

# Care Quality Commission

## Inspection Evidence Table

### Connaught Surgery (1-5084754449)

Inspection date: 26/09/2018

Date of data download: 21 September 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 26/06/18
There was a record of equipment calibration Date of last calibration:	Yes 16/11/17
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 marshals	Yes
Fire risk assessment Date of completion	20/01/18
Actions were identified and completed: No action required.	Yes
Additional observations: We saw evidence that the practice carried out PAT testing, Calibration of equipment and risk assessments on an annual basis. Any actions which were identified would be completed and followed up by the management.	
<b>Health and safety</b> Premises/security risk assessment?  Date of last assessment:	Yes- see additional comments below  28/09/18
Health and safety risk assessment and actions  Date of last assessment:	Yes- see additional comments below  28/09/18
Additional comments:  On the day of the inspection we were presented with a health and safety and premises/security risk assessment which was carried out in June 2018. However, when we questioned staff regarding the some of the information recorded they were unable to provide us with an adequate explanation. For example, the risk assessment stated that there was a written action plan for the 'top six risks'. We asked what this was and asked to see this plan but the practice was unable to provide us with evidence of this. In addition, there was a section regarding medical and pressurised gases which contained a tick in both the 'yes' box and the 'N/A box', and the practice was again unable to provide a reasonable explanation	

for this. We were therefore not satisfied that a full and proper risk assessment had been carried out. Two days after the inspection, the practice provided us with confirming evidence that a new risk assessment had been carried out, which identified areas for improvement along with an action plan. For example, it identified that new staff had not undertaken manual handling training and the action plan required them to carry this out within the next month. In addition, weekly and monthly water temperature testing for legionella bacterium was not being documented, and we were provided with a newly implemented legionella log which showed that this was now being appropriately recorded.

Infection control	Y/N
<p>Risk assessment and policy in place  Date of last infection control audit:  The practice acted on any issues identified</p> <p>Detail:</p> <p>We saw evidence that the practice nurse and practice manager had recently carried out an infection prevention and control (IPC) audit with no significant concerns identified; areas of improvement identified in the audit had been actioned. For example, cotton swabs were found in the sharps bin, and all clinicians had been reminded to only dispose of sharps waste in these bins. Another example was that the practice identified the need for a hand hygiene poster and alcohol hand gel for patients in the waiting area.</p> <p>On the day of the inspection we had no significant concerns regarding the IPC at the practice. The practice maintained a log to confirm that medical equipment was cleaned regularly and maintained according to manufacturers' instructions. The premises were clean and tidy; we saw cleaning was carried out in accordance with written schedules and logs were maintained.</p>	<p>Yes  17/09/18  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>We saw comprehensive policies and procedures for control of infection and managing waste and clinical specimens; staff demonstrated good knowledge of these.</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>The practice told us that non-clinical staff had not undertaken any sepsis training but were competent in recognising the key symptoms which would help them identify a deteriorating or acutely unwell patient in the waiting area.</p> <p>We also interviewed some members of the non-clinical staff and confirmed that they knew how to identify a deteriorating or acutely unwell patient.</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>Patient records were assessed to be of a good standard, and included all relevant information.</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)	0.77	0.81	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)	6.3%	10.5%	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 – but see comments below
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.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes

The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes- but see comments below

Explanation of any answers:

**Prescriptions**

We reviewed the practice’s uncollected prescription box and found that there were 100 prescriptions that were awaiting collection, 15 of which had been issued between January – July 2018. These 15 prescriptions related to high risk medicines and medicines for long-term conditions. The practice told us that these prescriptions were duplicates and that the originals had been sent to the pharmacy. We reviewed the practice’s database and saw that within the patient records for these 15 patients there were notes confirming that the pharmacy had dispensed the medication.

Immediately after the inspection, the practice provided us with evidence of a new policy which stated that the uncollected prescription box was to be reviewed at the end of each month, and any prescriptions issued more than 28 days ago would be given to the prescribing clinician for review and/or destruction.

