

Care Quality Commission

Inspection Evidence Table

Eightlands Surgery (1-543008692)

Inspection date: 13 November 2018

Date of data download: 02 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Requires Improvement

Safety systems and processes

Systems, practices and processes were not in place in all cases to keep people safe and safeguarded from abuse.

We rated the practice as requires improvement for providing safe services because systems for learning from incidents and disseminating information to staff were not sufficiently thorough. Patient Group Directions were not appropriately authorised in line with legal requirements in all cases.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for their role.	Y
The provider had regular discussions with health visitors, school nurses, community	Y

midwives, social workers etc. to support and protect adults and children at risk of significant harm.	
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Recruitment systems	Y/N/Partial
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 required medical indemnity insurance had it in place.	Y
Explanation of any answers and additional evidence:	
Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test:	Y June 2108
There was a record of equipment calibration. Date of last calibration:	Y July 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Y
Fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Y December 2017
There was a log of fire drills. Date of last drill:	Y April 2017
There was a record of fire alarm checks. Date of last check:	Y 9/11/2018
There was a record of fire training for staff. Date of last training:	Y January 2018.
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y May 2017
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: A contract was held with an external company who were responsible for providing the full range of cleaning services to the practice. Practice staff monitored cleanliness and liaised with the company concerned when issues arose. The buildings management company undertook fire risk assessments. The practice had three monthly meetings with the company, where premises issues were discussed and actions agreed.	
Health and safety	Y April 2018

Premises/security risk assessment carried out. Date of last assessment:	
Health and safety risk assessment and actions Date of last assessment:	Y April 2018
Explanation of any answers and additional evidence:	

Infection control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection risk assessment and policy in place	Y
Staff had received effective training on infection control.	Y
Date of last infection control audit:	Y October 2018
The provider had acted on any issues identified in infection control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: Nursing staff had developed a regime for cleaning equipment after use, and logs were kept.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

Question	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinician review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	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
When there were changes to services or staff the provider assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: Staff rotas were in place to monitor staff cover. Non-clinical staff rotated duties to allow for equitable	

share of workload.

Risk assessments were in place when required, for example, a violent patient had been identified, and the risk assessment ensured that a chaperone was always in place during any consultations.

Non-clinical staff were scheduled to complete an online module in relation to sepsis in January 2019. In the interim, staff had been provided with briefings which equipped them to deal with current issues, for example in relation to the recent measles outbreak.

Information to deliver safe care and treatment

We were not assured staff always had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Partial
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
The provider 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 and additional evidence:</p> <p>Due to the lack of cohesion at the senior level, not all staff had access to meetings to share and disseminate information.</p> <p>Test results were returned to the referring partner. A recent dispute between the partners meant that the GPs would only deal with test results which they personally had requested. However, in the event of one of the partners being on leave, the other partner did respond to test results. Tasks were sent to receptionists where abnormal results were found, to ensure that the patient received any necessary follow up.</p>	

Appropriate and safe use of medicines

The provider ensured the 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)	1.36	1.14	0.95	Variation (negative)
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)	6.4%	7.3%	8.7%	Comparable with other practices

Medicines management	Y/N/Partial
The provider 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).	Partial
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
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	N/A
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	Y

emergency medicines/medical gases.	
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
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the time of our visit, we saw there were a number of patient group directions (PGDs) which were not appropriately signed and authorised. We advised the practice to discontinue the administering of the affected vaccines until the appropriate authorisation was in place. Immediate, remedial action was taken following our feedback. Following the receipt of the draft report the practice has provided us with an updated protocol in relation to the authorisation process for PGDs</p> <p>The practice was aware of their higher than average prescribing rates for hypnotic medicines. They were participating in the Quality Access scheme – which aimed to reduce prescribing costs. In addition, the practice was in the process of appointing a pharmacist, who was due to start work in January 2019. Part of their role was going to be to monitor prescribing patterns and associated costs.</p>	

Track record on safety and lessons learned and improvements made

We did not see evidence that the practice always learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months.	8
Number of events that required action	3
<p>Explanation of any answers and additional evidence:</p> <p>At the time of our visit a significant event log was held. We saw that a number of incidents logged related to differing clinical styles and practices between the two partners; for example, in relation to some internal partnership issues.</p> <p>We saw that when action was required, action was taken to correct the issue. However, we did not see evidence that learning from events or near misses was occurring, and no formal systems for dissemination of learning to staff were in place. There was no system for the analysis of trends from incidents in place. Staff told us any individuals affected would receive one on one feedback.</p> <p>Following our feedback, the practice produced an updated significant event policy which allowed for the analysis of any events, and disseminating of learning to staff members. The updated policy stated that monthly meetings would be held to discuss, analyse and review future significant events. In addition, the terms of reference in relation to what constituted a significant event had been widened to include near misses as well as positive events. The system now needs to be embedded before we are able to assess how effective the changes made have been.</p> <p>Staff were encouraged to raise any areas of concern relating to safety.</p>	

