

Care Quality Commission

Inspection Evidence Table

Bridgnorth Medical Practice (1-557647495)

Inspection date: 07 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
Explanation of any 'No' answers: A range of leaflets, posters and support helplines were accessible to patients in the practice which included various information about keeping safe in addition to domestic violence. *Staff had access to safeguarding policies however, these required updating to include female genital mutilation (FGM) and modern slavery. ** Not all non-clinical staff had received safeguarding training. However, staff we spoke with were aware of the safeguarding lead and knew how to identify and report concerns of potential abuse. A meeting had also been held in February 2018 with the Shropshire safeguarding lead nurse to discuss safeguarding procedures and provide staff with a general update. Safeguarding concerns were discussed in practice meetings and recorded. Although scheduled meetings with health visitors did not take place, staff had access to health visitors and school nurses located in the same building.	

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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
Explanation of any answers: The practice had a recruitment policy in date, which had recently been updated in addition to a recruitment checklist. Locum staff were provided with a comprehensive welcome pack.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes February 17
There was a record of equipment calibration Date of last calibration:	Yes September 18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	No (only contractors)
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	No*
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion:	Yes September 2018
Actions were identified and completed. **The practice had recently received the fire risk assessment report and were in the process of acting on the recommendations identified. These included adjusting the self-closing devices on fire doors.	Yes**
Additional observations: *Planned fire drills had not taken place although the building had previously been successfully evacuated due to the fire alarms being activated. All visitors to the practice were required to wear a visitor lanyard that included details of the fire procedure and were fully briefed on arrival. The fire procedure was displayed throughout the practice.	
Health and safety Premises/security risk assessment?	No*
Health and safety risk assessment and actions Expectant mother risk assessment	No* 31/05/18
Additional comment * The practice had identified that their health and safety risk assessments did not meet the required standards and had therefore commissioned an external health and safety specialist company to visit the practice to review and develop the health and safety documentation. A date for this to be completed had yet to be confirmed.	

Other safety checks carried out included:

Electrical installation certificate: September 2015

Legionella: October 2017

Gas safety certificate: September 2018

Emergency lighting checks test certificate for new installation: December 2017

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>*An infection prevention and control (IPC) audit had been carried out by an external IPC specialist in July 2017. The report showed an overall compliance score of 81%. Issues identified included the need to further develop the IPC policy, develop cleaning schedules to provide information on the type and frequency of cleaning and replacement of fabric chairs in clinical rooms. We saw that fabric chairs in clinical rooms had been replaced with chairs which had wipe clean coverings. Discussions with the practice infection control lead showed most of the identified actions had been addressed but not documented. This was actioned on the day of the inspection. However, a further audit was overdue.</p>	<p>Yes*</p> <p>July 2017</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p> <p>Clinical waste was kept in an appropriate locked facility in the grounds of the premises. Spill kits were available and arrangements were in place to ensure clinical waste was collected and disposed of safely.</p> <p>The nurse manager was the designated lead member of staff for infection, prevention and control and was supported by a practice nurse.</p>	

