

Care Quality Commission

Inspection Evidence Table

The Ryan Medical Centre (1-552732443)

Inspection date: 9 November 2018

Date of data download: 12 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
Additional information: The practice registers of vulnerable children and adults were regularly updated and reviewed. There was a formal discussion every month of vulnerable children with the health visitor and contact information for safeguarding services was kept up-to-date and displayed on the walls for staff. The practice register of vulnerable adults consisted of 12 patients. The practice kept separate registers for those patients for example, with frailty or at risk of unplanned admission to hospital. Staff told us they recognised and treated all of these patients as vulnerable adults. The practice completed a safeguarding audit annually for the CCG. At the invitation of the CCG, the practice had demonstrated safeguarding procedures to other local practices at a training session. All administration staff were risk assessed as to their role in the practice. Those staff who carried out chaperone duties or provided one-to-one patient care had an appropriate risk assessment or DBS check in place as did all clinical staff.	

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
<p>Explanation of any answers:</p> <p>We were told clinical staff registration and medical indemnity was checked regularly to ensure it was compliant. Following our inspection, we were sent evidence that these checks had been incorporated into the practice new online systems management software to ensure this happened.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: May 2018</p>	Y
<p>There was a record of equipment calibration Date of last calibration: 9/11/2017 and booked for 12/11/2018</p>	Y
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Y
<p>Fire procedure in place</p>	Y
<p>Fire extinguisher checks</p>	Y
<p>Fire drills and logs</p>	Y
<p>Fire alarm checks</p>	Y
<p>Fire training for staff</p>	Y
<p>Fire marshals</p>	Y
<p>Fire risk assessment Date of completion: 11/09/2018</p>	Y
<p>Actions were identified and completed. There were no actions necessary.</p>	N/A
<p>Additional observations: The practice had been assisted by the Fire Brigade in 2014 to produce a tool to perform annual fire risk assessments for themselves. From this date, the practice had used this tool to carry out an annual fire risk assessment.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: 11/04/2018 and 18/04/2018</p>	Y
<p>Health and safety risk assessment and actions Date of last assessment: 11/04/2018 and 18/04/2018</p>	Y
<p>Additional comments: The practice had arranged for all recommended premises safety checks to be carried out and mitigating actions to be taken where necessary. This included testing for legionella and electrical and gas safety checks (legionella is a term for a particular bacterium which can contaminate water systems in buildings).</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 13/06/2018	Y
The practice acted on any issues identified Detail: Following the last audit, clinical staff were reminded of the correct colour waste disposal bag for clinical waste, some treatment rooms were de-cluttered and new posters were supplied in some areas for handwashing advice.	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

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
<p>Explanation of any answers:</p> <p>In January 2018, the practice had adopted a Red, Amber, Green (RAG) system for identifying days that could be subject to risk due to clinician absences and holidays or high patient demand. They planned for Red and Amber days in advance to increase patient access to appointments when necessary. All staff had trained in the recognition and management of the symptoms of sepsis in patients and there was a poster to remind staff of this. A comprehensive practice protocol for the management of patients contacting the practice in emergency situations was also displayed for staff. Staff were trained to use a specific codeword when dealing with emergency situations to alert others without necessarily alerting the patient. The practice had a comprehensive plan for ensuring continuity of services in the event of an untoward event. This plan had been tested twice, once when the surgery experienced a flood and again during a failure of computer systems.</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.	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>When referring patients to other services, the practice had a procedure in place to use both electronic systems and paper slips to alert staff a referral was needed. This ensured no referral was missed. The practice had developed a very comprehensive protocol to manage correspondence related to patient care and treatment coming into the practice. This allowed non-clinical staff to safely remove documents without sight of a clinician when appropriate. The protocol had been developed gradually over time and was subject to ongoing review. There was a regular GP audit in place of documents removed to ensure the protocol was sound.</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)	1.02	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)	11.2%	8.7%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	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.	Partial
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	N/A

ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	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
<p>Explanation of any answers:</p> <p>The practice protocol allowed for loose prescriptions to be securely stored and monitored, however, we found the monitoring of these had ceased. All loose prescriptions were removed from printers when the rooms were not in use. Staff told us they would recommence monitoring of loose prescriptions immediately following our visit.</p> <p>The practice carried out regular audits of patients taking high risk medicines to ensure the appropriate checks had been done in order to keep them safe and continue prescribing.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	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.	11
Number of events that required action	10
<p>System in place:</p> <p>The practice followed best practice guidelines for reporting and acting on significant events. Events were discussed as a standing agenda item at practice meetings to share learning. At the time of our inspection, the practice did not always formally review actions taken as a result of significant events to assess they had been effective. We were told this would be done in future.</p>	

