

Care Quality Commission

Inspection Evidence Table

Sundon Park Health Centre (1-4775728086)

Inspection date: 7 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 lead members 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
Explanation of any 'No' answers: *The lead member of staff for safeguarding processes and procedures was one of the GP partners from Sundon Medical Centre. All staff we spoke with were aware of this and the safeguarding policies had been updated to reflect this. The practice had identified the practice nurse for Sundon Park Health Centre as the deputy lead for safeguarding.	

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
Explanation of any answers: N/A	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: October 2017	Y
There was a record of equipment calibration Date of last calibration: February 2018	Y
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: July 2017	Y
Actions were identified and completed.	Y
Additional observations: Fire drills had been completed and logged. However, there was a lack of detail such as staff members involved, the time taken to evacuate the building and any learning.	
Health and safety Premises/security risk assessment? Date of last assessment: July 2018	Y
Health and safety risk assessment and actions Date of last assessment: July 2018	Y
Additional comments: The practice premises are owned and managed by NHS Property Services who arrange for the risk assessments related to the building. The practice kept a copy of the risk assessments for their own record.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: July 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice had infection prevention and control measures in place. For example, the use of pedal bins, wipeable floors and surfaces. There was liquid soap and hand sanitizer available throughout the practice.</p>	<p>Y</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any answers: N/A</p>	

Any additional evidence
<p>A legionella risk assessment had been completed in October 2018 and we saw evidence that the practice was following the recommended mitigating actions such as running taps and recording the water temperatures. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).</p>

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
Explanation of any answers: *Reception and administration staff worked additional hours to cover for staff absences and busy periods.	

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
Explanation of any answers: N/A	

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)	1.11	1.06	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)	5.4%	8.9%	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
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>* There was a process for the management of medicines including high risk medicines. Staff we spoke with could show us the process and how they checked blood monitoring results prior to prescribing high risk medicines. However, they did not record the blood monitoring results in the patient record. We checked the hospital results system and were satisfied that appropriate blood monitoring was taking place.</p> <p>**Medicines that required refrigeration were appropriately stored and there was a record of the fridge temperature checks to ensure there was not a failure in maintaining the correct temperature. However, there was only one thermometer used so there was no back up if the thermometer did not work.</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.	10
Number of events that required action	10

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

Event	Specific action taken
A patient had a fall on the steps outside practice.	NHS Property Services were contacted and hand rails were fitted to help prevent a recurrence.
An error in the quantity of medicine for pain control was made.	The practice was informed of the incident by the local pharmacy. They immediately rectified the error. The information was shared at a practice meeting and all clinicians were informed to make additional checks of the prescriptions before they are given to a patient.
A patient had received a medicine on repeat prescription above the recommended dose. A safety alert had not been followed.	The error was rectified and an explanation given to the patient. The Medicines and Healthcare products Regulatory Agency (MHRA) alert was reviewed with all clinicians at a practice meeting. The process for managing safety alerts was reviewed to ensure it was effective.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y

Comments on systems in place: All alerts were received by the practice manager and cascaded to the appropriate staff for action. A record was kept of who had seen the alerts and the actions taken.

We reviewed the patient computer record system and noted that an alert that was issued in April 2018 regarding Sodium Valproate and its use for women of child bearing age had been acted upon. We found that no female patients of childbearing age were prescribed the medicine. The most recent guidance advised Valproate medicines must no longer be used in women or girls of childbearing potential unless a Pregnancy Prevention Programme is in place.

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)	0.72	1.19	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)	64.9%	72.0%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (5)	11.7%	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)	52.3%	70.7%	77.7%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (10)	11.6%	9.8%	

Any additional evidence or comments: The provider informed us that when they took over the practice mid-way through the QOF year they identified that there may be some areas that required improvement. They identified a GP to be the lead for patients with long-term conditions to work with the practice nurse to care for and monitor these patients. The practice provided us with unverified data to show that for the QOF year to date they had already achieved 57% 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

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)	73.5%	77.4%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (7)	10.6%	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)	96.3%	76.0%	76.0%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (9)	8.9%	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 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	89.6%	89.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (2)	17.0%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	79.6%	78.7%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (27)	6.5%	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)	100.0%	90.3%	90.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.7% (3)	5.6%	6.7%	
Any additional evidence or comments N/A				

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)	42	44	95.5%	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)	38	42	90.5%	Met 90% minimum (no variation)
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)	38	42	90.5%	Met 90% minimum (no variation)
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)	38	42	90.5%	Met 90% minimum (no variation)
Any additional evidence or comments				
The practice nurse ensured all non-attenders for child immunisations were followed up. Parents or guardians who declined immunisations for their children were invited to the practice to discuss the benefits of immunisation.				