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
<p>Explanation of any answers:</p> <p>*Training records showed some staff were overdue training in basic life support. We were advised that training had been arranged for clinical staff and a separate training date for non-clinical staff was due to be arranged when all new staff had been recruited.</p> <p>Clinicians we spoke with demonstrated an awareness of sepsis guidelines and had the equipment needed for diagnosis. Following a significant event raised in April 2017 in relation to sepsis, two of the GPs reviewed the NICE guidance on sepsis and acute kidney injury (AKI). As a result, they arranged for an external speaker to provide training in addition to discussing sepsis in a significant event meeting held. Colour coded NICE guidance sepsis posters were issued to staff and made available on desktops to assist clinical staff with decision making. We reviewed the minutes of the significant meeting held and saw actions to avoid future issues were recorded.</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.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers:</p> <p>There were effective systems in place for sharing information with staff and other agencies about patient care, such as out of hours services.</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)	0.86	0.95	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)	6.0%	7.8%	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.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes**
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes***
<p>Explanation of any answers:</p> <p>Antibiotic prescribing was below the local and national averages.</p> <p>There was an effective system in place for the management of high risk medicines. Staff had access to the test results of patients prior to prescribing at risk medicines.</p> <p>Systems were in place to support safe online ordering of medicines.</p> <p>The practice provided a GP service for patients at three local care homes in addition to providing medical cover for Bridgnorth Community Hospital.</p> <p>Two nurses were prescribers for identified medicines. Regular supervision of the nurses' medicine prescribing practices were carried out.</p> <p>*We found an excessive number of prescription pads were held at the practice despite the practice utilising the electronic prescription service. (A service that enables prescriptions to be sent electronically from the practice to the patients' chosen pharmacy). Although prescription pads were stored in a locked room, the key to the filing cabinet was not removed to provide additional security during practice opening hours.</p> <p>**The practice had two small oxygen cylinders in place. (One on each floor). The cylinder on the first floor had less than a third of oxygen left with no recorded action taken to replace the cylinder. The other cylinder was over half full.</p> <p>***Fridge temperatures were being checked and recorded to ensure they remained within the recommended range. Temperature data loggers to ensure optimal monitoring of the vaccine cold chain were not available. There had been a recent cold chain breach. We saw the practice had taken appropriate action and recorded the incident as a significant event with learning shared practice wide.</p>	

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.	25
Number of events that required action	1

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

Event	Specific action taken
Cold chain failure. A new member of staff took delivery of a batch of vaccines and did not pass them onto a clinician to refrigerate. Other staff failed to see the box had been left.	Once identified the vaccines were refrigerated. The practice contacted the manufacturer and sought their advice as to whether the vaccines could still be used. Following investigation, it was determined the vaccines were safe to be used. The incident was shared practice wide and staff spoken with during the inspection were aware of the incident and were able to share the learning.
The practice received a late notification of a flu outbreak at a local nursing home.	There was insufficient time to construct a documented action plan. A clinician attended the home and the residents were either treated or given an antiviral medicine to treat flu. An action plan was developed in the event of future occurrence.
Theft of a patient's personal property while visiting the practice.	Police were alerted and the offender was arrested. The property was recovered and reunited with the owner.

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>Patient safety alerts were received directly by the practice manager, who forwarded them to the nurse manager or practice pharmacist. They decided whether these were relevant to the practice and cascaded the information to the other clinicians, who were also able to directly access safety alerts on the shared drive and GPTeamNet portal. The pharmacist completed patient record searches to identify any patients affected. Appropriate action had been taken in relation to the two alerts we checked.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.51	0.82	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)	91.4%	81.2%	78.8%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.6% (269)	12.5%	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)	87.6%	76.7%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.5% (137)	9.9%	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)	86.8%	80.1%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.1% (208)	13.2%	13.5%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	76.4%	75.8%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.2% (130)	6.9%	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)	71.9%	90.7%	89.7%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (28)	12.1%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.0%	82.4%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (232)	4.5%	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)	96.2%	88.5%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.1% (61)	7.0%	6.7%	
Any additional evidence or comments The practice acknowledged the percentage of patients with COPD who had received a review, including an assessment of breathlessness was lower compared to local and national averages. However, the exception reporting was lower at eight percent compared to the clinical commissioning group average of 12% and national average of 11.5%. They told us they were planning to allocate more staff to recall patients for their reviews.				

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)	150	153	98.0%	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)	132	135	97.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	132	135	97.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	132	135	97.8%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	76.1%	77.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.0%	79.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	62.6%	61.3%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	85.2%	77.5%	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)	48.7%	47.9%	51.6%	Comparable with other practices
Any additional evidence or comments The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme, but above the national average. The practice was aware of their uptake. All five nurses were trained to undertake cervical cancer screening. Appointments were available Monday to Friday to include late evenings for working women. Non-attenders were flagged on the practice clinical system and followed up. The nursing team told us once flu clinics were finished they were planning to carry out a system search for women that had failed to attend screening and were aiming to carry out appointments in January 2019 to improve the uptake.				