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

Event	Specific action taken
It was noted that the practice email account and fax machine had not been checked by staff for two days.	Staff were sent an urgent notification to check the email and fax throughout the day. A signing sheet was put in place to document this.
Incorrect patient information attached to a letter sent to a consultant	Error corrected and correct patient information was attached.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understand how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Medicines and patient safety alerts were received by the practice manager. They were then disseminated to all staff. When indicated, a lead person was appointed to take any action required, such as patient searches. Reports were run and any necessary changes or adjustments were made. The practice gave recent examples of alerts received and actioned.</p>	

Effective

Rating: Good

Please note: QOF data relates to 2017/18 unless otherwise indicated

Effective needs assessment, care and treatment

People's needs were assessed, and care and treatment delivered in line with current legislation, standards and evidence-based guidance.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Explanation of any answers and additional evidence:	

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)	2.08	1.15	0.83	Variation (negative)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice had appointed a 'care companion' who had a role in identifying patients with frailty factors. Patients were then signposted or referred to additional services to meet any enhanced physical or social needs. Before the inspection we sought feedback from two residential/nursing homes for older people. They told us the care provided by the practice was effective in meeting changing needs of their residents. The practice reviewed hospital discharge details for older people; and any changing or additional needs were addressed. Patients aged over 75 years were offered an annual health check. Referrals to other local services

were made as appropriate.

People with long-term conditions

Population group rating: Good

Findings

- Those patients with long-term conditions were offered an annual review to check their needs in relation their health or medicines were being met. Practice nurses, supported by the health care assistant provided this review. Support from GPs was also available if needed.
- At the time of our visit one of the practice nurses had embarked on a training course to enable them to manage injectable treatments for diabetic patients. This had the potential to reduce the need for patients to attend hospital out-patient appointments.

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)	85.0%	76.0%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (72)	12.6%	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)	74.4%	75.7%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (46)	8.3%	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)	83.3%	81.4%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (33)	10.3%	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)	81.6%	78.9%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (3)	6.4%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.2%	90.2%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (5)	8.3%	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)	85.2%	84.7%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (42)	3.8%	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)	91.4%	87.9%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (6)	6.3%	6.7%	

Any additional evidence or comments

Findings
<ul style="list-style-type: none"> The provider had recently undertaken to complete childhood immunisations within the practice. This had previously been undertaken by a local social enterprise. The practice described clear systems to follow up on those children who were not presented for treatment. The practice carried out post-natal checks and new baby checks in-house. Midwifery clinics were hosted by the midwifery team attached to the practice. The practice held multidisciplinary meetings with health visitors and midwives to discuss and review children and families who were identified as more vulnerable.

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)	67	68	98.5%	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) (01/04/2016 to 31/03/2017) (NHS England)	79	81	97.5%	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)	79	81	97.5%	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)	78	81	96.3%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- NHS health checks were available for patients aged 40 to 74 years. Where abnormalities or risk factors were identified, these were followed up appropriately.
- Smoking cessation support was provided in-house, delivered by the health care assistant.
- Phlebotomy appointments were available Monday to Friday from 7.30am to accommodate working age patients.
- Extended hours appointments with GPs were available on Mondays from 6.30pm to 8pm, and on Tuesdays and Thursdays between 7.30am to 8am.

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)	73.2%	73.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.7%	66.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	50.9%	49.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	59.5%	66.3%	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)	69.2%	47.4%	51.6%	Comparable with other practices

Any additional evidence or comments

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- A care companion had been appointed who acted as a key point of contact for those patients with caring responsibilities. Information relating to additional support services available locally was provided. Individual needs were accommodated by the practice when necessary, for example, in relation to convenient appointment times.
- End of life care was co-ordinated and delivered to meet the individual needs of patients. Regular meetings with palliative care nurses and district nurses were held in the practice.
- The practice took account of the accessible information standards and made reasonable adjustments according to individual need.

Population groups - People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice made use of an appropriate tool to assess patients at risk of dementia. Referrals were made to the memory clinic when necessary.
- Local mental health support groups provided additional support for patients experiencing mental health difficulties.
- The physical health of patients with mental illness or severe mental illness was assessed and monitored. Referrals were made to local services, such as interventions for physical activity. Smoking cessation support was available in-house.

