

Care Quality Commission

Inspection Evidence Table

Kearsley Medical Centre (1-565877205)

Inspection date: 06 November 2018

Date of data download: 07 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.	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
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: October 2018</p>	Yes
<p>There was a record of equipment calibration Date of last calibration: August 2018</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs</p>	No
<p>Fire alarm checks</p>	No
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	Yes
<p>Fire risk assessment Date of completion July 2014</p>	Yes*
<p>Additional observations: Annual maintenance of the fire extinguishers and warning lights was carried out, however following changes in staffing it was identified that the internal checks of the fire alarm and warning lights had not recently been carried out. Following the inspection, we were provided with evidence, checks had been re-established and risk assessments were being carried out overseen by the practice manager. Fire drills were also planned.</p>	
<p>Health and safety Health and safety risk assessment and actions. There was no formal overarching health and safety risk assessment completed for the practice, however we noted actions were taken to manage health and safety for example, annual gas safety checks, hard wiring inspection and a legionella risk assessment. Following the inspection, we were provided with evidence risk assessments were being complied.</p>	No

Infection control	Y/N
Risk assessment and policy in place	Yes*
<p>Date of last infection control audit: The practice had not conducted an internal infection control audit and although staff were aware of the policy and procedures there was no formal audit carried out. However, following the inspection, we were provided with evidence this was being addressed.</p> <p>Detail:</p> <ul style="list-style-type: none"> • A clear policy and procedure was in place including staff handling specimens. • The contracted cleaning company carried out a monthly cleaning audit checklist. • We found on the day of the inspection the practice and clinical areas were clean and well maintained. • We also noted there was no formal system in place to evidence cleaning of specific equipment for example spirometer. • There was an infection control lead in post, however they had not had any formal training as the lead. However, following the inspection, we were provided evidence this was being addressed. 	No
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

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

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

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)	1.35	1.09	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)	7.4%	7.0%	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 example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes

If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes*
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> Although there was a system for clinical staff to check the changes to patient's medicines processed by the pharmacy technician, the system could be more robust with additional checks to ensure the changes made were as instructed. A member of staff monitored stock levels and emergency equipment and drugs, however this was not documented. 	

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.	28
Number of events that required action	28

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

Event	Specific action taken
Patient collapsed.	Staff acted quickly in line with protocol and maintained patient's privacy and dignity during emergency care and treatment. Learning from event included:

	<ul style="list-style-type: none"> • Reminding staff which emergency equipment box to automatically go with defibrillator when requested. • Padded matts purchased and kept with emergency equipment as it was noted staff sustained cuts to knees during emergency treatment. • Disposable curtains are used as screens in consulting rooms and could be used in similar circumstances in public spaces. One is kept with the emergency equipment.
Unexpected death	<ul style="list-style-type: none"> • Joint review of care carried out with secondary care colleagues to look at shared learning. • Policy and procedure updated when vulnerable patients do not attend appointments at the practice or other health care appointments. • Reviewed repeat prescribing policy for patients with poor mental health • Audit of patients on similar care pathway and care reviewed.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes*
Staff understand how to deal with alerts	Yes*
<p>Comments on systems in place:</p> <p>Staff told us alerts were discussed at daily meeting where required and formally in clinical meetings, however clinical meetings were not recorded so there was no formal evidence.</p> <p>The practice was unable to provide evidence of the process for responding to safety alerts during the site visit, however following the inspection they provided us with an audit of actions taken in relation safety alerts and documented the process for future reference.</p> <p>The formal process now documented was as follows:</p> <ul style="list-style-type: none"> • Safety alerts are emailed to the practice manager and deputy practice manager. • Once received, the email including attachment(s) are forwarded to all GPs and the wider team, this includes GP Partners, Salaried GPs, GP trainees, Practice Nurses and Assistant Practitioner. The Management Team and Pharmacy Technician are copied into all emails. • Task, actions and outcomes are then recorded and saved electronically. 	

