

Care Quality Commission

Inspection Evidence Table

Pollard Row Practice (1-557683796)

Inspection date: 20 November 2018

Date of data download: 13 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: Non-clinical staff who had trained to act as chaperones had a standard Disclosure and Barring Service (DBS) check, rather than an enhanced check (enhanced DBS checks provide additional information including spent convictions and barred list status); however there was no documented risk assessment to support this decision.	

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:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/test:	Booked for 29/11/18
There was a record of equipment calibration Date of last calibration:	Yes 23/05/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire wardens	Yes
Fire risk assessment Date of last assessment: Actions were identified and completed?	Yes 14/02/18 Yes
Health and safety risk assessment and actions Date of last assessment:	Yes 14/02/18
Legionella risk assessment Date of last assessment:	No N/A
Additional comments: The practice shared a building with a care home and the water tanks for the whole premises were located in the care home, not in the practice. The practice kept a log which documented the regular running of water taps in their part of the building to reduce the risk of legionella bacteria developing in stagnant water. We saw evidence the practice had requested that the care home provide a copy of the most recent legionella risk assessment.	

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>The practice recently had an internal infection control audit completed by the practice nurse, as well as an external audit completed by the local Primary Care Infection Prevention and Control team. The external audit identified some low risk issues to be actioned by the practice and we saw the practice had started to address these issues in line with the timescales given.</p>	<p>Yes</p> <p>Internal on 03/10/18 External on 15/11/18</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Additional information:</p> <p>We saw that the cleaning schedules did not include how often the window blinds should be cleaned and the blind in one of the consultation rooms was visibly stained. The practice told us that new blinds would be purchased and the cleaning of blinds would be included in the cleaning schedule.</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	Partial
<p>Explanation of any answers:</p> <p>There was no printed guidance for non-clinical staff to refer to, if needed, in order to identify symptoms of sepsis. During the inspection, the practice printed a poster to put up which listed 'red flag' sepsis symptoms.</p> <p>The practice did not have a paediatric pulse oximeter to assist in the diagnosis of sepsis in children. On the day of inspection, the practice provided evidence that paediatric pulse oximeters had been ordered.</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>	

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)	0.79	0.70	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)	9.8%	9.7%	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)	No audits completed
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	N/A
Up to date local prescribing guidelines were in use	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site	Yes
The practice had a defibrillator	Yes
Both were checked regularly and this was recorded	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use	Yes

Additional information:

We checked the uncollected prescriptions box and found two prescriptions from September 2018 which had not been collected; one was for Tramadol (a painkiller which is a controlled drug) and the other for Citalopram (an antidepressant). Following the inspection, the practice sent us an updated prescription security protocol which identified staff responsible for checking the prescriptions box and a process to follow for uncollected prescriptions.

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.	7
Number of events that required action	6
Additional comments: There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. However, staff told us about two incidents that had occurred which, although had been dealt with appropriately and the learning discussed, had not been formally recorded as significant events.	

Examples of significant events recorded and actions by the practice

Event	Specific action taken
Patient passed away after request for home visit	GP attended a home visit but returned to the practice to telephone the patient's relative and police as was unable to access flat. Police attended and found the patient had passed away. Learning identified for all GPs to carry mobile telephones at all times, including for home visits, to enable quicker communication.
Patient contacted the practice for a specific vaccine but the computer system did not recognise that the patient was eligible for the vaccine.	Patient had attended a consultation outpatient appointment and had been advised by the consultant to attend the practice for a specific vaccine. The computer system did not recognise that the patient was eligible for the vaccine. Administrative staff highlighted the patient to the GPs who updated the patient's record and coded the patient's new diagnosis when the consultant letter had been received.
Locum GP need to use the oxygen cylinder for an unwell patient; they had to ask the practice nurse where it was located and the oxygen was left on and the mask was removed by the paramedics.	The practice nurse completed a regular check of the oxygen after the weekend and found it had been left running. All staff were reminded to ensure oxygen is turned off, and that the oxygen levels are checked and any masks replaced following use. A locum GP induction pack was created to include necessary information about the practice, including emergency equipment.

