

Care Quality Commission

Inspection Evidence Table

St Stephen's Gate Medical Practice (1-537641848)

Inspection date: 25 October 2018

Date of data download: 24 October 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*
Explanation of any 'No' answers: The practice was not able to demonstrate that all staff had received up-to-date safeguarding training appropriate to their role. Following the inspection, the practice reviewed their mandatory training records and updated them, however some clinical staff still did not have evidence of appropriate training. The practice had scheduled group training sessions for these staff to occur in November 2018. The practice chaperone policy clearly set out that only clinicians who were trained and had checks made through the Disclosure and Barring Service (DBS) acted as chaperones, however staff gave an example where a non-clinician acted as chaperone under the supervision of the GP and without formal training or DBS checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) Following the inspection, the practice identified the occurrence whereby staff were acting outside of policy and raised the issue with these staff members and all staff, reminding them of the policy.	

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 and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: August 2018	Y
There was a record of equipment calibration Date of last calibration: August 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 Update scheduled for November 2018	Y
Fire marshals	Y
Fire risk assessment Date of completion: October 2018 – Low Risk	Y
Health and safety Premises/security risk assessment Date of last assessment: August 2018	Y
Health and safety risk assessment Date of last assessment: August 2018	Y

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: External – April 2018, Internal - October 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice participated in external infection control audits every two years which demonstrated compliance with infection control standards across both the GP practice sites and the surgical service. The practice also carried out internal audits at 6 monthly intervals, for example in general infection prevention and control, proper handwashing technique and compliance against standards in waste management. Actions taken included removing plugs from sinks, introducing a cleaning schedule for children’s toys and replacing bins to be foot operated.</p>	<p>Y</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>

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
<p>Explanation of any answers:</p> <p>The practice continually assessed staffing requirements and ensured there were enough staff with specific skills to meet requirements. This led to the practice using minimal amounts of overtime and locum/agency staff usage was also extremely low.</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.	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

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)	0.87	1.01	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)	11.2%	10.1%	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

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.	24
Number of events that required action	24

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

Event	Specific action taken
'Two week wait' suspected cancer referral delayed as the referral was sent to a staff member who was not at the practice.	The practice discussed the incident with the whole team and reviewed the system for handling these referrals, making improvements including a 'red flag' on the computer system and introducing a buddy system to share processing responsibilities.
The practice identified a pharmacy error where two medicines were dispensed instead of a change from one medicine to another.	The practice raised the issue with the pharmacy and had the medicine reissued. The practice also worked with the pharmacy to investigate the issue and identified the problem. The pharmacy referred the incident to the relevant national reporting scheme and found the problem was with their systems and processes which they changed. The practice raised the issue with the practice prescribing hub to ensure future medicine changes are clearly documented and understood by the pharmacy. The prescribing hub also raised the incident with other pharmacies to investigate if their systems and processes could allow for a similar mistake to be made.
Blood test results were issued to the wrong patient.	The practice were made aware of the issue through the district nurse. They investigated and found that an administrative error had meant that the blood test referral was made from the wrong patients notes. The practice discussed the incident at a significant event meeting and reminded staff of the importance of ensuring the correct patients notes were used when making referrals. The patients involved received a verbal apology and explanation.

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>The practice acted on and learned from external safety events as well as patient and medicine safety alerts and documented actions taken. However, when the practice decided that no action was required to be taken in response to medicines safety alerts, this was not always clearly recorded.</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)	1.58	1.59	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 (01/04/2017 to 31/03/2018) (QOF)	79.8%	80.2%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.9% (128)	20.1%	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)	85.1%	76.2%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (35)	13.0%	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)	88.9%	82.0%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (129)	19.3%	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)	78.8%	76.1%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (21)	9.8%	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)	91.8%	88.8%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (9)	15.4%	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)	85.8%	83.4%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (53)	4.6%	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)	92.3%	90.2%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (2)	7.6%	6.7%	
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)	129	132	97.7%	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 Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	126	136	92.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	128	136	94.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	128	136	94.1%	Met 90% minimum (no variation)
Any additional evidence or comments				
The practice offered flexible appointment times for immunisations as well as providing post-natal health checks and immunisations in the same appointment to encourage uptake.				

