

Care Quality Commission

Inspection Evidence Table

L85029 - Vine Surgery Partnership (1-553933417)

Inspection date: 20 November 2018

Date of data download: 07 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(s) 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
We saw the practice had developed additional safeguarding policies such as for looked after children. The practice had a number of patient registers for those at risk of or experiencing abuse such as mental capacity act, looked after children, Deprivation of Liberty safeguards and domestic violence and abuse. The practice had a risk assessment and process for re-checking Disclosure and Barring service checks. External cleaning contractors signed a confidentiality agreement and visited the premises out of hours. The practice made arrangements for patients and the families who were affected by domestic abuse or violence. They had a system for patients to confidentially alert staff about concerns for their safety.	

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.	Partial
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Partial
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <p>The practice had a staff screening and immunisation policy although the practice had not adopted the policy in terms of evidence to demonstrate staff were vaccinated against Measles, Mumps and Rubella or Chicken Pox. They were able to document Hepatitis B vaccination. Following inspection, the practice confirmed they were updating staff records for immunisation.</p> <p>There was no overarching document to demonstrate clinical staff were currently registered with a professional body and had a revalidation date.</p> <p>Staff had received annual appraisals except for salaried GPs. The practice was in the process of updating the appraisal system for these doctors.</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 2015</p>	Y
<p>There was a record of equipment calibration Date of last calibration: May 2015</p>	Y
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Partial
<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: September 2018</p>	Y
<p>Actions were identified and completed.</p>	Y
<p>Additional observations: A risk assessment for Oxygen stored at the practice was not in place. Following inspection, the practice confirmed this had been completed.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: January 2018</p>	Partial
<p>Health and safety risk assessment and actions Date of last assessment: January 2018</p>	Partial
<p>Additional comments: The practice outsourced health and safety to an external provider that provided the practice with in-depth policies, audits to monitor compliance and training. Training was also available for staff through the e-learning system. We were told a health and safety audit / risk assessment had been undertaken but the practice could not provide evidence for this other than an action plan (as result of the external company's health and safety assessment in January 2018). This meant they were unable to demonstrate they had undertaken the measures needed to comply with the requirements and prohibitions imposed by or under relevant statutory provisions. The assistant practice manager, since April 2018, had taken on the lead health and safety role and was undertaking training.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: September 2018 The practice acted on any issues identified	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Cleaning at the practice was by a contractor with clear schedules and monitoring processes.	

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: Staff had received in-house sepsis training. A sepsis flow chart for administrative staff to understand red flags was available in the administrative area. Treatment flowcharts were available within each clinical room. Following a suspected sepsis case, the practice had undertaken a serious incident review and discussed the incident as a team.</p> <p>During the inspection the practice were required to deal with a patient emergency. We saw them respond promptly and effectively.</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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.87	0.91	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)	3.9%	4.8%	8.7%	Variation (positive)

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
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation of any answers:	
Clinical rooms were locked when not in use however the practice did not have a risk assessment for prescription safety when the rooms were accessed by external cleaners. In addition, prescriptions awaiting collection including prescriptions for controlled drugs were not secure when the practice was closed. The practice had a protocol to ensure these prescriptions were signed for on collection.	

Following inspection, the practice confirmed they were reviewing the safety of prescriptions in line with NHS England guidance.

The practice encouraged low prescribing of some antibiotics. They provided patients with an antibiotic leaflet and emphasised to new clinicians around necessity when prescribing of these.

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.	16
Number of events that required action	16

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

Event	Specific action taken
Patient ECG results entered into wrong patient records.	The practice purchased a new ECG machine which automatically uploaded the results into the patient record.
Member of staff inadvertently accessed a family members patient record when recording NHS health check results.	Member of staff followed practice policy and brought it to the practice managers attention. Patient was contacted and advised. The practice offered to lock the records to prevent further incidents.
A patient appointment letter for NHS breast screening included invite letters identifying other patients in the envelope.	Practice raised the concern with the relevant NHS department where action was taken to prevent reoccurrence.