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)	90.8%	92.4%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.7% (18)	12.0%	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)	95.5%	90.2%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.3% (16)	10.1%	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)	95.7%	85.1%	83.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (11)	5.9%	6.6%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550	550	547.5
Overall QOF exception reporting (all domains)	16%	10%	10%

Any additional information
All staff had access to QOF results, which were displayed in the Boardroom. The practice had a traffic light system in place showing progress through the year. We saw performance was shared and

discussed at meetings held. The practice had a designated member of staff to oversee QOF, who was supported by a GP. Three letters were sent to patients inviting them to attend to review their long-term conditions. If a patient fails to attend their review a GP was informed before being exception reported.

Coordinating care and treatment

Indicator	Y/N
The contractor had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were 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)	96.4%	95.0%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (27)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Clinical staff spoken with demonstrated an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and were able to share examples of good practice. Written consent forms were completed for minor surgical procedures. Verbal consent was obtained for other procedures to include cervical screening and immunisations and recorded on the patients' electronic record. Clinical staff spoken with were aware of Gillick competences and Fraser guidelines when providing care and treatment to children.</p> <p>If registrars involved patients in video training, patients were asked if they were happy with this procedure and signed a consent form.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	23
Number of CQC comments received which were positive about the service	16
Number of comments cards received which were mixed about the service	7
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Interviews with patients.	All six patients spoken with during the inspection considered clinicians and non-clinical had positive attitudes.
CQC Comments Cards	All the comment cards completed were positive in relation to staff attitudes and qualities. Patients described staff as friendly, professional, attentive, caring and respectful.
Direct observation	During the inspection we carried out observations in the waiting area, near the reception area and where incoming telephone calls were taken. We saw people arriving at the reception and telephoning the practice were dealt with in a professional and friendly manner.
NHS Choices	Most patients reported they were treated with care and compassion. Some comments related to reception staff being unhelpful and rude. The practice had responded to reviews regarding negative staff attitude, apologised and requested patients to make direct contact with the practice manager to discuss their concerns further.

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
16494	234	114	49%	0.69%

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)	87.0%	92.2%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	87.7%	91.7%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.3%	97.0%	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)	83.1%	88.6%	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
May 2017	An Improving Practice Questionnaire (IPQ) survey was carried out in May 2017. The IPQ survey is a well-established questionnaire widely used in the UK where patient feedback is gained and performance benchmarked across practices who have carried out an IPQ survey. The questionnaire was completed by 180 of the 16350 patients registered at the time of the IPQ. Patients were asked to rate the practice on a scale ranging from poor to excellent across a number of questions in addition to providing comments about how the practice could improve its service. Feedback was mixed with a number of patients indicating these were happy with the service provided and others commenting on difficulties with access to appointments and the need to see the same GP for consistency of care.
November 2018	The practice had recently undertaken an individual GP survey via GP Tools. At the time of the inspection we were advised the results had been sent off to be analysed but not yet returned.

Any additional evidence
The practice had reviewed the national GP survey and although they had not developed a documented action plan, they had implemented changes as a direct result. For example, the practice had recruited two urgent care practitioners (UCP) who joined the clinical team in mid-October 2018 to provide additional clinical appointments. The practice had also become a member of the South Shropshire Medical Group (SSMG). The SSMG was made up of 15 local GP practices working collaboratively to provide more flexible evening and Saturday morning appointments to patients.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Most patients we spoke with considered they were actively involved in making decisions about their care and treatment, as reflected in the results of the national GP survey. Patients told us that they were listened to, most said they were given the time needed to make decisions and received adequate information to make an informed choice about their care and treatment options.
CQC Comment Cards	Patients commented they felt engaged and involved in decisions about their care and treatment.

