

Care Quality Commission

Inspection Evidence Table

Danbury Medical Practice (1-2822396194)

Inspection date: 30 October 2018

Date of data download: 14 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.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y September 2018
There was a record of equipment calibration Date of last calibration:	Y April 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y April 2018
Actions were identified and completed.	Y
Additional observations: All safety equipment and checks were well managed and documented.	
Health and safety Premises/security risk assessment? Date of last assessment:	Y May 2018
Health and safety risk assessment and actions Date of last assessment:	Y May 2018

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit:	Y August 2018
The practice acted on any issues identified Detail:	No issues identified in last audit.
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers: Processes seen and explained by staff members.	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers:</p> <p>We were shown a risk assessment for all test results that had not been processed and actioned on the day of inspection. The protocol identified a buddy system to check results within a 48-hour window, this included part time clinical staff and their absence. Duty clinician each day monitors red results to ensure no missed urgent or results over 48 hours needed action.</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.86	1.05	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)	9.4%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.

Y

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Y
Access to the dispensary was restricted to authorised staff only.	Y
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Y
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Y
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Y
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Y
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Y
Explanation of any answers	
Monthly blister packs were dispensed in a separate dispensary room to ensure staff could concentrate and not be disturbed in the main room.	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	45 Over the three locations
Number of events that required action	45

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

Event	Specific action taken
Patient was given the wrong blood form	Staff were reminded when handing out forms to check not only the name but address and DOB.
Patient entered MBH through the back-door staff entrance.	Staff were reminded to ensure the staff door was shut when they entered or exited the building.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>We reviewed patient's safety alerts, those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS). Identified staff received alerts and were responsible for cascading them to the relevant staff. The dispensary had a record of all alert updates and had recorded actions taken if required because of the alert.</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)	0.62	0.98	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)	68.6%	74.4%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 7.4% (62)	CCG Exception rate 12.1%	England Exception rate 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)	56.3%	69.9%	77.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions) 9.3% (78)	CCG Exception rate 9.0%	England Exception rate 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)	72.8%	73.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.6% (189)	12.8%	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)	70.2%	73.4%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.4% (125)	8.2%	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)	93.5%	88.9%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.1% (46)	14.9%	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)	71.5%	81.4%	82.6%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (66)	3.9%	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)	90.9%	90.0%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (16)	5.0%	6.7%	

Any additional evidence or comments

We spoke with the practice in respect of the indicators that showed a negative or significantly negative variation for long-term conditions. We looked at unverified data on the practice computer to look at quality performance data available from April to October 2018 to see if actions made to improve quality had been effective.

Diabetes

Unverified data taken from the practice system for April to October 2018 showed:

- 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 was 77.7%. This achievement was more than the whole year achievement for the last two years. With five months to continue this work they were on track to achieve the expected target by the end of March 2019.

Hypertension

Unverified data taken from the practice system for April to October 2018 showed:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 73.4%. This achievement was more than the whole year achievement for the last two years. With five months to continue this work they were on track to achieve the expected target by the end of March 2019.

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)	145	152	95.4%	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) (01/04/2017 to 31/03/2018) (NHS England)	166	170	97.6%	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)	166	170	97.6%	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)	163	170	95.9%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	73.5%	74.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.2%	68.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	62.8%	60.1%	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)	48.2%	65.2%	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)	58.2%	55.7%	51.6%	Comparable with other practices

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)	92.9%	84.9%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.6% (12)	17.6%	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)	91.2%	79.1%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (11)	16.4%	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)	74.8%	83.4%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (10)	9.3%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	5.3%	5.2%	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)	Y

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)	92.4%	94.1%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (26)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Staff sought patients' consent for care and treatment in line with legislation and guidance.</p> <ul style="list-style-type: none"> Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people requiring consent, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or medical centre clinician assessed the patient's capacity and, recorded the outcome of the assessment. <p>The medical centre recorded consent for minor surgery and family planning interventions.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	
Number of CQC comments received which were positive about the service	
Number of comments cards received which were mixed about the service	
Number of CQC comments received which were negative about the service	

Examples of feedback received:

Source	Feedback
For example, comments cards,	Comments from patients on the cards where positive about their care and treatment, however, were negative about the access via the phone and to appointments.
NHS Choices	Comments on NHS choices were also variable being positive about staff in the main and negative about access to the practice.

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
25284	255	120	47.09%	0.47%

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)	80.1%	86.7%	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)	80.7%	85.1%	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)	95.0%	94.8%	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)	63.0%	79.2%	83.8%	Variation (negative)

Any additional evidence or comments

We spoke with the practice in respect of the GP National Patient Survey indicators that were less positive.

Because of their own practice survey, undertaken in 2017 the practice had identified where they might improve and implement actions.

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

Date of exercise	Summary of results
The practice's own patient survey 2017	Responses were more positive than the national survey. These were discussed at meetings with staff and the patient participation group resulting in further improvement actions being developed.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with five patients over the two sites visited, Danbury Medical Centre and Mountbatten House Surgery. All five were positive about the care and treatment they received at the medical centre however, felt that telephone access and getting an appointment was needed improvement.

