

Care Quality Commission

Inspection Evidence Table

3Well Ltd - Botolph Bridge (1-498344745)

Inspection date: 15 November 2018

Date of data download: 09 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:	

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
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test: 21 February 2018</p>	Yes
<p>There was a record of equipment calibration</p> <p>Date of last calibration: 19 June 2018</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs</p>	Yes
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	Yes
<p>Fire risk assessment</p> <p>Date of completion 17 January 2018</p>	Yes
<p>Actions were identified and completed.</p> <p>For example, items stored under the stairwell were removed.</p>	Yes
<p>Additional observations:</p> <p>The practice was tidy and uncluttered. There was good signage throughout.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: October 2018</p>	Yes
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment: October 2018</p>	Yes
<p>Additional comments:</p> <p>The property is managed by the NHS Property Services, the practice held regular meetings to ensure they had clear oversight of maintenance and any actions identified. For example, regular water temperature testing.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 25 October 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>IPC was a standing item on the agenda for nurse's meetings. We saw from minutes of a meeting on October 2018, a discussion in relation to the management of patients who may have infectious diseases such as foot and mouth took place.</p> <p>The audit identified that new waste bins were required in some rooms.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>There were clear systems for managing clinical waste and it stored appropriately.</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
Explanation of any answers: Reception staff had received care navigation training and were knowledgeable about care of patients whose health may be deteriorating or who may need urgent help.	

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
Explanation of any answers: The practice undertook regular audits to ensure test results and communication workflows were managed in a timely manner.	

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)	0.97	1.02	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	10.5%	12.4%	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. We reviewed the practice computer searches and records we saw showed that patients were monitored appropriately. The practice had a proactive approach to identifying these patients and ensuring they were informed before their monitoring became overdue.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	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

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.	24
Number of events that required action	24

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

Event	Specific action taken
Patient had received incorrect medication from a local pharmacy.	Although not a direct error by the practice, the management team discussed the event. Investigations included input from the CCG and local hospital. As a result of this work the system-wide process was changed and the medicine concerned can only be prescribed by secondary care. The whole practice discussed the event to ensure the patient and family received any support they needed in a timely manner.
Lost prescription for pain medicine	A prescription had been raised but could not be located at either the practice or the pharmacy. As a result, the practice introduced a new system that recorded all prescriptions for medicines that maybe addictive to be signed for by the collecting pharmacy.
Report not available for child protection conference	The practice investigated this and could not find that any request for a report had been received. To ensure this would not happen in the future the practice agreed and shared with the local team the email address for the practice secretaries and the request would be actioned by the clinical safeguarding lead at the practice.

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: A comprehensive log sheet was maintained and we saw from minutes of meetings that staff regularly discussed safety alerts.</p> <p>We reviewed three alerts, for example an alert in relation to the supply of an injection to be used in the case of an allergic reaction and saw, where appropriate, patients were contacted and followed up.</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)	0.53	0.91	0.83	Comparable with other practices

We note that the practice performance for prescribing of hypnotics is below the CCG and national average.

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)	71.3%	80.4%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.3% (25)	15.7%	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)	56.7%	74.5%	77.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.5% (31)	11.9%	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)	75.2%	79.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.0% (43)	15.5%	13.5%	

We note that the practice overall QOF performance in relation to diabetes indicators had increased from 57% in 2016/2017 to 80% in 2017/2018 (this is 12% below the CCG and national average). The practice exception reporting was in line with the CCG and national average. Since 2016/2017 the practice had increased the clinical staff available to manage the annual reviews and this was reflected in their increased performance for 2017/2018. They had been successful in recruiting and retaining practice nurses and were working with the diabetes specialist nurses employed by the CCG to ensure all patients were reviewed. The practice was supporting a nurse to further their training in the management of diabetes. Clear systems and process including the role of reception to ensure patients were called in a timely manner had been implemented. The practice shared their current year figures (2018/2019 unverified data) this indicated that the practice was on track to further improve on their performance

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)	74.1%	76.1%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (10)	7.9%	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	90.7%	90.7%	89.7%	Comparable with other practices

months (01/04/2017 to 31/03/2018) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (5)	13.6%	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)	78.2%	82.2%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (36)	4.7%	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)	89.3%	90.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.2% (5)	7.6%	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)	87	92	94.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	115	120	95.8%	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) (01/04/2017 to 31/03/2018) (NHS England)	114	120	95.0%	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) (01/04/2017 to 31/03/2018) (NHS England)	114	120	95.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

The practice nursing team were proactive in contacting any parent/guardian who required advice in relation to vaccination programmes. At the immunisation clinics, two practice nurses worked together to improve the safety and experience for the patients and their parent/guardian.

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)	71.1%	71.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.1%	74.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	49.9%	56.9%	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)	64.7%	63.2%	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)	66.7%	59.7%	51.6%	Comparable with other practices
Any additional evidence or comments The practice was proactive in encouraging patients to attend their cancer screening appointment and practice nurses spoke to any patients who had concerns or wanted more information.				