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)	77.9%	66.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.1%	68.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	51.7%	47.6%	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)	45.5%	69.0%	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)	61.5%	49.4%	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)	100.0%	84.3%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	11.2%	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)	100.0%	86.3%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	11.1%	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)	100.0%	83.5%	83.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (1)	6.9%	6.6%	
Any additional evidence or comments N/A				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	512	535	540
Overall QOF exception reporting (all domains)	3.9%	6.8%	5.8%

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	99.9%	94.2%	95.1%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (8)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice has a consent policy for staff to follow. Consent was documented in the patient's computer record. All staff had received Mental Capacity Act training. The clinical staff we spoke with understood Gillick competencies and Fraser Guidelines. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	38
Number of CQC comments received which were positive about the service	5
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comments Cards	Staff are described as helpful, welcoming and friendly. Many of the staff are mentioned by name as providing a good and caring service. Patients comment that they have been treated with dignity and respect.

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
3250	345	104	30%	3.20%

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)	90.0%	84.9%	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)	85.3%	81.7%	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)	93.8%	93.4%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	94.0%	74.6%	83.8%	Comparable with other practices
Any additional evidence or comments The practice GP team consisted of long-term locum doctors. The practice ensured the individual GPs worked the same days and times each week to promote continuity of care for the patients.				

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

Date of exercise	Summary of results
January 2017, under the previous provider.	<p>The practice distributed 100 surveys and had 100 responses. The majority of the responses were positive regarding the practice and staff. For example,</p> <ul style="list-style-type: none"> • 93 respondents said satisfactory, good or very good when asked if the staff were polite and considerate. • 93 respondents said satisfactory, good or very good when asked if they would be happy to see the GP they had visited on the day of the survey again. • 91 respondents found the treatment provided satisfactory, good or very good.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient Participation Group (PPG) representative	The PPG felt that there had been improvements made within the practice since the most recent provider had taken over. They had received positive feedback from patients regarding the quality and continuity of care in place.
Comments Cards	Patients have commented that they receive explanations regarding their treatment. They say that concerns are listened to and appropriate medical care is given.

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)	94.3%	89.3%	93.5%	Comparable with other practices
Any additional evidence or comments N/A				

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 has identified 31 patients with caring responsibilities. This equated to approximately 1% of the practice population.
How the practice supports carers	<p>The practice nurse was the carers lead and there was a carers noticeboard in the waiting area with information regarding support groups. There were notices that encouraged patients to inform the practice if they were a carer. There was also information directed at young people who may be carers.</p> <p>An annual health check and flu vaccination was offered. There was a flag on the patient's computer record that advised staff that the patient was a carer and flexible appointment booking was available.</p>
How the practice supports recently bereaved patients	<p>We were informed that bereaved patients were contacted by either a GP or the practice nurse and offered information regarding support available to them.</p> <p>The practice sent a condolence card to these patients.</p>

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	There was a glass screen at the reception desk and an automatic check in for patients to use. Easily identifiable patient details were not repeated by the reception staff.

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

Responsive

Responding to and meeting people's needs

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

Appointments available	
Monday to Friday	GPs 9am to 11.50am and 3pm to 5.50pm Practice Nurse 8am to 1pm
Extended hours opening	
Saturday	8am to 12pm

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 details of the home visit request are taken via the telephone by the reception staff. They are logged on the patient computer record system and reviewed by the duty GP. We were informed that the duty GP would call the patient back to determine if a home visit was needed.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3250	345	104	30 %	3.20%

