

Care Quality Commission

Inspection Evidence Table

Sandown Health Centre (1-567863924)

Inspection date: 13 September 2018

Date of data download: 06 September 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member 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 all clinical Staff

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
Explanation of any answers: The practice provide evidence that staff had the required indemnity insurance. Medical Protection Society membership for all nurses, GPs, PM, ANPs and pharmacist.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 03/09/2018	Y
There was a record of equipment calibration Date of last calibration: 03/09/2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen and storage of chemicals. The practice provided all cleaning chemicals to the cleaning company used by the practice.	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 NHS Trust Fire assessment reviewed 16/08/18. Date of completion	Y
Actions were identified and completed. No actions required.	n/a
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment: July 2018	Y
Health and safety risk assessment and actions Date of last assessment: July 2018	Y
Additional comments: Three members of staff had been designated as fire marshals and had received additional training for this role.	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: 29/08/2018 The practice acted on any issues identified</p> <p>Detail:</p> <ul style="list-style-type: none"> • Practice reminded staff that hands of clinical staff must be free from jewellery, e.g. watches and stoned rings. • That expiry dates of all sterile packs needed to be checked on a regular basis to ensure they were in date and safe to use. 	Y
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
<p>Explanation of any answers:</p> <p>The practice gave patients on two weeks wait referrals a small information card issued by the Isle of Wight Clinical Commissioning Group that explained the procedure and had a contact telephone number for the local hospital for patients if they had any queries relating to appointments. This card also explained the reasons for a patient being referred for this type of hospital appointment.</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.89	1.02	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	6.9%	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.	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.	N/A
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.	10
Number of events that required action	3

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

Event	Specific action taken
Patient was given a Meningitis C vaccination and coded as such. As a result, patient was not called for or eligible for Meningitis ACWY vaccination. This was not allowed due to National System. Patient then developed Meningitis.	<ul style="list-style-type: none"> Practice investigated this as a significant event. They identified the facts and alerted NHS England. They then recalled all effected patients. As a result, national guidance and advice was changed. Teenagers and first-time university students were offered vaccination against meningococcal group C bacteria as part of the combined meningitis ACWY vaccine.

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> <ul style="list-style-type: none"> Alerts were discussed at clinical meetings and daily at meetings held in the mornings by GPs. The practice manager shared any alerts with the relevant staff and checked that any required actions have been completed. 	

Any additional evidence
Delete this box if not needed

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)	0.63	1.10	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	77.4%	80.8%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (81)	17.2%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	85.4%	81.3%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (67)	11.1%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	80.6%	78.7%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.5% (110)	17.8%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	78.2%	77.2%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (65)	20.5%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.8%	92.9%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.4% (41)	19.5%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.8%	85.6%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 1.7% (40)	CCG Exception rate 4.9%	England Exception rate 4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	94.7%	85.8%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 12.5% (38)	CCG Exception rate 10.7%	England Exception rate 8.2%	
Any additional evidence or comments				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	94	102	92.2%	Met 90% minimum (no variation)
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)	94	107	87.9%	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)	63	107	58.9%	Below 80% (Significant 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)	96	107	89.7%	Below 90% minimum (variation negative)

Any additional evidence or comments:

The practice informed us that they had responded to these low figures by encouraging parents to bring children to the practice for immunisation as did other practices in the local area. The practice had improved in the following years results. They could provide a GP immunisation target report prepared 2 October 2017. This showed that the practice percentages had increased to:

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) was 96%.

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) was 96%.