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%	93.1%	93.5%	Comparable with other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	169 equating to 0.95% of the medical centre population
How the practice supports carers	A section on the medical centre dedicated to Carers needs. This includes further website links to Action for Family Carers on: http://www.affc.org.uk/ . Information within the waiting areas and new patients always asked if they were carers.
How the practice supports recently bereaved patients	When the medical centre knows the family of bereaved patients they contact them to give sympathy and support.

Any additional evidence
We spoke to the practice about the low percentage of carers identified. They told us they were making a renewed effort at all locations to identify and record carers.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff knew if patients needed privacy at the reception desk and could take them to private room.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Examples of specific feedback received:

Source	Feedback
Patient feedback	The nurse put me at ease and I felt my dignity was protected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 - 20:00
Tuesday	08:00 - 18:30
Wednesday	08:00 - 18:30
Thursday	08:00 - 18:30
Friday	07:00 - 18:30

Extended hours opening	
Monday	18:30 – 20:00
Friday	07:00 – 08:00

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Dedicated clinical staff within the telephone hub at the medical centre clinically assessed and made decisions regarding the urgency, and patient need for home visits. The Hub was staffed by two GPs, a Para-medic, and a Clinical Pharmacist daily.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
25284	255	120	47.09%	0.47%

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)	94.6%	94.0%	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)	25.1%	53.2%	70.3%	Variation (negative)
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)	45.3%	60.3%	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)	42.6%	58.4%	65.9%	Variation (negative)
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)	55.3%	71.0%	74.4%	Variation (negative)

Any additional evidence or comments

The practice had recognised the areas of low patient satisfaction in the national GP patient survey published in July 2017. They used the questions from the national survey to produce their own practice survey. This was carried out at the end of 2017, 419 patient's responses were returned which equated to 1.7% of the practice population, as opposed to 120 patients in the national survey that equated to 0.47% of the practice population.

The results were discussed with the Patient Participation Group and at the staff meetings. The following actions were taken:

- The availability of pre-bookable appointments was restructured.
- The ability to pre-book appointments four weeks in advance was changed to two weeks in advance due to the high level of DNA's.
- There was an increase to online booking availability.
- Telephone call volumes were reviewed and audited to identify peak times. The practice increased the number of reception staff during these times.
- They appointed a full-time paramedic to assist two GPs in the delivery of the telephone clinical hub.
- A full-time clinical pharmacist was appointed to undertake face to face patient medication reviews, monitor poly pharmacy, and ensure hospital discharge summaries were actioned appropriately. This improved access to medication reviews and allowed GPs to focus on delivering acute and chronic care.
- The nurse hours were increased and nurses were upskilled to perform chronic disease

Indicator	Practice	CCG average	England average	England comparison
management. However, despite making some improvements to achieve improved data in the national patient survey, data remained low in some areas in August 2018.				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	The practice achieved two out of five stars for telephone and appointments access. They achieved three out of five stars for dignity and respect, involvement in decisions and providing accurate information.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	68
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
Additional comments:	
Complaints are well documented and dealt within the medical centre policy timeframe. Learning and outcome changes are recorded and the trends are analysed.	

Example of how quality has improved in response to complaints
When a patient mistakenly arrived for an appointment three hours early, the receptionist did not notice how early they were. Receptionists were reminded to check the appointment time when checking in patients.

Well-led

Leadership capacity and capability

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

GPs and partners at the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We were told they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to members of staff. Staff felt informed of any changes and involved in development at the practice.

Vision and strategy

Practice Vision and values

The medical centre had a vision to 'ensure high quality, safe and effective services', 'to provide healthcare available to the whole medical centre population' and 'to improve clinical governance and evidenced based practice' amongst other objectives.

Culture

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

Staff told us that and that the leadership team operated an open-door policy and were open to any suggestions to improve patient care and were encouraged to engage.

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

Source	Feedback
Non-Clinical staff	We were told they would not hesitate to give feedback and discuss any concerns or issues with colleagues, clinicians or management.
Clinical staff member	We were told they felt involved and engaged to improve how the medical centre was run and improve.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Medical centre specific policies	Were available to all staff on the shared computer drive.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Medicine out of date or stored outside temperature tolerance.	All medicines were checked in date and stored securely within the correct temperature control.
Children and young people with high number A&E attendances.	There were systems to identify and follow up children and young people living in disadvantaged circumstances and who were at risk.
Fire safety	There were up to date fire risk assessments and regular fire drills. There were designated fire marshals within the medical centres and there was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We saw online access to patient participation group (PPG) surveys and reports. We saw information in the waiting room about joining the PPG and the work being done.

Continuous improvement and innovation

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

Audit area	Improvement
The practice shared 15 clinical audits undertaken in the last 24 months	Antibiotic prescribing now meets the Mid Essex CCG prescribing guidance.
	Clinical outcome improved for patients with CKD by testing their urine Albumin Creatinine Ratio annually to allow detection of those requiring referral to a nephrologist.
	Hba1c control of type 2 diabetic patients seen in one stop diabetic clinic.

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](#)).