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)	74.9%	71.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.4%	75.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.3%	57.9%	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)	53.6%	65.5%	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)	64.4%	45.7%	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)	91.6%	91.6%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (7)	16.6%	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)	91.6%	92.4%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (7)	16.2%	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)	74.6%	84.0%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.2% (9)	10.2%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	99.5%	98%	96.1%
Overall QOF exception reporting (all domains)	5.5%	8.1%	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) (QOF)	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) (QOF)	95.6%	94.8%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (5)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice routinely monitored that consent was recorded and sought appropriately through regular reviews of patient records and staff care and treatment audits. The surgical service also monitored and recorded that the appropriate written consent was obtained before procedures were carried out.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	16
Number of CQC comments received which were positive about the service	16
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
We reviewed feedback from CQC comments cards, practice surveys and NHS Choices feedback as well as verbal feedback during the inspection.	<ul style="list-style-type: none"> • Patients frequently referred to the service they received from reception staff as timely, kind, caring, respectful and friendly but professional. • Specific clinical staff were named in feedback as providing exemplary care and displaying very high standards of empathy. • Patient feedback on the clinical aspects of the service mentioned that staff listened, responded quickly and efficiently to problems and with empathy, that staff were supportive and thorough, that patients were given choices and options for their care and treatment. • The nursing service especially was highlighted as extremely caring and empathetic. • General feedback about the service included that staff provided a calm and stress-free experience for patients. • Patients also praised the merger of the two practices as being managed very smoothly and that staff were helpful and supportive during the change. • From October 2017 to October 2018, 6,400 patients were surveyed and 95% were extremely likely or likely to recommend the practice to friends or family.

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
13514	237	91	38.4%	0.67%

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)	100.0%	90.7%	89.0%	Significant Variation (positive)
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)	95.9%	89.5%	87.4%	Variation (positive)
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)	97.9%	96.3%	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)	100.0%	86.2%	83.8%	Significant Variation (positive)

Any additional evidence or comments

The practice had reviewed the patient survey data and were very pleased, the data also received local media coverage. The practice arranged for a practice celebration to mark the results and thank staff.

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

Date of exercise	Summary of results
Ongoing feedback monitoring, annual review 2017/18	<p data-bbox="311 510 1497 577">Generally, very positive feedback about the practice with 95% of patients extremely likely or likely to recommend the practice to friends or family.</p> <p data-bbox="311 613 1394 680">The practice reviewed negative feedback and improvement suggestions and implemented many changes including;</p> <ul data-bbox="354 725 1540 1070" style="list-style-type: none"> • Changing the welcome script on the telephone system • Reviewing and amending information in the patient welcome pack • Reviewing and improving the landscape outside surgery where possible, including placing nonslip treads on the wooden walkway to entrance • Creating more patient parking • Monitoring demand for routine and same day appointments to increase capacity • Changing the radio station to suit the majority of patients tastes • Ensuring forms are clearly available at reception.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient feedback, practice surveys	<ul style="list-style-type: none"> Patients commented that they were always offered a choice for care and treatment and had their options fully explained. Surgical services patients reported their own care provider gave them the choice of attending their local hospital or St Stephens Gate Medical Practice. They reported that they chose the practice due to the short waiting times. Following their procedure, patients reported they would always choose to attend the practice for their procedure due to the level of service they 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 31/03/2018)	99.2%	95.8%	93.5%	Variation (positive)

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	262 – approximately 1.5% of the practice population. The practice had recently reviewed the carers list and identified an improvement in the way carers were identified and recorded on the clinical system. The practice had a plan in place identify and provide support to more carers.
How the practice supports carers	Carers were offered health reviews and were included in the practice seasonal flu vaccination programme as well as being directed to local support services where appropriate.

How the practice supports recently bereaved patients	Bereaved patients or family members received contact from the practice offering support and an appointment where appropriate.
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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	At reception, computer screens were not visible to patients, phone calls were taken in the back office, the patient queue started back from the front desk and the booking in screen was also away from the front desk to maintain privacy and confidentiality.

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 – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Appointments available	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Extended hours opening	
Monday	7.30am - 8am and 6.30pm – 7pm
Tuesday	6.30pm – 7pm
Wednesday	7.30am - 8am and 6.30pm – 7pm
Thursday	6.30pm – 7pm
Saturday	8am – 9.45am

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
<p>Home visit requests were entered onto the practice computer system by reception staff with brief details of the request and marked for the duty GP to triage and allocate to a GP or nurse to attend. Where necessary, the patient or their carer is contacted by the duty GP for more information to ascertain the best response.</p> <p>Reception staff were able to recognise urgent conditions and would raise these immediately with the duty GP.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13514	237	91	38.4%	0.67%

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)	96.2%	95.4%	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)	93.8%	73.6%	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)	88.9%	70.7%	68.6%	Variation (positive)
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)	86.0%	65.9%	65.9%	Variation (positive)
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)	89.9%	74.2%	74.4%	Variation (positive)
<p>Any additional evidence or comments</p> <p>The practice regularly monitored their performance and activity levels, adapting their capacity to provide appointments to match the demand of patients. This included increasing telephone answering capacity and numbers and times of clinicians' appointments as well as developing staff and increasing types of staff. Waiting times for appointments were kept to a minimum.</p>				

Examples of feedback received from patients:

Source	Feedback
CQC Comment cards and patient interviews	Many patients told us they were able to get an appointment when they needed one, that urgent needs were met the same day, and that waiting time for routine appointments were not too long.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	15
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	1 – not upheld

Example of how quality has improved in response to complaints

The practice kept a detailed record of complaints received, investigations, actions taken and learning as well as a record of patient satisfaction with the outcome. Most patients were happy with the outcome of the response from the practice. Patients or patients advocates received a written and or verbal apology with some of the more complex complaints being dealt with in person.