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)	1.17	1.00	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)	81.5%	75.7%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.7% (189)	9.8%	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)	68.9%	75.3%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.8% (225)	6.4%	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)	84.4%	78.1%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.5% (205)	9.9%	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)	87.7%	73.9%	76.0%	Variation (positive)*
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	44.9% (378)	4.4%	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)	97.7%	89.3%	89.7%	Variation (positive)*
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.0% (125)	7.3%	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)	80.8%	82.9%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.6% (428)	3.3%	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)	92.9%	93.5%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (10)	5.1%	6.7%	
Any additional evidence or comments				
<p>The practice had higher than average exception reporting rate, 21.5% compared 6.8% within the CCG or 9.7% nationally.</p> <p>The Quality and Outcomes Framework (QOF) allows practices to exception-report (exclude) specific patients from data collected to calculate achievement scores. Patients can be exception-reported from individual indicators for various reasons, for example if they do not attend appointments or where the treatment is judged to be inappropriate by the GP (such as medication cannot be prescribed due to side-effects). They can also be exception reported if they decline treatment or investigations.</p> <p>The practice told us there was an automated exception reporting programme embedded into the clinical system which would automatically exception report patients once the practice had contacted patients three times either by letter or telephone. The practice did not however have a clinical oversight of those patient's exception reported and although alerts remained within patients records that they had been exception reported, this was not clearly visible to prompt clinicians to discuss this with patients.</p> <p>In response the practice this year were looking at ways to reduce exception reporting and have altered the communication sent to patients on the mental health register to improve the uptake of reviews and have also created lists of those patients automatically exception reported and the nursing team would follow up patients with a telephone call encouraging patients to attend for reviews. We reviewed data provided by the practice for the first six months of 2018/19 for patients on the asthma and mental health register and noted to date the exception reporting rates were lower than previous years.</p>				

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)	169	174	97.1%	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)	144	161	89.4%	Below 90% minimum (variation negative)
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)	142	161	88.2%	Below 90% minimum (variation negative)
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)	144	161	89.4%	Below 90% minimum (variation negative)

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)	70.6%	72.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.9%	71.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.8%	52.3%	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)	74.3%	71.7%	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)	38.1%	48.8%	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)	97.4%	89.8%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	47.9% (70)	7.1%	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)	97.6%	89.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	43.2% (63)	6.2%	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)	100.0%	89.0%	83.0%	Significant Variation (positive)*
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (14)	6.4%	6.6%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	534	-	-
Overall QOF exception reporting (all domains)	11.2%	4.3%	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)	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 (01/04/2017 to 31/03/2018) (QOF)	92.1%	95.1%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (23)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice monitored the process for seeking consent appropriately and undertook checks of patient records to ensure this was recorded in an accurate and consistent manner.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	2
Number of CQC comments received which were positive about the service	2
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
CQC comment cards	Speaking with five patients, including two members of the patient participation group and reviewing the two comment cards patients, stated that they found the service at the practice to be good and staff were friendly and helpful and the majority found it easy to get an appointment. Patients also commented that they were treated with respect, dignity and kindness. Feedback from the Friends and Family test were positive and the majority of patients would recommend the practice.
Speaking with patients	
Friends and family test.	

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
13509	273	95	34.8%	0.70%

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)	98.4%	90.6%	89.0%	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)	98.5%	89.0%	87.4%	Significant 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)	96.3%	95.3%	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)	93.2%	85.9%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
2016/17	The practice asked an external company to carry out a patient experience survey, in which 85% of all patients involved in the survey rated the practice good (19%), very good (28%) or excellent (38%).

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Speaking with five patients, including two members of the patient participation group they all told us they were involved in their care and treatment and given time to discuss their care options.

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)	97.0%	93.3%	93.5%	Comparable with other practices

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	283 (2%)
How the practice supports carers	The practice identified patients who were carers and all new patients were asked as part of the registration process. The practice's computer system alerted GPs if a patient was also a carer. One of the practice team was the carers champion whose role including monitoring the carers register and inviting carers in for reviews.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, the GP best known to the family contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff were conscious of not discussing or disclosing personal information at reception and staff would take patients to a quiet area should they wish to discuss sensitive information. Telephone calls including incoming calls where possible were answered in the back office to help maintain privacy and confidentiality.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	06:45am to 6:30pm
Tuesday	06:45am to 6:30pm
Wednesday	06:45am to 6:30pm
Thursday	06:45am to 6:30pm
Friday	06:45am to 6:30pm

<p>Appointments available: Monday to Friday 06:45am - 11:45am and 2:00pm – 5:30pm</p> <p>In addition to pre-bookable and on the day appointment, patients could contact the practice requesting urgent appointments and where appropriate they were invited to the practice after morning surgery, where if they were willing to wait they would be seen by a GP.</p>
<p>Extended hours opening: In addition to early mornings surgeries patients could also access appointments with a GP, Nurse or HCA at a local seven-day access hub evenings and weekends.</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	Yes
If yes, describe how this was done	
<p>The practice had a system to assess:</p> <ul style="list-style-type: none"> • whether a home visit was clinically necessary; and • the urgency of the need for medical attention. <p>Home visits were automatically booked in for those who were known by the practice to be housebound or a clinician would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13509	273	95	34.8%	0.70%