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR). Was 93%

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)	73.4%	72.1%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.0%	78.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.0%	59.6%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	73.1%	62.4%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	56.5%	47.7%	51.6%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The practice's uptake for cervical screening was 74%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had acted to improve screening rates. The practice had brought in a cervical screening programme in May 2017 which described the standard operating procedures for cervical screening recall programme in the practice. This had increased the 2017-2018 figure to 85% (unverified data).</p>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	90.2%	89.4%	90.3%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (7)	19.0%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	95.8%	88.6%	90.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (3)	16.2%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	77.3%	83.0%	83.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (9)	4.8%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	549	547	539
Overall QoF exception reporting (all domains)	4.2%	7.5%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.8%	94.1%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (11)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice conducted an audit of minor surgery which covered patient consent. We saw that patients' records had been updated with evidence that patients had had the procedures explained and had consented to the procedure. We found that out of 366 patients that had minor operations or joint injections in the past six months 352 had full evidence of consent. There was no fully written recorded consent in 14 cases although the patient had consented verbally.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	22
Number of CQC comments received which were positive about the service	22
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
For example, comments cards.	<p>All feedback received was positive.</p> <ul style="list-style-type: none">• Patients reported that they were always treated with respect and dignity.• Staff always were courteous and explained treatments.• Patients were listened to and given time to explain why they had attended the practice.• Both the clinical and reception staff were helpful and caring and always happy even when under stress.

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
12313	233	103	44.2%	0.84%

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)	96.8%	88.4%	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)	96.7%	87.9%	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)	100.0%	95.5%	95.6%	Significant Variation (positive)
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)	89.4%	83.6%	83.8%	Comparable with other practices
Any additional evidence or comments delete this box if not needed.				

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

Date of exercise	Summary of results
April 2017 – March 2018	<p>Over the time of the exercise 259 patients responded to the survey.</p> <ul style="list-style-type: none"> • Only 2% reported that they would not recommend the practice. • Negative comments were about either not being able to get through or waiting a long time to get through to the practice on the phone. • The Practice was aware of this and was responding to these challenges by trying to ensure there were sufficient reception staff to cope with varying demands during the day. They were also in conversation with the telephone provider to improve the system.

Any additional evidence
Delete if not needed

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with gave positive feedback about the practice. They reported that the practice was providing caring and efficient services. That all staff go above and beyond to give help.

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)	100.0%	94.3%	93.5%	Significant Variation (positive)
Any additional evidence or comments				

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	The practice provided figures showing that they had 242 registered carers which was 1.9% of the patient list.
How the practice supports carers	The practice had a carer's newsletter with information and signposting. The practice had a carer coordinator navigator who could support carers.
How the practice supports recently bereaved patients	GPs contacted patient's relatives by visiting or phone. The practice also had a visiting Chaplain, all faiths and none, who could give support to bereaved families.

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	<p>To promote privacy and dignity the practice had the following arrangements:</p> <ul style="list-style-type: none"> • There was a notice in the waiting room requesting that patients waited away from the reception desk until there was someone available to assist them. • All telephone calls were taken in an office away from the reception area.

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

Examples of specific feedback received:

Source	Feedback
Patient Comment cards	Telephone appointments were usually available with a short delay. GPs always give time and attention. Follow up tests done quickly and efficiently. Prescriptions dealt with promptly.
Patient Comment cards	Very friendly reception staff and GPs. Treated with dignity and respect. Clean and tidy surgery.

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 - Friday between 8.30am - 6.00pm.	
Extended hours opening	
The practice holds evening surgeries on Wednesdays and Thursdays between 6.30pm - 8.00pm for pre-booked appointments only.	

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>Patients were requested to try to telephone reception before 10am if they required a home visit.</p> <p>A GP or nurse would phone the patient back as it may be that the problem could be dealt with by telephone advice, or that it would be more appropriate to send a nurse, or arrange a hospital attendance.</p> <p>Home visits were only available for patients who were housebound because of illness or disability.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12313	233	103	44.2%	0.84%

Indicator	Practice	CCG average	England average	England comparison
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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)	100.0%	95.3%	94.8%	Significant Variation (positive)
Any additional evidence or comments Delete if not needed				

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)	46.9%	71.7%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	66.7%	68.8%	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)	69.8%	65.1%	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)	79.2%	76.7%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	There were mixed reviews on NHS Choices, most patients were satisfied and positive about the practice, but some reviews were negative about the time taken to answer the phone and the shortage of appointments. The practice had made replies and given explanations about the matters raised by patients.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	13
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	0
Additional comments:	

Example of how quality has improved in response to complaints

A safeguarding report was not completed as the GP was on holiday. The system was changed to ensure that a buddy was in place to cover holidays and deal with enquiries.