Themes of complaints include staff attitude, appointment booking problems, and medicines and prescribing complaints.

The practice made changes to improve quality of care. For example, a patient complained after having appointments cancelled as the medicine they were due to receive was not available. The practice investigated and found the issue was due to supply problems. The patient received a full apology and explanation as well as a thank you from the practice for bringing the issue to their attention as it had led to identifying a potential problem in the ordering system and the introduction of a buddy system for ordering when staff who would normally order supplies were not available.

Well-led

Leadership capacity and capability

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

The practice management structure supported effective leadership of the whole practice including administrative and clinical roles across both sites and the community surgery service. The operational team leader role allowed for effective communication, support and smooth running of the practice. The role also allowed a progressive stepped approach to staff development and career progression. The practice completed a merger with a nearby GP Practice which was effectively managed with patients reporting that the transition was smooth and that where issues did arise these were effectively dealt with. The practice also noted low numbers of patients leaving either practice during the merger.

Vision and strategy

Practice Vision and values

The practice partnership “aspires to be a forward-looking healthcare provider, aiming to offer to all the high level of health care we would want for ourselves, or friends and family”.

The community surgery service mission statement was to “provide an excellent service in a friendly local setting giving a top-rated hospital level of care entirely in the community”.

The partnership regularly reviewed their mission statements, vision and values including reviews with all staff and actively encouraged adoption of the values which staff displayed during our inspection.

Culture

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

The practice had a history of high achievement in their Quality and Outcomes Framework data as well as other performance data regularly collected and monitored through performance ‘dashboards’ providing detailed information for the practice to continually adapt and adjust services for patients.

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

Source	Feedback
Staff feedback	Staff were proud to work in the service, felt well supported and valued. Team leaders felt empowered and encouraged to fulfil the practice strategy, raise concerns and make improvements and suggestions. Staff felt valued when the practice partners praised staff and organised social events, for example as a thank you for high performance in the recent GP Patient Survey.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a comprehensive suite of processes, policies and procedures governing activity. These policies and procedures were regularly reviewed and changes made to reflect best practice and changes in legislation or as a result of complaints or incidents. Policies and procedures were available to all staff through the practice intranet to ensure the latest versions were available. The chaperone policy was not adhered to by all staff, the practice informed us they took action in relation to this finding following our inspection.
	Y/N
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
Spread of infection	The practice had lead staff members for infection prevention and control activities including a policy in place in both the practice and the surgery service. Staff were appropriately trained for their role and were able to demonstrate ongoing training updates. The practice carried out regular audits to ensure compliance with infection prevention and control guidelines and standards.
Fire	The practice had comprehensive fire risk assessments in place carried out at regular intervals and showing the fire risk as low. Staff were suitably trained and fire prevention equipment was regularly inspected and tested where appropriate.

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

The practice actively engaged their patient participation group to share ideas and seek feedback on practice activities and provide suggestions for improvements.

The PPG were involved in the practice merger and provided, for example, a simple map for patients to find their way the short distance between the practices.

The PPG were also involved in a social prescribing scheme involving a local space where they envisaged a regular coffee morning to combat loneliness in the community, a scheme supported by the practice.

The PPG were also involved in the NHS 70 year anniversary celebrations including a display and commemorative book for patients to comment in.

PPG are also involved in producing a practice newsletter, organising charity coffee mornings, a book stall and often provide cakes for staff retirements and other celebrations.

Continuous improvement and innovation

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

Audit area	Improvement
Oral Nutritional supplements	<p>The practice identified nine standards to be met in the appropriate care and treatment of patients prescribed oral nutritional supplements. The practice reviewed 33 patients, 11 patients prescribed through a GP and 22 patients through a dietician.</p> <p>The practice found that of the 11 GP patients, none of the patients' records demonstrated their care fully met guidelines. The practice discussed the findings, reissued the guidelines and re-audited 3 months later to find that 14 new patients identified were fully compliant with guidelines.</p>
Pre-diabetes	<p>The practice identified problems with their coding and recall system for diabetes and prediabetes risks and results. 97 patients were identified with a diagnostic score at pre- diabetes level without an appropriate code used for patient recalls.</p> <p>The practice reviewed these patients and changed their codes on the system, ensuring they were included in the pre-diabetes recall through the lead clinician. The practice also set up a new 'task' on the computer system where results for diabetes blood tests can be directly triaged by the lead nurse for appropriate coding and patient recall.</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 practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).