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>There was an effective system in place to document safety alerts and record what action was taken by the practice.</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)	0.59	0.40	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)	72.1%	68.6%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (4)	4.3%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	85.8%	78.2%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (4)	3.8%	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)	87.7%	83.4%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (6)	5.7%	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)	83.4%	66.5%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (2)	2.4%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.5%	84.6%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.0%	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)	87.9%	85.0%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (7)	2.8%	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)	90.0%	88.2%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.6% (4)	8.0%	6.7%	
Any additional evidence or comments				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	43	50	86.0%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	50	57	87.7%	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) (01/04/2017 to 31/03/2018) (NHS England)	50	57	87.7%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	51	57	89.5%	Below 90% minimum (variation negative)
<p>Any additional evidence or comments</p> <p>The practice's childhood immunisation uptake rates for 1 April 2017 to 31 March 2018 were below the target percentage of 90% or above. The practice was aware of this and attended a meeting in November 2018 with the other GP practices in its local network to discuss falling child immunisation rates; we saw minutes of this meeting. Following the meeting changes were made to how call and recall of patients will be completed, including closer working with Health Visitors to try and increase the uptake rates.</p>				

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)	67.1%	62.4%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.7%	65.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	47.4%	41.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	66.7%	81.4%	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)	50.0%	48.2%	51.6%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The practice's uptake for cervical screening from April 2016 to March 2017 was 67%, which was below the 80% coverage target for the national screening programme. The practice showed us current data which demonstrated they were meeting the local CCG target of 80% update rate.</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 (01/04/2017 to 31/03/2018) (QOF)	91.9%	80.0%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (1)	5.0%	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)	92.1%	84.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	3.6%	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)	83.3%	78.7%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (2)	4.3%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	(547 points) 98%	90%	96%
Overall QOF exception reporting (all domains)	4.6%	4.5%	5.8%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.2%	94.8%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (7)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw evidence that consent was sought and recorded appropriately, although there was no formal system to monitor this. Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Staff had completed Mental Capacity Act training.

Any additional evidence
<p>The practice was involved in monthly multidisciplinary meetings involving a range of health and social care professionals, which could include district nurses, local care home managers, occupational therapists, physiotherapists and psychiatrists.</p> <p>The practice participated in social prescribing (social prescribing is a means of enabling GPs and other healthcare professionals to refer people to services in their community instead of offering only medicalised solutions). Patients were referred to the local social prescribing scheme, through which a social prescriber practitioner attended the practice to meet with the patient and discuss local schemes, classes or activities which they could engage in.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	42
Number of CQC comments received which were positive about the service	35
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
NHS Choices website	The practice scored 4 out of 5 stars on the NHS Choices website. Two comments had been received over the last 12 months, both of which were positive about the service. Comments described the practice and staff as helpful, warm and friendly.
CQC comment cards	Staff were described as helpful, caring, polite, friendly and professional. Two patients wrote negative comments about one of the GPs.
Interviews with patients	We spoke to four patients during the inspection. Patients described staff as friendly and nice, although one commented that attitude of staff is not always good.

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
4819	409	70	17.1%	1.45%

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)	89.4%	84.2%	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)	82.9%	80.4%	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)	94.1%	92.4%	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)	89.0%	77.9%	83.8%	Comparable with other practices
Any additional evidence or comments				
The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.				

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

Date of exercise	Summary of results
Monthly	<p>Friends and Family test (FFT) results were recorded and analysed by the practice. The most recent results, for October 2018, demonstrated that 95% of the 45 respondents were likely or extremely likely to recommend the practice, with 5% of respondents unlikely or extremely unlikely to recommend it.</p> <p>In its analysis of results for the FFT between May and October 2018, the practice noted that seven patients over two months had said they were extremely unlikely to recommend the practice; however, the practice noted that none of the patients had chosen to leave a free text comment so the reasoning for the negative feedback was unknown.</p>