**Vaccine Refrigerator**

On the day of the inspection we found that all the vaccines were in date and that there was an adequate rotation system in place ensuring that the vaccines with the shortest expiry dates were placed at the front of the refrigerator. However, we noted that the refrigerator was over stocked, with vaccine boxes touching the sides and top of the refrigerator. We informed the management that this is not good practice according to national guidelines as this can restrict airflow within the refrigerator and impact the temperature. The practice acknowledged this and immediately after the inspection provided us with photographic evidence showing that the vaccine refrigerator had been re-arranged and the excess vaccines had been removed and placed within a second vaccine refrigerator.

**High Risk Medicines**

We reviewed care records for 17 patients who were prescribed with high risk medication (for example Patients prescribed with warfarin, methotrexate, azathioprine and lithium). We found that the records were of a good standard and there was evidence of appropriate monitoring and clinical reviews.

## 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	7

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

Event	Specific action taken
A carer for a vulnerable patient called the surgery and requested a home visit. The carer did not receive a response and called the practice again enquiring why doctor had not visited.	Upon review it was identified by the practice that the reception staff had not informed the duty doctor of this request. When the carer called the practice a second time a home visit was arranged immediately for later that day.  This event was discussed at a staff meeting and all receptionists were reminded of the importance of documenting home visit requests and ensuring that the duty doctor is informed of the same.
Practice was informed by patient that they were suffering from domestic violence.	The practice made a prompt referral to the local authority and police and followed the matter up to ensure action was being taken. This was documented and discussed at a practice meeting.

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>The practice manager had a system in place to review all safety alerts and cascade them to the appropriate members of staff.</p> <p>We saw that a recent drug alert was recorded in respect of prescribing sodium valproate to pregnant women. This is a medicine used primarily to treat epilepsy and bipolar disorder and to prevent migraine headaches, but which exposes children in the womb to a high risk of serious developmental disorders and/or congenital malformations. A patient record search was carried out and appropriate action was taken with patients to discuss the risks associated with taking this medication whilst pregnant.</p>	

## Effective

At the time of the inspection the latest published Quality Outcomes Framework (QOF) data related to 2016/17 and this is reflected in any QOF data that appears in the tables below.

Approximately one month after the inspection date the QOF data for 2017/18 was published.

However, Connaught Surgery registered in its current location in May 2018. This means that Quality Outcomes (QOF) data for 2016/17 and 2017/18 related to performance under the previous registration.

On the day of the inspection, we also reviewed unverified and unpublished QOF data provided by the practice between April 2018 and September 2018 (the period which the current provider was registered at this location). Comparisons with local and national averages were not available for this data at the time of the inspection. However, we did not identify any significant concerns with their current QOF performance in the data available.

### 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)	0.34	0.63	0.83	Variation (positive)

### People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	74.9%	73.6%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (6)	8.6%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017)	81.4%	75.6%	78.1%	Comparable with other practices



(QOF)				
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0.8% (3)	5.9%	9.3%	

<b>Indicator</b>	<b>Practice performance</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	79.9%	76.9%	80.1%	Comparable with other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	4.0% (15)	8.5%	13.3%	

<b>Other long term conditions</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	79.5%	77.0%	76.4%	Comparable with other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	1.8% (3)	2.2%	7.7%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	77.8%	90.2%	90.4%	Comparable with other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	4.5% (3)	5.0%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	85.1%	81.1%	83.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (6)	2.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	84.9%	86.3%	88.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (2)	9.7%	8.2%	

## 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)	65	65	100.0%	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)	64	75	85.3%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	60	75	80.0%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	64	75	85.3%	Below 90% minimum (variation negative)
<b>Any additional evidence or comments</b>				
<p>The practice informed us that they were aware that under its previous registration the uptake for childhood immunisation was below the 90% target in some indicators.</p> <p>The practice showed us unverified and unpublished data which indicated that in 2017/2018 the uptake for childhood immunisation for all three indicators for children aged two had increase to 93%. After the inspection this data was confirmed and published by NHS England.</p> <p>We were provided with evidence demonstrating that the practice telephoned and wrote to non-attenders and clinicians offered these vaccines opportunistically when patients attended the surgery for other matters.</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)	70.9%	69.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.2%	67.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	55.6%	49.4%	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)	68.8%	77.8%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	50.0%	50.8%	51.6%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <p>The practice was aware that under the previous registration it had not met the 80% uptake target for cervical screening.</p> <p>The practice informed us that it had experienced cultural barriers with some population groups who expressed reluctance to engage with the cervical screening programme. The practice told us that it ran regular reports to identify patients that were due for cervical screening tests. These patients would then be sent a letter from the practice inviting them for a cervical screening test; if the patient did not respond they would be sent further reminder letters.</p>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.2%	90.2%	90.3%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.6%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.7%	90.6%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.1%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.8%	84.8%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.7% (2)	4.8%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	537	532	539
Overall QOF exception reporting (all domains)	2.3%	4.5%	5.7%