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)	97.4%	95.8%	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	The practice had 262 patients registered as carers. This represented just under 2% of the practice population. Information was available on the practice website about the support and services available to carers.
How the practice supports carers	Identified carers were provided with a carers pack and registered as a carer on the practice system and offered registration with the Carers Trust, who are able to assist patients in the event of an emergency. For example, if their carer required urgent medical admission to hospital or became temporary debilitated. Carers had access to a community and care co-ordinator, who was based at the practice and provided support with signposting patients and carers to a range of local agencies. Carers were offered a flu vaccine.
How the practice supports recently bereaved patients	The practice had information available in the practice to assist patients and their families in times of bereavement. The practice website also provided patients with information of what action to take in the event of a death. Patients had access to support provided by the community and care co-ordinator who was able also signpost patients to support services in the community.

Any additional evidence
<p>The Community and Care Co-ordinator was part of the practice team and was funded part-time by Shropshire Clinical Commissioning Group (CCG). They assisted patients of any age in need of help, support and advice by offering a signposting service. This included advice regarding care, transport, benefits, financial support, local support groups, housing and social isolation. They also supported the practice with identifying frail and vulnerable patients at risk of inappropriate admission, opportunistically and proactively, through computer searches, risk stratification and communication with the wider community. In the last 12 months 574 referrals had been received. Success stories were shared with us. Information about the services provided was displayed in the waiting area.</p> <p>The community and care co-ordinator had recently set up a new volunteering project in the locality called compassionate communities. The service aimed to help patients and their families by sourcing, signposting and supporting people facing difficulties. The project currently had three volunteers that mainly provided a befriending service but also assisted with shopping, collecting prescriptions and accompanying patients to clubs and helping with administrative tasks.</p>

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	<p>On arrival to the practice patients could check themselves in for their appointment via the electronic patient check-in system which was accessible in the reception area.</p> <p>A notice was displayed in the reception waiting area requesting patients to advise a member of the reception team should they wish to speak in private.</p> <p>Patients were requested to wait away from the reception desk until they were called forward by a member of the reception team.</p> <p>Telephone calls were taken in a back-office area away from the patient waiting area and reception desk to help promote patient confidentiality. Staff wore headsets. Music was installed on the first floor to help subdue the sound traveling from the reception and ground floor.</p>

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

Examples of specific feedback received:

Source	Feedback
Reception area observations	<p>We observed areas and rooms within the practice where private conversations could take place.</p> <p>Staff confirmed that a room could be made available if patients wanted to speak with a member of staff in private.</p>
Interviews with patients	All the patients we spoke with considered their privacy and dignity was respected by reception and medical staff.
Interviews with staff	Clinical staff were able to share clear examples of how they promoted privacy and dignity in their work. Examples included ensuring doors were closed, curtains were used, involving patients in their care and how they maintained a patients' dignity when providing smear tests. Chaperones were also available and this service was advertised throughout the practice. Staff told us they had access to portable screening to provide privacy if a patient collapsed in a public area.
CQC comment cards	Patients commented they were treated with dignity and respect.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8:30am - 6:00pm
Tuesday	8:30am - 6:00pm
Wednesday	8:30am - 6:00pm
Thursday	8:30am - 6:00pm
Friday	8:30am - 6:00pm

Appointments available	
	<p>Appointments could be booked in person, on-line or by telephone. Routine appointments could be booked four weeks in ahead. Same day appointments were released daily at 8.30am.</p> <p>Patients contacting the practice who needed to be seen the same day were offered an appointment with an urgent care practitioner (UCP) or one of the minor illness nurses. These clinicians were supported by the designated duty GP for the day.</p> <p>Extended appointments were available for patients with complex conditions and vulnerable patients.</p> <p>Children were seen the same day.</p>
Extended hours opening	
	<p>The practice provided extended opening on a Tuesday and Wednesday evening between 6.30pm and 8pm.</p> <p>The practice had recently increased the extended hours provision. From 1 October 2018, the practice had become a member of the South Shropshire Medical Group (SSMG). The group is made up of doctors, nurses and health care assistants working collaboratively to bring more flexible evening and Saturday morning appointments to patients. SSMG comprises of 15 medical practices offering appointments at various locations within South Shropshire. Appointments were available from 6.30pm until 8pm Monday to Friday and Saturday mornings between 8.30am and 12.30pm allowing patients to have more choice of where</p>

