that they had plenty of time during consultations, that they felt able to contribute to any decision making and had enough information about choices they might have.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.5%	94.9%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	374 patients were identified as carers; this represented approximately 2% of the practice list.
How the practice supports carers	The practice wrote to patients on an annual basis reminding them of the Care for Carers organisations contact details. The practice also offered carers an annual flu vaccination. The practice computer system alerted GPs and nurses if a patient was also a carer. We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations.
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, the practice contacted them. This may be followed by a patient consultation and/or by giving them advice on how to find a support service.

### Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	A seated waiting system for reception was introduced in January 2015. Patients would take a ticket before being called forward to the reception desk. This prevented queuing and allowed for greater privacy Staff followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private. Staff we spoke with told us of practical ways in which they helped to ensure patient confidentiality. Patient information was never on view and dates of birth rather than full names were requested when taking phone calls. Phone calls were taken away from the front desk.

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

# Responsive

## Responding to and meeting people's needs

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

Additional Information
<p>Same day appointments Monday – Friday 8.30am- 6pm            Patients seeking a same day appointment may be called by a nurse or GP before arranging an appointment time            Routine, book-in-advance appointments            Wednesday evenings (nurse appointments) until 8pm            Saturday mornings (GP appointments) 8.30am-11am            The reception desk does not open Wednesday evenings/Saturday mornings, so cannot issue prescriptions or make appointments</p>

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Staff recorded all requests for patient home visits with as much detail as possible so the GP could assess the level of need before the visit. Staff were aware of patient symptoms that required immediate attention and would interrupt the GP if necessary to pass on information.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17896	233	122	52.4%	0.68%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	96.8%	95.8%	94.8%	Comparable with other practices

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	67.1%	67.5%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	75.6%	71.2%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	74.4%	65.2%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	78.5%	78.0%	74.4%	Comparable with other practices

### Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients we spoke with told us it was usually very easy to obtain and appointment and that reception staff were very accommodating. However, we received two comments that it could be hard to get an appointment with a GP that was not their designated GP.

## Listening and learning from complaints received

Complaints	
Number of complaints received in the last 10 months (01/03/2018 – 29/11/2018)	15
Were complaints satisfactorily handled in a timely way	Y
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Example of how quality has improved in response to complaints	
A GP room and adjoining treatment room had been sound-proofed.	
Staff were reminded of vigilance for prescription processing.	

### Additional comments:

There was a comprehensive complaints policy and procedure. Complaints had been recorded, responded to and investigated in a proportionate and appropriate manner. We noted that complaints were regularly discussed at practice meetings and daily discussions. The practice reviewed its complaints to identify trends and learning.

The practice's annual complaints cycle was run between 1<sup>st</sup> March and 28<sup>th</sup> February annually. 15 complaints had been received from 1<sup>st</sup> March 2018 up to the date of Inspection, 29<sup>th</sup> November 2018.

In the previous complaints cycle year (1<sup>st</sup> March 2017 – 28<sup>th</sup> February 2018), 18 complaints had been received; there was also one complaint referred to the Ombudsman during 1<sup>st</sup> March 2017 – 28<sup>th</sup> February 2018.



# Well-led

## Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
<p>On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.</p> <p>A clear staffing structure was in place. The practice had assigned lead roles to practice individuals in order to champion areas of practice service delivery and provide support to staff.</p> <p>Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and patient's experiences.</p> <p>The practice provided training opportunities registrars, physicians associates, final year medical students and work experience for 6<sup>th</sup> form students.</p>

## Vision and strategy

Practice Vision and values
<p>The practices vision was:-</p> <p>To deliver the highest level of medical care to the population of Seaford and beyond, in modern premises; deliver health care in a flexible and innovative way to meet patient choice and to reflect changing political and economic circumstances.</p> <p>To provide a rewarding place to work in a supportive team and a healthy work / life balance for those who work at Seaford Medical Practice.</p>

## Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
<p>The practice had a comprehensive meeting structure that allowed for staff to be supported in their roles, to have good communication within the practice and share learning and quality improvement. Staff were encouraged to feed back to leaders and at meetings; all staff were encouraged to contribute to meeting agendas.</p> <p>The feedback from staff working at the practice was very positive. Staff identified that their priority was patient care and they felt very proud of the practice and the way it met the needs of the population. Systems implemented fostered a culture of openness and honesty in responding to complaints, incidents and patient feedback. Patient and stakeholder feedback were viewed as opportunities to learn, develop and improve.</p> <p>Patient care was a priority and systems to ensure patients received the right care at the right time were in place. These included a system of call and recall, failsafe monitoring to ensure patients did not miss critical appointments and checks to ensure test results were received and responded to in a timely manner.</p>

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

Source	Feedback
Interviews with staff	<p>Staff we spoke with were motivated and enthusiastic about their role and responsibilities at the practice.</p> <p>Staff told us the practice was supportive and inclusive and they were provided with opportunities to develop their skills and abilities. Staff said the practice was open in its approach and friendly and they were aware of the ongoing challenges to provide an accessible service to patients.</p>
Meeting minutes	Meeting minutes showed regular meetings took place and these facilitated the sharing of updates and any changes, for example because of significant events.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Staff were able to access practice specific policies and procedures on the practice intranet system. A process was in place to ensure these were regularly reviewed and updated.
Audits	The practice completed clinical audits to improve outcomes for patients.
QOF	The practice monitored performance against the Quality Outcomes Framework (QOF) to improve outcomes for patients.
Staff meetings	A meeting structure was in place and embedded which facilitated effective communication of any changes to the practice team. Team meetings were held every six weeks. Partners met weekly. Significant events were discussed quarterly and the practice held a yearly meeting to review complaints.
Staff training	There was good management overview of staff training and development.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

## Managing risks, issues and performance

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

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Safe use of medicines	Regular reviews took place of patients' medicines. Patients prescribed high risk medicines were monitored.
Staff development in their role	All staff received an annual appraisal of their work, which included a discussion about their training needs.
Staffing performance	Staff had allocated specific lead roles and were accountable to ensure practice performance was maintained. Staff was monitored supportively within a culture of learning and development.
Procedures for monitoring and managing risks to patient and staff safety.	<p>The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.</p> <p>Systems to respond to significant incidents and complaints were established and embedded.</p> <p>There was a system of reviewing significant events to identify possible themes or trends.</p> <p>Action was undertaken in response to patient safety alerts.</p>

## Appropriate and accurate information

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

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
A small patient participation group had been established. We spoke with three members of the group. The group members were positive about the practice and felt it was responsive to patient feedback. They were able to describe the changes the practice had implemented in response to feedback. For example, the PPG had suggested the ticket system in the waiting area for the receptionist, due to concerns raised in relation to queuing and confidentiality. They felt these changes were having a positive impact on access to the service.

## Continuous improvement and innovation

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

Audit area	Improvement
An audit of the use of Sodium Valproate (medicine used to treat epilepsy) in women of child-bearing age	<p>The purpose of the audit was to ensure that women taking Sodium Valproate were aware of the risks of the medication in pregnancy, that they had been recently seen by a specialist and to confirm that adequate contraception was provided. The audit showed that all patients had discussed and were aware of the risks. Only two patients had not recently seen a specialist and contraception advice was given to all patients.</p> <p>This audit had been completed in 2017 and 2018 and was planned to happen annually.</p>
Audit of gestational diabetes monitoring	<p>Current guidelines issued state that patients diagnosed with gestational diabetes should have an annual HbA1c blood test or Fasting Blood Glucose test. The first audit showed that 33 patients had not had the recommend test (48%). Awareness was raised with patients individual GP's and GPs invited patients to have tests. Letters were also sent to individual patients by their registered GP. Discussions were held with the diabetic leads and the patient GP's. The second audit showed that 12 patients had not had attended a HbA1c blood test or Fasting Blood Glucose test (18%).</p>

Any additional evidence
<p>The practice had a programme of audits which were run either every three months, two months or annually. For example, an audit for patients with a recall of a blood test, high risk medicines and patients who have had three reminders to attend a smear test.</p> <p>Central to the culture of the practice was learning and development. The practice was a training practice for others and supported their own staff in their learning journey.</p>

## 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](#)).