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

Event	Specific action taken
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During a consultation with a poorly child, a GP issued an inhaler from the practice stock of emergency medicines. This inhaler had been kept in the GP room and not with the other emergency medicines. The inhaler was later found to be out of date.	Clinical staff were reminded to keep all emergency medicines in the designated places for those medicines. These were checked monthly and therefore could not go out of date.
A patient found another patient's name came up on the automatic check-in screen when they tried to book in for an appointment. The first patient did not have an appointment.	Staff gave an appointment to the first patient for later that day and investigated why another patient's name was displayed; the second patient had an appointment that morning. The check-in system was amended so that additional information was needed before a patient name was displayed. This event was reported to the CCG and to other practices at the practice managers' forum to share learning.
Following events concerning a breakdown in communications between a patient, the practice and other services, a housebound patient had not received the care and treatment that had been requested.	Staff were asked to be more proactive in chasing services which had not responded to practice phone calls. Patients were asked to always let the practice know if expected community services had not attended. Further regular audits of patient prescribing were carried out.

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>Patient safety alerts were circulated to all appropriate staff and we saw evidence action was taken. Alerts were stored on the practice shared computer system for easy access. There was no central record of action taken in response to these alerts and staff told us they would put this in place using the new online systems management software.</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)	0.84	0.68	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)	80.5%	84.4%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (44)	13.3%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	80.3%	78.7%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (19)	10.1%	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)	79.4%	81.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.5% (95)	15.0%	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)	99.0%	78.1%	76.0%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.4% (105)	10.6%	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)	100.0%	92.3%	89.7%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.9% (47)	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)	93.0%	83.6%	82.6%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (93)	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)	90.7%	87.5%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.5% (24)	8.4%	6.7%	
<p>Any additional evidence or comments The practice had higher than average achievement for some areas of the QOF. Exception reporting for these areas was also higher than average. However, staff told us they would only except patients from monitoring for clinical reasons or when all efforts had been made to provide care and treatment as necessary.</p>				

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)	93	96	96.9%	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)	114	120	95.0%	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)	113	120	94.2%	Met 90% minimum (no variation)
<p>Any additional evidence or comments</p> <p>Staff told us how they encouraged attendance for childhood immunisations using telephone calls and letters. There were dedicated staff who undertook this task.</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)	76.1%	75.4%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.5%	71.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.8%	58.5%	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)	95.8%	78.6%	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)	47.2%	48.9%	51.6%	Comparable with other practices
Any additional evidence or comments The practice monitored those patients who did not respond to invitations to take part in screening programmes and encouraged them to attend whenever possible. Following a local campaign, the practice wrote to these patients and offered advice and for questions to be answered by the practice. They also used a text message reminder to remind patients to attend booked surgery appointments.				

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)	96.3%	93.8%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	37.9% (33)	16.6%	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)	98.3%	94.6%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.0% (27)	14.5%	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)	88.0%	87.8%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (13)	7.5%	6.6%	
Any additional evidence or comments				
<p>Exception reporting for patients coded as diagnosed with severe mental health illness was high for some indicators. Staff told us they only excepted patients if the patient had informed the practice that they did not wish to attend, the patient was unsuitable to be monitored or they had failed to respond to three invitations. Patients who had a care plan already agreed with other services were not included in exception reporting.</p> <p>When appropriate, clinical staff visited patients with severe mental health issues or dementia in their own homes to carry out health reviews.</p>				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	550	551
Overall QOF exception reporting (all domains)	5.9%	5.9%	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) <small>(QOF)</small>	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) <small>(QOF)</small>	98.0%	96.3%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (92)	1.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Clinical staff told us how they would seek and record consent appropriately. Staff were trained and had a good understanding of consent issues. The practice had protocols in place to ensure consent was sought and recorded appropriately and audit activity monitored whether these were followed.