	and when they wanted to be seen. Patients were able to book these appointments directly through their registered practice and were provided with a choice of sites and clinicians.
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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	
Patients requiring a home visit were requested to telephone the practice before 10.30am. These visits were normally available for patients who were housebound because of illness or disability. A clinician determined whether the visit was necessary and the urgency. A practice nurse told us they were due to commence undertaking home visits and had received the necessary support, supervision and mentoring to deliver this role.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16494	234	114	49%	0.69%

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)	97.1%	95.6%	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)	49.6%	82.7%	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)	50.5%	76.1%	68.6%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
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)	51.5%	71.3%	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)	62.1%	79.2%	74.4%	Comparable with other practices

Any additional evidence or comments

The practice was aware that patients' satisfaction levels in relation to access were lower than local and national averages. They told us they had experienced some significant recruitment challenges. As a result, they had reviewed their staff skill set and employed two full-time urgent care practitioners (UCP) who joined the clinical team in mid-October 2018 to provide additional clinical appointments. An additional nurse and GP were due to commence in January 2019. Sit and wait appointments had been replaced with UCP appointments. Should a patient arrive at the practice and there were no minor illness or UCP appointments available, patients were requested to sit and wait whilst the on-call GP was contacted.

The practice had also become a member of the South Shropshire Medical Group to provide patients with more flexible evening and Saturday morning appointments. A time and motion study had also been completed on the data team and reception staff to determine the minimum staffing levels required. As a result, the practice was planning to recruit additional reception staff to help with meeting demand. A new telephone system was being installed and the practice were trying to improve uptake for online registration and had developed an information and help guide about patient online services.

Examples of feedback received from patients:

Source	Feedback
Interviews with patients	Feedback from patients we spoke with was mixed. Some patients said it was difficult to get through to the practice by phone. Others commented they were able to get an appointment but not always with a clinician of their choice for continuity of care. Working aged patients told us this system was not always flexible enough to accommodate their work or childcare commitments as they could be waiting a long time waiting to be seen at the practice.
CQC comment cards	Seven of the 23 CQC comments cards referred to the difficulties obtaining an appointment.
NHS Choices	Several reviews were in relation to the difficulty with getting through to the practice on the phone and obtaining an appointment.
Observation	We saw patients arrive at the practice to make an appointment and were offered a choice of day and time to attend their appointment. The practice clinical system showed the next available pre-bookable appointment with a named GP was 14 November 2018 and nurse appointments on 29 November 2018. Same day minor illness and UCP appointments were released at 8am each morning. Pre-bookable

	appointments could be booked four weeks in advance.
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	58
Number of complaints we examined	Three
Number of complaints we examined that were satisfactorily handled in a timely way	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
Additional comments:	
The patient information leaflet included details of how to make a complaint and the escalation process should a patient not be satisfied with the response received from the practice. We saw information about comments, compliments and complaints was also detailed on the practice website.	
The complaints we examined showed complaints had been managed in line with procedure.	

Example of how quality has improved in response to complaints
The practice had received many complaints in relation to patient access to appointments. As a result, the practice has reviewed its staff skill mix and appointed two full-time urgent care practitioners five days a week to help improve access. A GP partner has been appointed as appointment patient lead and a meeting to review access had been scheduled in November 2018. The practice advised us they were aiming to recruit a further full-time GP in January 2019 in addition to an additional nurse and were employing more locums to meet the workload demand. The practice had also increased the extended hours provision.