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)	94.9%	91.1%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (5)	13.1%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.5%	89.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (4)	11.7%	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)	78.6%	85.0%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (1)	6.6%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	534	-	-
Overall QOF exception reporting (all domains)	5.3%	6.6%	5.8%

The practice overall performance for the QOF 2017/2018 was 96%, this was in line with the CCG and national average.

In addition to the clinical staff the practice had been successful in recruiting and they had recruited two new non-clinical staff to monitor and manage the practice quality programme. Clear plans were agreed with the clinical and management team to ensure patients were proactively contacted and reviewed.

The practice told us the system ensured the workload was spread throughout the year for example in November 2017 the QOF score was 315 points of the 545 available and in November 2018 this had risen to 358 points out of the 545 available.

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)	96.6%	95.2%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (8)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was obtained appropriately and records we saw confirmed this. Practice staff were aware of the mental capacity act and how to ensure appropriate consent if needed.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	Three
Number of CQC comments received which were positive about the service	Three
Number of comments cards received which were mixed about the service	None
Number of CQC comments received which were negative about the service	None

Examples of feedback received:

Source	Feedback
NHS Choices	Since our last inspection eight comments had been posted. These comments were mixed about care and treatment; for example, a comment relating to rude receptionist staff but also comments stating how helpful staff had been.
Patients	We spoke with three patients who were all positive about the kindness of the staff. All reflected that the practice had really improved through the past 12 months.
Comment cards	All cards reflected positive caring shown by staff.

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
7042	373	105	28.20%	1.49%

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	83.9%	90.5%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
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)	83.8%	89.1%	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)	88.5%	96.3%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	62.2%	85.5%	83.8%	Variation (negative)

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

Date of exercise	Summary of results
October 2018	<p>The practice had been aware of the lower results shown in the 2017 GP patient survey and had made improvements and raised staff awareness. The results from the 2018 GP patient survey showed patient satisfaction had increased.</p> <p>With support from the PPG, the practice undertook in house surveys in September and October 2018 and the results showed that patient satisfaction had further increased. For example, 100% of patients report they have confidence in the health care professional they had seen, 100% of patients reported their health care needs had been met and 85% of patients reported that the receptionists had been helpful.</p> <p>Since January 2018 the practice had sent texts to patients one hour after their appointment to ask if they would recommend the surgery to family and friends. The trend has been a gradual increase from an average of 59% in March 2018 to 66% in August 2018 and increased to 67% in October 2018.</p>

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
NHS choices	Since our last inspection, eight comments had been posted. These comments were mixed about care and treatment; for example, there were positive comments relating to the nursing team and some negative comments about GPs.
Interviews with patients.	The patients we spoke with all gave positive feedback about the care and treatment they had received. They all reflected that since the practice had been able to recruit a GP, advance nurse practitioner and practice nurses they found they could have better continuity of care.
Comment cards	The comment cards we received were positive about the care and treatment provided by the practice.

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)	90.4%	94.5%	93.5%	Comparable with other practices
Any additional evidence or comments				

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	102 patients had been recognised as carers, this was approximately 1.5% of the practice population.
How the practice supports carers	A member of the reception team had taken a lead role and was ensuring that patients had easy access to information to enable them to receive additional support. The carers trust, supported by the management team, ran coffee mornings in the practice each month.
How the practice supports recently bereaved patients	The GPs would contact bereaved patients and families and would arrange appointments or appointments at times convenient to them.

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	The practice staff maintained confidentiality at the front desk. Patients were asked to wait away from the desk if a patient was being attended to.

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
Staff	We were told of examples when they had used a separate room for patients who wanted to discuss something privately or who were distressed and finding waiting in the main area difficult.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	7.30am to 7pm
Tuesday	7.30am to 6.30pm
Wednesday	7.30am to 7.00pm
Thursday	7.30am to 6.30pm
Friday	7.30am to 6.30pm

Appointments available	
Extended hours opening	
Monday and Wednesday evening to 7pm and Saturday morning appointments were available 8.30am to 12.30pm	

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	
The reception staff would record the request for a home visit. GPs would review these and visit if appropriate.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7042	373	105	28.20%	1.49%

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)	90.7%	95.5%	94.8%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
Any additional evidence or comments The in-house survey undertaken by the practice showed this had improved to 100% of patients reported that their needs had been met. The in-house survey was based on 100 responses during October 2018.				

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)	40.9%	75.1%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	54.3%	73.9%	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)	59.0%	69.2%	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)	65.0%	79.6%	74.4%	Comparable with other practices
Any additional evidence or comments <p>The data collection for this survey was at a time when the surgery was struggling with a poor telephone system and using solely locum GPs. Since then a new telephone system was installed in February 2018 and the number of complaints relating to the telephone system had decreased. The practice had also, with the input from the PPG, designed the press button options for callers enabling the secretarial and administrators to take more direct calls giving the receptionist more time to respond to patients who were requesting appointments.</p> <p>The practice in house survey undertaken October 2018 showed 73% of patients had found it 'very easy' or 'easy' to get through on the telephone. This was based on 100 responses.</p> <p>In addition, the practice had been proactive in encouraging patients to use the online services. In 2017 under 200 patients were registered for online services, this has increased to over 1,200 in 2018. Over 60% of the patients who request repeat medicines were registered for online services. Since January 2018, the practice sent text messages to patients one hour after their appointment to ask if they would recommend the surgery to family and friends. The trend has been a gradual increase from an average of</p>				