Any additional evidence
The practice regularly reviewed performance in relation to the QOF and carried out routine searches to ensure performance reflected good patient care. Staff used varied benchmarking tools to assess the effectiveness of patient care and treatment including the Primary Care Web Tool, CQC Insight, the Primary Care Quality Contract data and CCG data packs for practices including prescribing and referral data. Information from these sources was discussed in staff meetings and used to inform practice.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	30
Number of CQC comments received which were positive about the service	28
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
NHS Choices	There were ten comments posted on the NHS Choices website since May 2018. All these comments rated the practice as five stars (the highest rating). Patients praised the clinical staff for their help and professional expertise and the staff generally for their patience and support. The practice had always replied online to the patients thanking them for their feedback.
Comments cards	Many cards praised the helpful, caring attitude of staff and GPs. Patients commented staff were respectful, understanding and sympathetic and always did their best for patients. They said staff were friendly and efficient and they were treated with dignity and respect. Of the two cards with mixed comments, one said it could sometimes be difficult to get an appointment and the other said they were uncomfortable telling receptionists the reason for wanting an appointment. These cards however, included positive comments regarding the caring nature of staff and commented on visible improvements to the service over the last year.
Patient interviews	The two patients we spoke with told us they found staff caring and helpful. They said staff went out of their way to help. GPs were always good at listening to patients and never rushed them during appointments.

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
10412	276	122	44.2%	1.17%

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)	90.2%	89.9%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	87.0%	88.4%	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)	95.5%	95.3%	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)	83.2%	87.2%	83.8%	Comparable with other practices

Any additional evidence or comments

The comments cards we received supported the results of the GP patient survey. Many cards praised the clinical staff for listening to patients and commended the practice for the service overall.

We saw examples of where staff had demonstrated caring for patients, for example where a member of the reception team took a prescription for antibiotics to the local pharmacy and then delivered the medicine to the patient on a Friday evening.

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

Date of exercise	Summary of results
2017/2018 (Annual survey)	<p>In 2017, the practice had recognised common themes from sources of patient feedback; some patients had difficulties in accessing timely appointments. The practice also understood many practices had ceased using telephone ordering of repeat prescriptions.</p> <p>The practice planned to use “care navigation” to better allocate appointments and direct patients to the most appropriate service for their needs. This involved reception staff asking patients for details of why they wanted an appointment. Staff were also reluctant to discontinue the telephone ordering process for repeat prescriptions without consulting patients.</p> <p>The annual survey therefore focused on these two main areas to assess patients’ reaction to possible service developments before they were implemented.</p> <p>The survey showed patients valued the telephone ordering service in some circumstances and so the practice reduced the availability of this service but allowed it to continue.</p> <p>The practice also produced an action plan for introducing care navigation that aimed to address patient concerns expressed through the survey.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients told us they felt involved in decision-making. They said they were given choices and options were well-described. Patients told us they felt valued by clinicians.
Comment cards	Patients commented staff and GPs listened and always answered any questions. They said they felt involved in their care and said they felt their opinions were valued.

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)	94.4%	94.8%	93.5%	Comparable with other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	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	The practice had identified 957 patients as carers, (9.2% of the practice population) however, these figures were inaccurate. Staff told us how they had started to identify carers through their patient automated check-in system by asking patients when checking themselves into the system if they were carers? Unfortunately, it became evident some patients had identified themselves as carers if they were acting e.g. as a parent. Staff told us they were planning to interrogate the electronic patient record system prior to this exercise to identify the historic list of patients who were carers and then review and add any new carers identified through the usual channels since that date. We were told the list had originally stood at approximately 150 carers (1.4% of the patient list).
How the practice supports carers	Staff had trained in the identification and care of carers; a member of staff had been appointed as the carers' champion. All carers were offered a flu vaccination, offered health reviews and given information about local support organisations. Staff told us of plans to introduce Saturday morning support groups for carers at the practice.
How the practice supports recently bereaved patients	The practice provided support to patients on an individual basis and this included a visit or telephone call if it was appropriate. They signposted patients to bereavement support services. Staff were reminded of deceased patients by a notice in the reception office.

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	Before the introduction of the new patient care navigation system, and following staff and PPG members' suggestions, a new glass screen was put in place between the reception front desk and back office where the telephones were situated, also a system was introduced for patients so they could communicate using written information at the reception desk if they

	preferred. A new sign for patient queuing arrangements was also introduced.
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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
Interviews with patients	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception, staff would do this quietly and professionally.
Comments cards	Patients commented their privacy and dignity were respected.
Staff interviews	Staff told us they treated patients according to their needs. They had a good understanding of promoting patient privacy and responding to people with consideration and respect.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday to Friday	8am to 6.30pm and from 7.30am for pre-booked appointments.
Appointments available	
Monday to Friday	7.30am to 11.15am and 2pm to 5.40pm
Extended hours appointments	
Monday to Friday	6.30pm to 8pm
Saturday	9am to 1pm
Sunday	8.30am to 11.30am

Note: Extended hours appointments were available through the collaboration with two other local practices and were available with GPs, practice nurses and healthcare assistants.