### Coordinating care and treatment

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

### Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose	97.7%	96.4%	95.3%	Comparable with other practices

notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)				
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0.4% (4)	0.4%	0.8%	

## Consent to care and treatment

<b>Description of how the practice monitors that consent is sought appropriately</b>
<p>Policies and protocols were in place at the practice to ensure there was a standardised approach to obtaining consent.</p> <p>The practice had recently implemented a SMS text alert service. This service was used to communicate treatment plans, normal test results and signposting to NHS website for further information about medical conditions and treatments. We saw that patients were required to give their informed consent before the practice communicated with them via SMS.</p> <p>Clinical staff demonstrated good knowledge of the Mental Capacity Act.</p> <p>We saw evidence that clinical staff were competent in identifying consent issues and understood the general principles of Gillick competencies and Fraser guidelines.</p>

## Caring

### Kindness, respect and compassion

<b>CQC comments cards</b>	
Total comments cards received	27
Number of CQC comments received which were positive about the service	27
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

<b>Source</b>	<b>Feedback</b>
CQC Comments Cards	Patients commented that staff provide a helpful and friendly service and always treat them with compassion, respect and kindness.
Interviews with members of the Patient Participation Group (PPG)	Members of the PPG commented that both clinical and non-clinical staff treated them with the highest standard of care, respect and kindness.

## 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
5063	267	103	38.6%	2.03%

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)	84.9%	84.4%	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)	76.1%	82.4%	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)	90.2%	93.1%	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)	75.1%	77.7%	83.8%	Comparable with other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes
Additional information: We were told that a survey was currently being carried out asking patients to comment on their experience with newly appointed clinicians.	

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with members of the PPG.	Members of the PPG commented that they were always involved in the decisions about their care and treatment. They told us that clinical staff, where possible, would give them a choice of treatments to choose from to help treat their conditions.

## 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)	91.1%	88.9%	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	57 Carers, 1% of the patient population.
How the practice supports carers	Annual influenza vaccination NHS Health Checks Carers were signposted to a local carers organisation.
How the practice supports recently bereaved patients	The practice told us that they sent out condolence cards to recently bereaved patients and offered them an appointment with a GP.



## 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	We were told that when a patient wished to discuss a matter in private, staff was aware that they could take the patient to a private room for the discussion.

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
<b>CQC Comment cards</b>	Staff are kind and caring and respect patients' privacy and dignity.
<b>Patient interviews</b>	<b>Reception staff and doctors and nurses always respect privacy and dignity.</b>

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 6.30pm
Tuesday	8am – 8.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Appointments available	
Monday	9.00am-5.30pm
Tuesday	9.00am-8.30pm
Wednesday	9.00am-5pm
Thursday	9.00am-5pm
Friday	9.30am-5.30pm

Extended hours opening	
Tuesday	6.30pm- 8.30pm
Extended hours GP hubs provided by the local clinical commissioning group.	6.30pm-8pm (Weekdays) 8am-8pm (Weekends)

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
<p>We were told that when patients called the surgery requesting a home visit, staff would record as much information as possible for the request on the online appointment system. This would then allow the duty doctor to consider the urgency of and prioritise the home visits.</p> <p>The practice also had a list of patients who required home visits due to the nature of their problem or because of their specific needs.</p>	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5063	267	103	38.6%	2.03%

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)	89.0%	91.9%	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)	79.5%	60.2%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	66.1%	62.6%	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)	50.6%	62.6%	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)	59.3%	68.3%	74.4%	Comparable with other practices

### **Additional Information**

The practice told us that the GP patient survey results were carried out at a time when the practice was registered under the previous provider. However, it was still concerned with some of the low scores and as a result the management team had discussed how they were going to improve the scores.