Indicator	Practice	CCG average	England average	England comparison
59% in March 2018 to 66% in August 2018 and increased to 67% in October 2018 of patient who were extremely likely or likely to recommend the practice to family and friends.				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>Since our last inspection there had been eight comments posted on the NHS web site. Six were negative including poor comments about access, two were positive and reflected the improvements seen in the past year.</p> <p>Patients we spoke with told us they found the telephone system had improved access over the few months. They told us they could get appointments both pre-bookable and those for on the day.</p>
Patients and PPG members, we spoke with	

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	21
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 practice had seen a reduction in the number of complaints they had received. From October 2016 to September 2017 the practice had received 46 complaints. The practice told us they recognised the reduction in complaints was a result of the new telephone system, increased management capacity and employed clinical staff (the practice had been working with only the provider GP and locum staff).	

Example of how quality has improved in response to complaints
Following a complaint from a patient, the practice reviewed the record keeping of the clinical staff member, it was recognised that this needed to be improved as the information recorded did not provide sufficient information. The issue was discussed with the person concerned and the learning shared with all staff.
Many complaints in relation to the telephone system. The practice recognised the system in place was no longer fit for purpose and supported a new system to be installed. Since this had been installed the number of complaints had reduced.

Well-led

Leadership capacity and capability

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

Since our previous the practice had been successful in recruiting and retaining staff members including a salaried GP, an advance nurse practitioner, practice nurses and clinical pharmacists. The management team had sustained and made further improvements. The management team had used a wider skill mix, including non-clinical staff, to ensure safe and consistent care of patients. The team had implemented their action plan and monitored the improvements to ensure they were successful.

The practice recognised that joint working and developing a close relationship with the pharmacy that was situated next door would enhance the care and safety for patients. The practice regularly met with the manager and joint working was formed. For example, to enhance the opportunity for patients but mitigate the competition for the delivery of flu immunisations, the practice and the pharmacy agreed to work together.

Vision and strategy

Practice Vision and values

The practice web and staff we spoke with stated they believed in whole person care. The practice mission statement was:

- Together we seek to give whole person care that is constantly getting better. This was known by and agreed all staff and displayed in all rooms.

Culture

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

The practice had demonstrated commitment and dedication through their improvement programme. The practice showed through discussions with staff and minutes of meetings that they engaged in discussion and plans to ensure safe and effective care were available and would be sustained for patients. From conversations with staff and from minutes of meetings the practice demonstrated an improved open and no blame culture.

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

Source	Feedback
Practice staff	Practice staff we spoke with told us the team was open and honest and supportive. They told us the improvement journey they had been on had been hard but they told us they felt the whole team worked in a cohesive manner and the achievements were shared by all.
	The practice had supported staff meetings, staff we spoke with told us they had found these positive and did review the minutes if they had not been able to attend.

	They practice supported a monthly evening meeting where the management team and clinical staff met. The practice provided refreshments and staff were able to discuss cases, new topics and have outside speakers join the meeting.
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Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Practice specific policies were easily available to staff via the electronic system. Staff we spoke with told us they were able to access these and were made aware of when there were updates.
Other examples	Safeguarding children and adults, policies reviewed January 2018. Recruitment reviewed July 2017.
	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
Unable to meet the demand of patients	The practice had been successful in recruiting and retaining a wider skill mix including practice pharmacists and nurses. This gave the resources to have more appointments available offering continuity of care. The workload in the practice had been reviewed and non-clinical staff trained to support this for example patient communication.
Risk to patients of medicines that are not usually prescribe in general practice	Following an incident of a nearby pharmacy the practice worked with the pharmacy, CCG and local hospital; this resulted in guidelines being reviewed and this medicine will only be prescribed and issued by secondary care.

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
Members of the PPG we spoke with were positive in their feedback about the changes that the practice had made within the past 12 months. They reflected that the employment of additional staff including a salaried GP, clinical pharmacist, advance nurse practitioner and practice nurses had resulted in positive patient experience.
They reflected and staff commented too that the atmosphere within the practice was calm and professional.
The PPG told us they felt they were a group with a voice and were listened too.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years. The practice undertook a programme of audits both clinical and non-clinical to ensure they offered safe and effective services. These included case assessments of GP and advance practitioner consultations, and management of test results. They used audit to monitor improvements to ensure they were effective.

Audit area	Improvement
Treatment of patients with type 2 diabetes (pioglitazone prescribing).	This audit was undertaken in September 2017 and August 2018. The audit showed that the practice was managing this with a 100% performance against the standards. It was also noted that one patient had benefited by a switch of medicines due to increased risk of leg amputation.
Diabetic patients with renal impairment on Metformin	This audit was undertaken in August 2017 and August 2018. This showed that 100% of patients attended their regular blood test. This was an improvement of 30% from the first audit cycle.

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 practice's 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](#)).