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	
The practice had a policy for dealing with patient requests for home visits. Staff were aware of this policy and recorded all requests with as much detail as possible so the GP could assess the level of need before the visit. Staff were aware of patient symptoms that required immediate attention and would interrupt the GP if necessary to pass on information.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10412	276	122	44.2%	1.17%

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	97.6%	95.2%	94.8%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
were met (01/01/2018 to 31/03/2018)				
Any additional evidence or comments Comment cards we received praised the service offered by the surgery. They said clinicians offered a professional service that allowed their care to be managed appropriately and effectively.				

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)	50.6%	68.2%	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)	58.2%	71.0%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	61.5%	69.1%	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)	76.1%	77.8%	74.4%	Comparable with other practices
Any additional evidence or comments The practice had invested in unlimited telephone lines into the practice in 2016, however, staff were aware patients sometimes struggled to get an appointment when they needed one. The practice introduced the care navigation system in May 2018 using the action plan produced from the last practice patient survey. It ensured all staff using the system were fully trained and implemented comprehensive process pathways for staff to ensure non-clinical staff were not making any clinical decisions. It took measures to improve patient confidentiality at reception including the installation of a glass partition and constantly reviewed and audited the process to ensure it was operating as intended. Staff told us they experienced a positive change in the availability of appointments and reported high levels of patient satisfaction with the new system.				

Examples of feedback received from patients:

Source	Feedback
Comment cards	Patient comment cards praised the service offered by the practice, six specifically saying they had no problems with getting an appointment and one card noted getting an appointment had improved in recent times.
Interviews with patients	Patients told us they could always get appointments, particularly on-the-day appointments.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	8
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:	
<p>The practice lead for complaints was the practice manager. We saw examples of complaints made to the practice and looked at two in detail. We saw complaints were dealt with according to policy and in line with best practice; both written and verbal complaints were considered. The practice sought consent for complaints made on behalf of a third party. Complaints were discussed at practice meetings to share learning and as part of quality improvement. If appropriate, the practice raised a significant event from complaints to ensure a thorough investigation took place. There was information for patients in the reception area and on the practice website about how to complain and a patient leaflet available.</p>	

Example of how quality has improved in response to complaints

Following a complaint by a patient concerning the new practice care navigation system, the practice reviewed the pathways in use for reception staff when speaking to patients. Further detail was added to the process to enable staff to better explain the system to patients.

Well-led

Leadership capacity and capability

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

The practice had assigned lead roles to individuals to champion areas of service delivery and provide support to staff. These roles were strengthened with appropriate training and attendance at relevant meetings. Lead roles were freely advertised to staff and staff we spoke with were aware of them. Two of the GP partners were GP trainers. One of the practice GPs had been runner up in 2017 for an award of “Doctor of the year” offered by the Lancashire Post news services, nominated and voted for by patients. That GP then won it in 2018.

Vision and strategy

Practice Vision and values

The practice vision was to “build on our traditions of providing high quality care services in a safe, effective and responsive way”. Staff told us they always tried to adhere to the objectives of putting safety and quality at the heart of what they did, facilitating personal development of the team and working with the CCG and local practices to improve the health of the patients and the local population. The practice developed a strategy and business plan following an annual awayday. At the awayday, issues related to service delivery were discussed and actions to address these planned. The awayday in June 2018 reviewed the NHS five-year-forward plan to ensure practice services were aligned with the plan. The practice business plan was reviewed regularly at management meetings. The practice strategic framework plan was also available on the practice website. Staff told us they worked to try to achieve the best possible care for patients.

Culture

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

The practice had a comprehensive meeting structure that allowed for staff to be supported in their roles, to have good communication within the practice and share learning and quality improvement. Staff were encouraged to feed back to leaders and at meetings. Turnover of staff at the practice was very low; many staff had been at the practice for more than 20 years.