Any additional evidence

Well-led

Leadership capacity and capability

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

There was a clear management structure in place but this was a relatively new structure due to several recent retirements and loss of staff.

The practice had closed its patient list due to a loss of GP and an increase in the last five years of the patient list by 30%. The practice was working towards re opening the list and had recruited a new GP as a salaried GP.

The practice was working through these challenges and continued to have a culture of high quality sustainable care.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice provided evidence of their vision and values via their Statement of Purpose.

The practice followed the ethos of innovation, community development and education influencing the quality of care afforded to all patient groups.

Practice staff confirmed they wanted to do all they could to ensure patients had the right care when they needed it most.

Staff felt they knew their patients due to the size of the practice and felt this was fundamental in ensuring their patients were well-looked after.

Culture

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

Innovation has resulted in Sandown being the pilot site for services subsequently adopted at other sites for example: INR self-testing for patients on warfarin. (The international normalised ratio (INR) is a laboratory measurement of how long it takes blood to form a clot.) The practice was the first Island practice to switch to SystemOne. SystemOne is a centrally hosted clinical computer system developed by Horsforth-based TPP. It is used by healthcare professionals in the UK predominantly in Primary Care.

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

Source	Feedback
Member of Staff.	The practice is a friendly place to work and all staff support each other when it becomes very busy.
Member of Staff	The practice is well organised and always tries to meet the needs of patients.

	The practice offers extra services to patients.
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Any additional evidence

The practice provided services in the community if they can be safely provided there, for example. phlebotomy for all (660 tests per month), skin cancer surgery, echocardiography, micro suction of ear wax and paediatric outreach clinics.

The practice aimed to provide a wide of services and access of benefit to all patient groups as well as those targeted more to chronic disease.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	We looked at a range of policies during the inspection, all policies contained a review date. For example, the practice Emergency/Business Continuity Plan. Was written in 2006 and had been reviewed every year the last review taking place in May 2018. This was a comprehensive plan and was introduced to staff as part of their induction training.
Other examples	
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

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
Vulnerable patients	The practice provides the Special Allocation Scheme (violent patient scheme) for the Island, with a dedicated phone and GP appointments at St Mary's.
Dementia Patients	The practice had a whole team approach to active screening for dementia and have achieved recognition as a Dementia Friendly Practice
Patients with long term conditions (LTC)	Training was strategically planned to allow two dedicated nurses providing clinics for each major LTC (asthma/COPD, diabetes, hypertension, cardiovascular, including anticoagulation) supported by health care assistants. Main LTCs each have a lead GP.

Any additional evidence

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>We were able to speak with a member of the patient participation group (PPG) and saw the minutes from the last meeting of the group on 10 July 2018.</p> <p>The feedback was very positive and we were told that the practice works with the PPG to improve services at the practice. The practice listens and involves the PPG reporting back to them about changes in the practice, for example updates on the staffing levels at the practice and a new GP joining the practice.</p> <p>The PPG felt the practice was open and honest with them regarding incidents as they were discussed during their meetings with the practice.</p>

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Audit and regular searches of post Bariatric Surgery patients. This audit is outside of the Quality Outcome Framework.	This audit was undertaken to ensure that patients receiving this surgery had annual blood tests to checks many levels including B12/Folate, Vitamin D, Zinc and Copper levels. The practice found that 18 out of 24 patients have all had the recommended tests in the last 12 months. Reminders and follow ups have been sent the remaining patients who needed these checks.

Any additional evidence

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We

consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the 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](#)).