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>All new alerts were discussed at the Monday morning meeting. Although actions and the alerts were embedded within the meeting minutes there was no overarching document. Following inspection, the practice evidenced a new overarching document that demonstrated the actions taken to manage alerts actions had previously been kept within the original alert and added to the meeting where they were discussed.</p> <p>The clinical commissioning group pharmacist also acted on medicine safety alerts for the practice.</p>	

Effective

Any additional evidence
<p>In April 2018 the two practices (Dr da Cunha and partners and Dr Vriend and partners) merged. At the time of the merger one practice took part in the Somerset Practices Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). SPQS measures quality and outcomes differently with an emphasis on quality improvement for a reduced number of indicators.</p> <p>During patient record system mergers, the operating system automatically uploads the smaller practice achievements which in this case was the practice under the SPQS scheme. This meant the data for 2017/18 detailed below shows negative variations in areas where QOF was not required to be recorded. We reviewed the 2017/18 QOF data from the other merged practice and found they had achieved 545 out of the 559 points.</p> <p>The practice had low exceptions, where patients were excluded from the scheme due to a variety of clinical factors. Practice policy required all exception reporting to be reviewed by the lead GP.</p> <p>Following the merger, the lead GP had reviewed and updated the system templates for management of long-term conditions and mental health. We reviewed these and found they reflected best practice guidance.</p>

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) <small>(NHSBSA)</small>	0.48	0.71	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) <small>(QOF)</small>	67.3%	69.9%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (14)	7.3%	13.2%	
Indicator	Practice	CCG	England	England

	performance	average	average	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)	69.4%	67.1%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (18)	6.1%	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)	69.2%	75.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (47)	10.7%	13.5%	
Any additional evidence				
We reviewed the practice system to look at current results for the 700 patients with diabetes as the data is before the two practice mergers and related to a practice outside of the Quality and Outcomes Framework (QOF) scheme.				
For 2018/19:				
<ul style="list-style-type: none"> 81% of patients with diabetes, on the register, had a last measured total cholesterol is 5 mmol/l or less. 				
An action plan was in place to improve management of these patients. We saw in-depth protocols and templates to support assessment and treatment of this patient group.				

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	70.1%	61.2%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (9)	6.9%	7.7%	
Indicator	Practice	CCG	England	England

		average	average	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)	49.1%	68.5%	89.7%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (3)	7.1%	11.5%	
Any additional evidence				
<p>We reviewed the practice system to look at current results as the data is before the two practice mergers and related to a practice outside of the Quality and Outcomes Framework (QOF) scheme.</p> <p>For 2018/19:</p> <ul style="list-style-type: none"> 95% for patients with COPD had 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. Of the 274 patients on COPD register 71% had a measured and recorded FEV1 spirometry recording. <p>An action plan was in place to improve management of these patients. We saw in-depth protocols and templates to support assessment and treatment of this patient group. All GPs had hand held spirometry for lung function tests.</p>				

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)	75.4%	76.0%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (26)	3.6%	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)	82.8%	86.3%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (2)	3.8%	6.7%	