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

Source	Feedback
Interviews with staff	Staff we spoke with told us they felt they were a good team that worked well together, helped each other and were supported by management. They said the GPs and practice manager were approachable and helpful. Staff told us they felt comfortable raising any concerns and that managers were open to any suggestions for improvement. Staff were aware of management responsibilities; they knew who they could report problems to and how to take

	issues further if they were not resolved.
Meeting minutes	We saw meeting minutes that showed practice commitment to staff training and that praise was given for staff achievements.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Policies and procedures were available to all staff on the practice shared computer drive. These were updated regularly and in line with best practice. The practice was starting to use a new computer software package to ensure policies and procedures were easy to find and were updated in a timely way.
Staff meetings	There was a strong meeting structure in place to aid discussion and share learning. This was within the practice, the multidisciplinary health and social care team, with the other practices in the collaboration and the CCG. Outcomes from these meetings were shared appropriately with all staff.
Staffing arrangements	The practice used rotas to minimise the risk of understaffing and to provide opportunities to cover staff absence. The practice rarely used locum staff. A “Red, Amber, Green” (RAG) system ensured the practice planned for times when appointment availability could possibly be compromised.
Staff training	There was good management overview of non-clinical staff training and development. Training and development was planned to support future development of the service and staff were encouraged to develop. We saw clinical staff had good governance of their own training although managers needed better oversight of this.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Additional evidence
New systems such as the practice workflow process and the care navigation process, were introduced gradually after comprehensive planning and staff training. These systems were reviewed and audited on an ongoing basis to ensure they operated as intended. We saw this allowed for safe and effective systems which supported both staff and patients.

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
Potential risks to patients	Systems to respond to significant incidents and complaints were established, action was taken to improve service delivery where necessary and learning was shared with all staff. Formal reviews to establish the effectiveness of the action implemented in response to concerns were not always undertaken. Action was carried out in response to patient safety alerts although those actions were not always recorded for management oversight.
Safe working environment	Staff carried out various risk assessment activities associated with the practice premises such as health and safety assessments and infection prevention and control. Mitigating action was taken to address identified risks.
Staff performance	Performance of all staff was monitored supportively within a culture of learning and development. Staff appraisals were timely and meaningful.
Clinical staff activities	Clinical audit was used to monitor clinical care and areas for improvement addressed. Audit was meaningful and based on service needs and developments. Staff were supported with peer review and supervision.

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 (PPG);

Feedback
<p>Members of the PPG we spoke with said they were consulted regularly and their views were listened to. They said they met quarterly and produced an action plan for the following quarter. They felt they were consulted regarding proposed future developments in the practice and helped with the annual patient survey for wider patient consultation. They told us the practice was open and honest.</p> <p>Members of the practice attended meetings including the practice nurse and practice manager. We were told of improvements suggested by the PPG and implemented by the practice such as the new sign for patient queuing in reception.</p>

Continuous improvement and innovation

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

Audit area	Improvement
An audit of patients with	The audit was originally conducted in September 2016. It reviewed the

trigeminal neuralgia (a chronic pain disorder affecting the trigeminal nerve).	treatment of patients suffering from this condition, in particular the use of certain medicines as a first-line treatment option. The results of the audit indicated only 55% of patients were treated in accordance with best practice guidelines. Staff were informed of the results and guidelines implemented. A re-audit in October 2018, showed only one patient had not been prescribed the recommended medicine and that was because the patient had been reluctant to take it and had been prescribed an alternative medicine after discussion with the GP.
An audit of information given to diabetic patients taking certain medicines.	In January 2018, the practice reviewed the clinical records of diabetic patients who were taking a certain medicine to determine whether appropriate advice had been given, particularly around driving. It concluded that documentation of advice given was poor and in need of improvement. A letter was devised to include driving advice by the DVLA and sent to all relevant patients. The template used to record information on the patient computer health record was improved and allowed for all discussion with the patient to be recorded on diagnosis and at annual review.

Any additional evidence
<p>The CCG promoted the formation of an Integrated Care Partnership (ICP) to encourage all the practices in the CCG to work together. The practice was supporting this development and had proposed it acted as a hub for the ICP.</p> <p>The practice had acted as a pilot site for a project that allowed for patients, not pharmacies, to order repeat prescriptions.</p> <p>Staff told us they valued comprehensive planning for service developments and ongoing formal review of the processes to ensure new services implemented worked well and effectively. They were open to new ways of working.</p> <p>The practice nursing and care home service that had been implemented in 2014/2015 had been used by the CCG as a model of care from which similar services had been developed for other practices.</p> <p>The practice placed a high value on social prescribing and had produced a directory of services. Staff told us they hoped to form better relationships with the community in the future.</p> <p>Staff told us they planned to develop a support group for patients who were carers.</p>

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
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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](#)).