### **The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times.**

The practice informed us that many of its patients booked appointments to follow up on referrals, seek readily available clinical information and obtain test results. The practice told us that much of this information could be passed onto the patient without having to see them in person. To address this the practice had recently put in place an SMS text alert service. This allowed clinicians to update patients regarding their referrals; share their treatment plans; forward website links to readily available clinical information; and inform patients of normal test results. The practice told us that with this SMS service now in place there should be more appointments available to patients which should improve this score.

### **The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered.**

The practice informed us that some long-standing doctors and nurses had left the practice earlier in the year. As a result, many patients had expressed dissatisfaction with seeing newly recruited clinicians. The practice informed us that it had hired the new clinicians on a long-term basis which would provide continuity of care and improve this score. The practice told us that it is currently carrying out a survey asking its patients to comment on their experiences with the newly appointed clinicians, the results of which will help the practice understand how to address this area better.

Examples of feedback received from patients:

<b>Source</b>	<b>Feedback</b>
Patient Interviews	Patients commented that they could get an appointment with a doctor or an alternative clinician when they need one, usually on the same day or day after.

### **Listening and learning from complaints received**

<b>Complaints</b>	<b>Y/N</b>
Number of complaints received in the last year.	4
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	

Complaints we reviewed had been handled in timely manner. We were told that GP Partners investigated complaints related to clinical matters and the practice manager dealt with non-clinical matters. Duty of candour was demonstrated in the complaints that we reviewed. We noted that if there was any learning it would be shared amongst all staff, via staff meetings.

# Well-led

## Leadership capacity and capability

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

There was a designated lead for each clinical and non-clinical area. For example, there were leads for safeguarding, clinical governance, complaints, performance monitoring, administrative staff and infection control.

The practice held clinical and non-clinical meetings regularly. We saw that all meetings were appropriately minuted and actions were logged, monitored and feedback was sought and noted.

We saw evidence of the management interacting with its staff and keeping them informed of changes and current issues via email and meetings.

## Vision and strategy

### Practice Vision and values

We were told that the vision and values of the practice included:

- To enhance the health, wellbeing and lives of patients by providing high quality, holistic, accessible integrated care in a safe, responsive and courteous manner.
- To focus on continuity of care.
- To regularly monitor and audit the services provided to ensure they are effective, accountable, sustainable and continually improving.
- To maintain an ethos of transparency and honesty with patients and their carers.

## Culture

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

We were told that the practice promoted a caring and learning orientated culture.

Staff told us they felt well supported and listened to by the management. Staff also told us that if they had any concerns they would raise them during meetings and/or directly with management.

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

Source	Feedback
Staff interviews.	We spoke with several members of staff during the inspection. All stated that they felt well supported and that they had access to equipment, tools and training necessary to enable them to perform their roles well. We were told that staff were given protected time to enable them to undertake training and carry out non-clinical duties. Staff reported that there were good, effective working relationships between managers and staff and clinical and non-clinical staff.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a suite of practice specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed by the management team.
	<b>Y/N</b>
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
Medical Emergencies	Staff had training in basic life support. Emergency medicines and equipment were in place, these were checked regularly and trained staff knew how to use them.
Significant events and complaints	Complaints and significant events that we reviewed were appropriately acknowledged, investigated and responded to in a timely manner. Learning was shared amongst all staff members (minutes of meetings seen).
Infection prevention control	Staff had training in infection prevention and control, and the practice carried out annual infection prevention and control audits. The practice acted on any areas identified for improvement or rectification within the audits.

## Appropriate and accurate information

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

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

## Feedback

The practice had an active Patient Participation Group (PPG) with 12 members. Practice performance, complaints, national and internal survey results would all be discussed at these meetings.

The group told us that it would meet with the practice management once every three months and it was proactive in providing suggestions to help the practice to improve. For example, the PPG members told us that it had recently requested that the practice to remove all out of date posters and notices across the practice and place all notices on a single notice board.

## Continuous improvement and innovation

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

### Audit area and Improvement

The provider had carried out two audits since registering at the practice in May 2018. Both audits were in relation to patients prescribed with high risk medicines which required regular blood tests. The audit results indicated that out 27 patients one patient was overdue a blood test.

The practice informed us that they intended to carry out 2-cycle clinical audits over the course of the next six months. These would be repeat audits of the two above-mentioned audits in relation to high risk medicines.

### 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:



**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](#)).