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	76	76	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	81	82	98.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	81	82	98.8%	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) (01/04/2016 to 31/03/2017) (NHS England)	81	82	98.8%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				
The practice provided weekly child immunisation clinics. They ensured there was capacity and flexibility to enable families scope to attend to catch up on missed appointments.				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	73.3%	74.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.0%	74.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.3%	61.2%	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)	22.2%	45.5%	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)	54.2%	55.0%	51.6%	Comparable with other practices
Any additional evidence				
<p>The practice had an active list of patients who had not had a cancer review within six months of diagnosis. We looked at the current data to see where the practice was currently. We saw 91% of patients had received a review.</p> <p>We looked at the current data to see where the practice was currently with regards to cervical screening. We saw 77% of eligible patients had received a cervical smear.</p> <p>The practice had a text reminder service which they could use to remind patients to book an appointment for a cervical smear. For those patients referred for secondary care such as the colposcopy clinic and those with abnormal results, the practice workflow team reviewed any patients who did not attend, referring any to the clinicians for follow-up and ensured any abnormal results had been offered a secondary care appointment.</p>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	14.7%	39.1%	89.5%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (1)	6.6%	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)	44.1%	47.8%	90.0%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (1)	6.0%	10.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	78.7%	51.7%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (2)	6.9%	6.6%	
Any additional evidence				
<p>We reviewed the practice system to look at current results as the data is before the two practice mergers and related to a practice outside of the Quality and Outcomes Framework (QOF) scheme.</p> <p>For 2018/19:</p> <ul style="list-style-type: none"> 93% of 109 patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record 90% of 109 patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded 86% of 113 patients diagnosed with dementia whose care plan has been reviewed in a 				

face-to-face review.

An action plan was in place to improve management of these patients. GPs had been allocated a mental health illness and several patients whom required a review. We saw in-depth protocols and templates to support assessment and treatment of this patient group.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	2.4%	4.0%	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)	90.6%	89.6%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 0.6% (13)	CCG Exception rate 1.1%	England Exception rate 0.8%	

Any additional evidence

- The patient information centre contained a well-resourced lending library with books on general health matters, equipment for health checks, touch screens with access to a variety of health-related websites and various health information leaflets. We saw that the library was well used and improved patients' awareness of services, such as bereavement and counselling.

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice could provide evidence of a consent processes for a number of specific procedures such as childhood immunisation, minor surgery and referral to Mendip Symphony project.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	7
Number of CQC comments received which were positive about the service	7

Examples of feedback received:

Source	Feedback
CQC comments cards	Patients told us they found staff helpful and caring.

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
12844	231	106	45.9%	0.83%

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)	89.6%	91.5%	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)	89.6%	90.2%	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	100.0%	97.3%	95.6%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
spoke to (01/01/2018 to 31/03/2018)				
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)	88.4%	85.9%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
October and November 2018	<p>Patient survey results carried out by patient participation group (PPG) at the flu clinics:</p> <ul style="list-style-type: none"> 45 patients were extremely likely or likely to recommend the practice to family or friends (October) 79 of 80 patients were extremely likely or likely to recommend the practice to family or friends (November).

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients:	We spoke to two patients who both gave examples of how the practice was responsive to people's needs. For example, we were given examples of a GP assisting a family by speaking to secondary care services out of the area in order to help the patient understand procedures for care and treatment.
CQC Comment cards:	Patients told us they were satisfied with the care and treatment they received.

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)	100.0%	95.9%	93.5%	Significant Variation (positive)

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 336 carers (3%).
How the practice supports carers	<p>The practice had an information pack for carers and young carers and information was on display. They had an interim carers champion following staff retirement.</p> <p>The practice manager had provided talks to the local carers groups. They had also encouraged local carers groups to utilise the practice waiting room as a place to meet and identify carers. The practice manager was working with the local carers support group to increase the number of patients identified as carers.</p>
How the practice supports recently bereaved patients	<p>A bereavement card was sent to next of kin and an alert placed on their patient record.</p> <p>Information including support groups was available within the waiting area.</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	<p>The practice provided a private room next to reception to enable patients to speak in confidence if they requested this.</p> <p>Telephone calls were not taken at the reception desk.</p>

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	8:30am – 6.30pm
Tuesday	8:30am – 6.30pm
Wednesday	8:30am – 6.30pm
Thursday	8:30am – 6.30pm
Friday	8:30am – 6.30pm

Appointments available:	
Monday to Friday	8:45am – 6:30pm
Extended hours opening: Tuesday and Wednesday until 8pm for pre-booked appointments. Improved Saturday access as part of the local scheme 8am – 11am.	