Any additional evidence
Staff spoken with during the inspection were aware of the complaints procedure. The practice manager was the designated lead member of staff for dealing with complaints and was supported by the deputy. The practice also had designated GP clinical lead for complaints.
The practice had received 58 complaints in the last 12 months including formal and informal complaints. Discussions with staff showed the practice had a culture to report all concerns received to help improve learning and these were discussed in meetings, investigated and analysed for any recurring themes and each complaint categorised. The practice had received 17 compliments since April 2018, via a variety of sources.

Well-led

Leadership capacity and capability

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

Leaders were aware of the strengths and areas for development and understood the challenges and were addressing them. For example, leaders had experienced significant staffing and recruitment difficulties and therefore had reviewed the team skillset in response to concerns and complaints received in relation to access. They had recently recruited two urgent care practitioners and were aiming to increase the workforce further to include an additional GP, nurse, receptionists and locum staff.

In line with their development plan, the practice had introduced a dedicated clinic where patients with long-term conditions were able to attend one review instead of multiple appointments. These also incorporated medicine reviews to provide patients with a more holistic and seamless approach.

Vision and strategy

Practice Vision and values

The practice had a mission statement for 2018 with an aim to provide a professional and high quality primary care medical service to their patient population. In delivering the service the practice aimed to be knowledgeable, caring, compassionate and competent at all times. They endeavoured to provide cost effective, value for money services in a timely, safe and confidential environment. In addition to showing respect to their patients, colleagues and peers and were committed to providing a supportive, learning environment for patients, staff and trainees. Staff told us the vision and values were verbalised to them in regular meetings held.

Culture

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

There was an open culture of reporting and sharing communication practice wide. Communication meetings were held monthly with a representative from each team attending, for example GP, nurse, receptionist, practice manager etc. A weekly management meeting was also held. Staff were able to add to the agenda. We saw a 'thought and suggestions' board was displayed in the main reception office. All the staff we spoke with told us the provider operated an open-door policy and managers and GPs were always accessible should they need to speak with them.

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

Source	Feedback
Interviews with staff	All the staff we spoke with were very complimentary about working at the practice. Staff spoke about feeling privileged to work at the practice and told us they were well supported in their work. They spoke about the excellent team work and commented that over 30 members of the team had enjoyed a half day team building event held in May 2018. This had been arranged to help staff get to know each other across the different teams and introduce new staff. Communication, training, meetings and the appointment system was discussed. Staff reported they attended other social events together.

	<p>We spoke with a person who worked at the practice but funded by the clinical commissioning group (CCG). They told us they were very much part of the team and felt supported and appreciated in their role. They were able to share examples of how they had significantly improved patient outcomes and experiences.</p>
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Any additional evidence

We spoke with representatives of three local care and nursing homes where the provider undertakes weekly visits to review the health needs of the residents. We received very positive reports about the practice engagement and were told the practice staff were excellent, helpful and responsive to the needs of the residents and had developed very good working relationships with residents, families and staff.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Staff had access to a suite of policies and procedures which were held electronically and a hard copy retained in the reception office.
Meetings	A range of meetings were held to include weekly GP meetings, communication meetings, manager meetings, partner meetings and palliative care meetings. Meetings were recorded and accessible to staff.
Staff training	Reception and clerical staff had received document management training to deal with incoming correspondence to help reduce the clinical workload on GPs and free up their time to provide greater access to appointments.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Cross infection	The practice had received a complaint concerning a member of staffs' practice in relation to infection, prevention and control. This had been investigated, actions taken and learning shared to help avoid reoccurrence.
Health and safety	The practice had identified that their health and safety risk assessments did not meet the required standards and had therefore commissioned an external health and safety specialist company to visit the practice to develop all their policies and procedures and risk assessments in relation to health and safety.