Any additional evidence
<p>Tower Hamlets GP Care Group (a federation of all general practices in Tower Hamlets) had taken responsibility for carrying out a patient survey for the practice, the results of which were not yet available.</p> <p>We saw 12 written compliments which had been received by the practice in 2018. Patients fed back that they were happy with the practice and commented on the caring and supportive reception staff and the high standard of care provided by the GPs and practice nurse. We saw that patient feedback was reviewed and discussed in staff meetings.</p> <p>The practice showed us a copy of an 'End of Life Care' survey, produced by the CCG, which they were going to send to known carers and next of kin of patients who have passed away at home or in a care home, in order to assess the quality of care provided to these patients.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comment cards	Many patients commented that the GPs sought their opinion and listened to them.
Interviews with patients	Three of the four patients we spoke to said they always felt involved in their care, and that options are explained to them; one patient told us they were not offered treatment options.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	91.3%	90.6%	93.5%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.</p>				

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	75 carers identified (1.6% of the practice population)
How the practice supports carers	The practice held a register of carers and an alert would appear for clinical and non-clinical staff to advise when a patient was a carer. Annual influenza vaccines were offered to all carers.
How the practice supports recently bereaved patients	The practice sends a sympathy card to the family and one of the GPs telephones the family to express condolences and offers support or an appointment. If the patient wishes, a referral to the local bereavement support service can be made.

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>Staff told us they always lock their computer screens and ensure that prescriptions and any other patient information is not visible in the reception area.</p> <p>There was a sign up near the reception desk advising patients they can be taken to a private room to discuss confidential or sensitive issues.</p> <p>All staff had completed information governance training.</p> <p>All paper records were kept in locked filing cabinets. Any paper correspondence received by reception was scanned on the relevant patient's record, kept locked for 12 months, and then shredded.</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
CQC comment cards	Four of the patients specifically commented that staff treat everyone with respect.
Interviews with patients	Patients told us that staff treat them with dignity and respect and the reception team respects patient privacy.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday, Tuesday, Wednesday, Friday	8am to 8pm
Thursday	8am to 1pm

Face to face appointments	
Monday	8am to 12pm and 2pm to 7.30pm
Tuesday	8am to 12pm, 2pm to 5pm and 5.30pm to 7.30pm
Wednesday	8am to 12pm and 1pm to 7.30pm
Thursday	8am to 12pm
Friday	8am to 2pm and 4.30pm to 7.30pm
Telephone consultations and home visits	
Monday, Tuesday, Wednesday, Friday	8am to 8pm
Thursday	8am to 1pm

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	
Home visits were available Monday to Friday during opening hours. Reception/administrative staff add requests for home visits to the system with details of the patient complaint; these are then reviewed by the GPs who will contact the patient to assess the urgency and arrange a home visit or an appropriate appointment dependent on need. If necessary, GPs will call emergency services to attend to the patient.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4819	409	70	17.1%	1.45%

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)	97.3%	92.0%	94.8%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
Any additional evidence or comments				
The practice's GP patient survey results were in line with local and national averages for questions relating to responding to patients' needs.				

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)	88.8%	71.0%	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)	80.6%	65.0%	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)	75.5%	63.3%	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)	68.6%	67.7%	74.4%	Comparable with other practices
Any additional evidence or comments				
The practice's GP patient survey results were above or in line with local and national averages for questions relating to access to care and treatment.				

Examples of feedback received from patients:

Source	Feedback
NHS Choices website	The two comments received over the last 12 months on the NHS Choices website commented on access to appointments; one described the service as prompt, and one stated that obtaining an appointment when you wanted could be difficult.
CQC comment cards	Some patients commented that it could be hard to get an appointment, however the majority of the comments were positive about access. Patients described short waiting times and some said they like the electronic consultation and triage system.
Interviews with patients	Two of the four patients we spoke said appointments were fine, but two reported that there could be delays as it is a busy practice.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	6
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional evidence and examples of complaints handling:	
<p>The complaints policy and procedure were in line with recognised guidance. Information about how to make a complaint was available in reception and on the practice website.</p> <p>Complaints were dealt with in an appropriate way and were discussed in meetings. We saw evidence that the provider was aware of the duty of candour and apologised to patients when appropriate.</p> <p>Complaint 1 – patient complaint about not being provided a same day appointment with a specific GP. Complaint was acknowledged promptly, an apology was given, and an explanation was provided to the patient about the availability of particular GPs when requesting urgent appointments.</p> <p>Complaint 2 – patient complaint about referrals and practice staff, complaint acknowledged and responded to. Learning identified and discussed in staff meetings about how to deal with aggressive patients and informing patients of the practice’s zero tolerance policy if required.</p>	

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated or not demonstrated by the practice

Annual appraisals were completed for staff which identified learning and training needs, except for the practice manager who had not had any appraisals.