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	
Home visits are discussed daily at the practice huddle meetings. Care home visits are carried out routinely on alternate weeks for the two main care homes within the practice area. Vulnerable patients automatically received home visits from clinicians.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12844	231	106	45.9%	0.83%

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)	93.6%	95.8%	94.8%	Comparable with other practices
Any additional evidence or comments				
The practice had refurbished rooms to provide three dedicated counselling rooms. They had secured tenancy of rooms next to the practice to allow a hub for Mendip Symphony / Health Connectors,				

Indicator	Practice	CCG average	England average	England comparison
Pulmonary rehabilitation. The business plan included using the rooms further to host other services such as secondary mental health and physiotherapy.				

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)	80.2%	74.4%	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)	81.7%	70.9%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	75.8%	67.0%	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)	79.0%	78.2%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
Online reviews:	There were 13 mixed reviews on Google and NHS Choices. Since the reviews around poor access, the practice had purchased a new telephone system which allowed them to monitor call volumes and those waiting to speak to staff which ensure staffing levels reflected times when demand for services increased. The new telephone system had more lines into the service.
Patient interviews:	Two members of the patient participation group were positive about their experiences in accessing care and treatment.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	22
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:	
The practice discussed new complaints at the monthly meeting. An annual complaint review of themes and trends was completed by the practice manager.	

Example of how quality has improved in response to complaints

- Following an error in administration of a wrong dose of a prescribed medicine an internal investigation was undertaken which included seeking advice from a specialist. The patient was requested to attend for additional blood testing and the nurses discussed the error within their meeting to ensure they understood the prescribing regime for the medicine and could prevent this from happening again.

Any additional evidence

Additional examples of how the service met patient needs:

- The practice used legacy money to develop three counselling rooms in a quiet area of the surgery.
- The practice had secured and modernised part of an adjacent building to provide a suite of rooms where Mendip Symphony, health connectors and pulmonary rehabilitation was based. They were in the process of securing multidisciplinary services such as secondary care musculoskeletal professionals and mental health services.

Well-led

Leadership capacity and capability

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

- The partnership included a mix of roles including the practice manager and a nurse practitioner.
- One GP had undertaken a leadership course and another was due to complete the course.
- By upskilling administrators (workflow optimisation), the practice reduced time clinicians spent on administrative tasks. The team took part in regular audit and clinical oversight which demonstrated staff competency and improved management of clinical processes through accomplishment of tasks.
- In April 2018 the two practices based at the surgery site had merged. At the time both practices were using different quality measurement schemes (Somerset Practices Quality Scheme (SPQS) and Quality and Outcomes Framework (QOF) which resulted in actions from the leadership team to review patient record coding and ensure QOF indicators had been completed for management of long-term conditions. We saw they had worked as a whole team to improve recording and increase capacity to undertake reviews. One GP took a lead role, with a determination, to ensure high quality care standards were in place which was demonstrated through the review of clinical templates in-line with best practice guidance on treatment and the overarching management of quality measurement improvements.
- A variety of meetings were held such as monthly partner strategy meetings, quarterly clinical meetings and weekly management operational meetings. The practice team met with Health Connectors bi-weekly to discuss patient care and treatment.
- To improve sustainability and resilience the practice was working more closely with local GP practices and other community organisations such as Men's Shed, the parish council, older people's forums and voluntary groups. They had worked within the GP Federation to implement the Mendip Symphony project, taking lead roles in order to improve liaison with secondary care and provide better support through connections with community support agencies and Improved Access which allowed patients to access appointments on evenings and Saturdays.

Vision and strategy

Practice Vision and values

The practice mission was: Putting patients at the centre of everything we do.

Their core values: openness, fairness, respect, accountability, compassion, innovative, supportive and cooperative.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
<ul style="list-style-type: none"> • The practice closed one afternoon per month for staff training. • A daily huddle was held for all staff to communicate patient concerns. • All staff had received Community Connectors training to enable better signposting. • One GP acted as the clinical lead for the Health Connectors service. • Nursing staff attended external meetings and forums such as the respiratory nurse locality meetings. • The practice was a training practice for medical students and trainee GPs. • The practice employed administration apprentices and supported them through NVQ business management training.