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)	98.4%	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)	94.4%	78.1%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	84.8%	72.7%	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)	76.4%	71.1%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	85.7%	75.3%	74.4%	Comparable with other practices

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	21
Number of complaints we examined	3

Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We noted all complaints were appropriately investigated in a timely manner and learning shared with staff and the wider organisation as appropriate.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
<p>The practice statement of purpose was clearly displayed within the practice:</p> <ul style="list-style-type: none"> • Kearsley Medical Centre use a team approach to deliver a high quality, safe healthcare service in a professional, friendly and efficient way, within a managed healthcare environment. • We aim to provide outstanding quality of healthcare services and education to improve the health and wellbeing of our local community, by working in partnership with other agencies dealing with the causes of, as well as the provision of treatment for ill-health. • We aim to respect you, your family and carers, responding to your needs appropriately to ensure that your experience is a positive one. • We aim to ensure that our team has the competency and motivation to deliver the required standards of care.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
<ul style="list-style-type: none"> • The practice achieved a Pride in Practice silver award. • The practice prioritised urgent access and home visits whilst they were recruiting additional clinical staff and clearly communicated this with patients as they were aware this would impact on the wait time for a routine appointment. • The practice carried out a wide range of audits to ensure patients were being prescribed medication safely and patient monitoring was being carried out. • The practice actively engaged with the Clinical Commissioning group and had signed up to the Bolton Quality contract, and one GP was the neighbourhood lead. The practice routinely engaged in new ways of working welcoming other professionals such as health trainers and mental health practitioners. into the surgery to support patients • The practice worked with the patient participation group to look at ways to improve services for patients.

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

Source	Feedback
Staff	Many staff had worked for the practice for a long period of time and felt part of a cohesive team. Newer members of the team felt welcomed and supported, reporting good support from mentors and opportunity for training and professional development.
Staff	Staff reported that the morale within the team was high and that all staff worked together as a team and felt supported by managers. The management team acknowledged the increased pressure on staff following the increased patient's numbers and a reduced number of GPs following for example the retirement of a senior partner. We noted they had successfully recruited additional clinical staff, leading to an overall increase in clinical sessions.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	There was a system in place for investigating, reviewing and learning from complaints and significant events. However not all clinical significant events were formally documented centrally and although they were discussed during clinical meetings again these were not formally minuted.
Practice specific policies	There was a range of policies and procedures in place accessible to staff via the internal IT system. There was a system in place to review and update policies as required.
Health and safety	There were several health and safety systems in place and equipment was maintained in line with guidance, however there was no overarching health and safety risk assessment and checks delegated to staff were not always being carried out, for example testing the fire alarm.
	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

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

Examples of methods of engagement		
Patients	Suggestion box Friends and Family survey. NHS Choices.	There were various ways a patient could input their thoughts about the practice which the practice then reviewed and developed an action plan to address any issues.
Patients	PPG	The practice had a virtual patient participation group.
Staff	Meetings	Regular meetings were held with staff in which they could input into the agenda. Minutes of practice meetings were circulated to all staff.

External partners	Meetings	The practice met with various external partners to input and engage in local developments, learning opportunities and improve outcomes for patients.
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Feedback from Patient Participation Group;

Feedback

We spoke with two members of the patient participation group who told us they felt valued by the practice and that their views, opinions and ideas were taken on board. They told us, they would also welcome the opportunity to meet face to face again as a group.

Continuous improvement and innovation

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

Audit area	Improvement
To ensure the safe repeat prescribing of all patients currently prescribed lithium and to put a system in place for those that may be commenced on it in future.	<ul style="list-style-type: none"> Pharmacy Technician is to keep a record of patient's prescribed lithium and review for blood monitoring and contact the patient and inform the clinician if the requirements are not being met. Ensure shared care protocols are in place on the patient's records before agreeing to take over repeat prescribing of lithium.
Diagnosing Menopause and Follicle Stimulating Hormone	<ul style="list-style-type: none"> Reduction in the frequency of inappropriately requesting of Follicle Stimulating Hormone (FSH).

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](#)).