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)	98.3%	91.9%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	97.2%	53.4%	70.3%	Variation (positive)
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)	96.5%	54.5%	68.6%	Variation (positive)
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)	94.6%	56.7%	65.9%	Significant Variation (positive)
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)	94.6%	62.9%	74.4%	Variation (positive)
<p>Any additional evidence or comments The practice, under the previous provider, had carried out their own patient survey in January 2017. They asked patients if they can normally get an appointment on the same day of request. They found 80 out of 100 respondents said they can. In response to this the practice increased the number of urgent on the day appointments from two per GP to three per GP. The current provider had acknowledged these results and had not made changes to the number of urgent appointments available.</p>				

Examples of feedback received from patients:

Source	Feedback
Comments Cards	Eight out of the 38 CQC patient comments cards had positive remarks regarding appointment booking. Patients said that appointments were available when needed and at convenient times.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	Four
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	Nil
Additional comments:	
The practice complaints leaflet contained information on how patients could escalate their complaint to the Parliamentary and Health Service Ombudsman. However, this information was not included in the complaints policy or the response letters that were sent to patients.	

Example of how quality has improved in response to complaints
<p>All complaints were discussed with staff at practice meetings. A log was kept and the practice completed an annual analysis of complaints to identify any trends.</p> <p>Following a complaint from a patient who wanted to register at the practice, the new patient registration process was updated to follow the latest guidance. This stated that patients should not be refused registration or appointments if they did not have a proof of address or personal identification.</p>

Well-led

Leadership capacity and capability

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

There was a caretaker provider, which was a neighbouring GP practice. One of the GP partners had clinical and managerial oversight of the practice.
There was day to day management in place from the practice manager.
The caretaker provider had worked to stabilise the practice with the existing team following two changes to the contract and provider in the past two years.

Any additional evidence

The two neighbouring practices worked independently with separate patient lists and staff but supported each other to meet clinical and managerial demands.

Vision and strategy

Practice Vision and values

The provider had developed a vision and values that reflected the practice and the position they were in with a short-term contract.
The vision and strategy in place worked to secure stability and a continuity of GP services. It also encouraged a use of shared services across the two practices and collaborative working with other practices in the local area.

Culture

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

Staff were supported through a system of appraisals and one to one meetings. All staff received an annual appraisal where they could discuss their progress and development needs.
We saw through the management of significant events and complaints that the practice had an open and honest approach.
There were monthly staff meetings to provide updates and shared learning for staff.

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

Source	Feedback
Staff	Staff told us that the GPs and managers in the practice were approachable and supportive. They were aware of their job roles and received appropriate training to fulfil them.
Managers	The practice managers from the provider's two practices worked together to support each other.

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 available to all staff on the practice computer system. They were reviewed and updated regularly.
Other examples	Pertinent information that needed to be readily available was displayed on the walls in the consultation and treatment rooms. For example, local authority contact details for safeguarding concerns and information on immediate actions to take in the event of a needle stick injury.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
Staff files contained job descriptions for all staff.

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
No handrails on the steps outside the practice.	Following an incident when a patient fell on the steps, the practice completed a risk assessment and had hand rails fitted to the steps.
Two practices under the same provider using different patient record computer systems.	One of the practices changed systems so both were using the same. This ensured the GP partners with clinical oversight were able to access the patient record system to ensure quality of care was being delivered.

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 spoke with a member of the patient participation group (PPG) who informed us that patient satisfaction with the practice was good and patients had noticed a positive improvement in the care and continuity of care since the caretaker provider had been in place.

Continuous improvement and innovation

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

Audit area	Improvement
A two-cycle audit was completed to ensure patients receiving a certain medicine to treat high blood pressure received appropriate blood monitoring.	The practice had completed this audit in 2017 and 2018. The results remained the same for the two years and indicated that some patients had declined to have the requested blood tests to monitor their kidney function whilst taking the medicine. The practice had identified that these patients would be prescribed a restricted amount of medicine to encourage them to undertake the necessary blood tests. A further audit was planned to monitor this.
An audit of females of child-bearing age who had been prescribed a medicine to treat epilepsy that was not recommended for these patients.	The practice had followed guidance from The National Institute for Health and Care Excellence (NICE) and reviewed all female patients of child-bearing age who were prescribed the medicine. An audit showed that these patients were now prescribed alternative medicines.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<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](#)).