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

Source	Feedback
CQC Staff questionnaires	Thirteen members of the administrative and nursing team completed questionnaires. They told us they worked in a supportive, caring and friendly practice where they were listened to and any suggestions was acted on. Staff felt they were all treated equally and they all worked together to put patients first. They felt the partners were flexible and facilitated a good work life balance.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Infection prevention and control and Health and safety.
Other examples	The provider had a leadership team with various assigned lead roles such as prescribing and clinical governance, safeguarding, and the management of business and administration
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Respiratory arrest	Following a recent, successful resuscitation the practice undertook a whole team debriefing exercise. This resulted in changes to the emergency process such as immediately restocking the emergency trolley, clearer labelling of some equipment and resuscitation trolley induction for all new clinical staff. Following an incident staff now had time to reflect and if necessary appointments were moved. On day of inspection we saw the practice respond and manage an emergency quickly and smoothly as a whole team. Following inspection, appropriate statutory notification was submitted and the practice evidenced discussions with other organisations to reduce future risks.
Management of workflow	The practice had implemented a workflow optimisation process. hub across some of its primary care locations. The administrative team provide workflow optimisation to reduce time clinicians spend on administrative tasks. The workflow team to date had complete two thirds of clinical workflow following a pathway protocol. The team took part in regular audit and clinical oversight which demonstrates staff competency and improved management of clinical processes through accomplishment of tasks.

Appropriate and accurate information

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

Any additional evidence

The practice with the GP Federation had worked to ensure the Mendip Symphony projects record system was accessible through the practices patient record system. This allowed for up to date information sharing. We reviewed the system and found it to be comprehensive with clear documentation of care plans and actions taken.
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Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>We spoke to two members of the patient participation group (PPG). They told us the practice were very supportive to patients and their families and the practice manager was engaged with local community organisations. They told us that currently the practice manager was sourcing voluntary driver services and was working with the parish council to provide Street with a dementia friendly status.</p> <p>One member told us about the work they did with the practice to implement free patient counselling through an agency that provides trainee counsellors to GP practices.</p> <p>They told us they met regularly with the practice and found the leaders approachable and engaged. In addition, the practice has an online patient group who were also involved in discussions about the services the practice provided.</p>

Any additional evidence

The practice had worked with two local practices and Health Connections Mendip to provide community connector training for PPG members. (Community Connectors can help people to find support in their own communities and they provide a bridge between local people and health and wellbeing services). The practice worked with a local voluntary centre to provide evening talks combined with PPG meetings for local people to attend.

Continuous improvement and innovation

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

Audit area	Improvement
PSA	An increased percentage of tests were carried out with an appropriate reason documented in the patient record.
End of Life	An improvement in recording the wishes expressed by palliative care patients.

Any additional evidence

- The practice had actions to improve services and care provided. This included reviewing local practices rated as outstanding by CQC and taking actions to adapt these into the locality. For example, working with the parish council to secure dementia alliance for the town.
- The practice worked within other local practices (population 50,000 patients) to improve care for patients with long-term conditions, risk of unplanned and avoidable hospital admissions and integration of health and social care and voluntary agencies through Mendip Symphony. One GP at the practice acted as clinical lead for the project and the project had recently received clinical commissioning group funding.
- The practice had a lead GP for research and a dedicated research nurse who undertook patient trials and studies under the National Institute for Health Research (NIHR).
- The practice was working with a local community centre to support them to recruit volunteers for a community transport system which would involve improved transport to the practice.
- The practice was working alongside the GP federation to implement the National Primary Care Homes approach to strengthening and redesigning primary care. The model brought together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. (A GP federation is a group of practices working together within their local area).

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](#)).