Any additional evidence
<p>Staff were encouraged to raise any areas of concern relating to safety. Staff felt confident to be able to raise issues and had confidence that these would be addressed.</p> <p>Staff were aware of their roles and responsibilities and to whom they were accountable. However, the governance systems and processes in place did not always operate effectively. For example, there was a lack of oversight to ensure that staff had completed basic training and health and safety arrangements were effective in mitigating risk to patients, staff and visitors.</p>

Appropriate and accurate information

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

Any additional evidence

We saw the practice had a list of notifiable events that needed to be reported to CQC held in the reception office. We identified a theft of a patients' property involving the police had not been reported to CQC as required under Regulation 18 but had been recorded as a significant event.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback

The practice no longer had an active PPG. We were advised that the group, which had previously run successfully for many years, had disbanded about a year ago as they decided they did not wish to carry on with the group. Practice leaders told us a patient had since come forward and expressed an interest in developing a new PPG shortly.

Any additional evidence

The practice used a range of formats available to gain patient views and experiences. These included the national GP survey, a patient satisfaction survey, the friends and family test (FFT), compliments and complaints and feedback from the community and care co-ordinator about the services provided.

We spoke with representatives from three local care and nursing homes where the provider carried out weekly visits to review the health needs of the residents. We received positive reports about the practice engagement and were told the practice was responsive to the needs of their residents and very much involved the residents and their families in reviews undertaken. Staff told us their residents received continuity of care given the practice was the sole GP provider in the area. They also reported visiting clinicians had developed an excellent rapport with staff and residents, listened to them and always considered the needs of the residents. They told us they attended an annual meeting with the practice to review the quality of the service provided; discussed significant events, concerns, deaths and any areas identified for improvement. One manager told us the practice went above and beyond their duty of care for the residents and GPs were always available to provide medical advice when required.

Continuous improvement and innovation

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

Audit area	Improvement
An audit was carried out to identify patients with atrial fibrillation (AF) who were also taking aspirin to identify if	The first audit identified 84 patients with AF on aspirin of these 34 were considered to have been inappropriately prescribed aspirin. Affected patients were sent a letter to advise them of the change in guidance and were advised to stop taking aspirin. The aspirin was

prescribing was in line with latest NICE guidance recommendations.	removed from their repeat prescription and affected patients were invited to contact the practice if they had concerns. The second audit identified 51 patients on AF with only one considered to be inappropriately prescribed aspirin. The practice was in the process of carrying out reviews of patients with AF on aspirin.
An audit of intrauterine (coil) contraception fittings had been carried out to establish the type of coils fitted, whether patient had a pre-fitting chlamydia swab, to identify any complications following fitting and to ensure coil fitters had completed the required minimum of coils required in a 12-month period as per faculty of family planning guidelines.	The audit identified that 70 coils were fitted, 40 were new coils and 30 were renewal coils. The audit concluded that coil fitting practice was appropriate and the results suggested good standards of clinical practice. However, only three patients had pre-fitting chlamydia swab undertaken. The second cycle audit identified 67 coils had been fitted, 41 were new and 26 were renewals. Written consent for coil fittings had been introduced and 43 patients had received a pre-fitting chlamydia swab. Chlamydia swabs were being offered to patients at the time of coil fits, the results were negative for chlamydia growth. Results suggested good standards of clinical practice.

Any additional evidence

Clinicians reported that development was actively encouraged and training was available to them. The practice upskilled staff where possible. For example, a former receptionist had been promoted to a health care assistant and had been supported, trained and developed to perform their role.

A number of staff had been trained in workflow optimisation, a process for the way clinical correspondence was managed in the practice to free up clinical time.

The practice worked closely with outside agencies in the local area to improve the care delivered. The practice carried out regular health and medication reviews at local care and nursing homes to include the completion of care homes advanced scheme (CHAS) assessments. CHAS was a GP led proactive approach to reduce the number of patient admissions into A&E from care homes and improve patient outcomes. For example, by identifying the residents at highest risk and developing care plans using a multi-disciplinary team approach to prevent admission to hospital.

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](#)).