The partner GPs had informal case discussions with the long-term locum GP, however there was no formalised system to monitor or peer-review the locum GP's clinical work, for example through documented consultation reviews and feedback.

The practice manager explained that due to staff's fragmented working patterns, it could be challenging to hold regular all staff meetings. Staff used email communications and informal discussions alongside formal meetings. We saw minutes of clinical and staff meetings, which documented the areas of discussion and any actions to be taken. There was discussion of significant events, patient feedback, staffing and operational issues, safety alerts and case review analysis.

Vision and strategy

Practice Vision and values

The practice's vision: *"To provide high quality personal NHS health care and contribute to local and national initiatives to improve overall health status of the local population."*

The practice's values are:

- To treat patients and their family holistically;
- To promote evidence based healthcare;
- To provide convenient access times to all patients.

Culture

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

We saw evidence from meeting minutes that significant events, patient feedback and changes to the practice were discussed by staff.

Practice staff met with the patient participation group (PPG) regularly to discuss the practice and any changes or improvements.

The practice had specific policies in place to support staff, including a whistleblowing policy, a disciplinary policy, a grievance policy, a violent and aggressive patients policy, a panic alarm protocol, and an equality and diversity policy.

The practice enabled and encouraged staff to develop their skills and learning. For example, the practice was supporting the practice nurse to complete specific training courses to qualify as an advanced nurse practitioner, and had enabled a member of reception/administration staff to complete a phlebotomy training course.

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

Source	Feedback
Staff interviews	Staff told us that practice staff work well as a team and are supported by leaders and management.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Policies were in place, were specific to the practice, and were accessible to staff on the shared computer drive.
Other examples	We saw that clinical and staff meetings took place which were minuted.
	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
Health and safety hazards	Health and safety risk assessment completed
Infection control	Internal and external infection control audits completed
Fire safety	Fire risk assessment completed, extinguisher checks, fire drills and fire alarm tests completed and documented

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes
Any additional evidence	
We saw that the practice had recently submitted a statutory notification to the CQC as required.	

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback

The PPG met every three months with the GP partners, practice manager and reception/administrative staff and was involved in the development of the practice. Meeting minutes demonstrated that staff advised the PPG about proposed changes or updates for the practice and sought feedback and suggestions from the PPG.

Continuous improvement and innovation

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

Audit area	Improvement
Medicines optimisation and polypharmacy audit	Two cycle audit completed in October 2017 and March 2018 reviewing a sample of patients who were prescribed 10 or more regular repeat medicines to ensure appropriate prescribing. The audit results identified that all patients were having regular reviews and, in fact, due to the age and multiple morbidities of these patients, the practice was reviewing them more frequently than the practice policy required (which specified review every six months). No action was required in terms of the appropriateness of the prescribing.
Pain audit	Two cycle audit completed in October 2017 and March 2018 reviewing whether pain management was effective. The audit results demonstrated that patients were appropriately prescribed pain relief medicines and had regular clinical reviews. The audit also specifically reviewed patients prescribed Pregabalin and Gabapentin to ensure the appropriateness of the prescribing. The practice identified learning points including the importance of documenting the indication for treatment of all patients prescribed Pregabalin or Gabapentin.

Any additional evidence

The practice attended a Network Integrated Services performance meeting each month with the four other GP practices in its network in order to review their performance and plan which targets needed to be worked on. We saw meeting minutes which demonstrated that practice performance was reviewed and discussed, and actions to improve performance were identified.

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](#)).