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.1%	90.7%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (1)	10.2%	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)	91.6%	93.2%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (3)	8.7%	10.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.7%	83.1%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (2)	5.8%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

The practice had completed some quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
Explanation of any answers and additional evidence: The practice was participating in the Quality Access Scheme, which aimed to reduce prescribing costs by 10%, without affecting the quality of care received by patients.	

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557	554	553
Overall QOF exception reporting (all domains)	9%	9%	10%

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

Improvement activity
A search had been done to identify those patients taking a medicine used to treat a psychiatric condition to monitor that the necessary kidney and liver function tests required for patients taking this medicine had been carried out in a timely way.
An audit had been carried out of patients registered on the palliative care register to ensure that care was being carried out in line with Gold Standards Framework (GSF) guidelines.

Any additional evidence or comments

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>The practice was an early adopter of the health care assistant apprentice scheme. We heard of evidence of how staff were encouraged to develop and progress. For example, the health care assistant had received funding to commence nurse training in the following year, supported by the practice.</p>	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective 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

	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a co-ordinated way when different teams, services or organisations were involved.	Y

The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Y
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

Staff were involved in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>One member of staff had been identified as a 'care companion'. This involved acting as a point of contact for carers in the practice, as well as those patients with other identified frailty factors. This group of patients were signposted to additional services or offered advice as appropriate.</p> <p>Smoking cessation support was provided in-house by the health care assistant.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.2%	96.6%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (13)	0.7%	0.8%	

Any additional evidence or comments

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Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: Consent was recorded on the patient's record. Staff demonstrated an understanding of issues relating to consent in cases where patients lacked capacity.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

CQC comments cards	
Total comments cards received	29
Number of CQC comments received which were positive about the service	22
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	2

Examples of feedback received

Source	Feedback
Comment cards	Felt listened to and treated with respect.
NHS choices	Service they offer is fantastic.

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
6716	350	123	35%	1.83%

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)	77.4%	85.9%	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)	80.7%	84.0%	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)	94.0%	94.6%	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)	74.6%	79.6%	83.8%	Comparable with other practices

Any additional evidence or comments

We saw data which showed that from January 2018 to October 2018 the total number of available appointments with both GPs and nurses had increased from 2,212 to 2,962. In addition, continual review was carried out in relation to waiting times, the number of unused appointments, and the availability of appointments of all kinds. Furthermore, analysis of patient demographics was carried out to assess where demand was higher, in order to help the practice to plan services accordingly.

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

Date of exercise	Summary of results
March to June 2018	<p>The practice manager had developed a system where she sat in the waiting room speaking to patients to understand any issues, good or bad, which they were experiencing.</p> <p>In addition, work experience students attached to the practice took feedback from patients on their experiences, in the form of informal interviews with patients waiting in the waiting area.</p>

Any additional evidence
<p>The practice shared with us an action plan which had been developed in response to patient survey results. We saw that in-house surveys were being conducted between August 2018 and January 2019, checking patient satisfaction in relation to a number of issues, including access to appointments and their experiencing of accessing care at the practice.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	<p>Patient 1. New telephone number is much easier to get through.</p> <p>Patient 2. GPs listen, do their best.</p> <p>Patient 3. Not always able to get through for an appointment when needed.</p>

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	90.7%	90.7%	93.5%	Comparable with other practices

Any additional evidence or comments

Question	Y/N/Partial
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 other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: A telephone interpreting service was available.	

Carers	Narrative
52 carers had been identified (1% of patient population).	A care companion had been appointed from amongst the staff team. She acted as a point of contact for carers, and signposted to local support services. The practice offered an annual seasonal flu vaccination and health check.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
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
Explanation of any answers and additional evidence:	

	Narrative
Arrangements to provide confidentiality at reception desk	Chairs were placed at a distance from the reception desk to aid privacy. Staff were aware of the need to moderate their voice when speaking to patients.

Source	Feedback
Comment cards	Treated with dignity and respect.
Comment cards	Given time, feel listened to.

Responsive

Rating: Good

Responding to and meeting people's needs

The practice took account of peoples' needs and choices so that people received personalised care that was responsive to their needs.

At our previous inspection on 11 January 2018, we rated the practice as requires improvement for providing responsive services. This was because patient survey results from the 2017 GP patient survey showed that patient satisfaction was below local and national averages in several areas.

At this inspection we rated the practice as good for providing responsive services. This was because patient survey results from the 2108 GP patient survey did not show significant negative variation from local and national averages. In addition, we saw that a new telephone system had been installed, and that the practice were carrying out their own internal patient surveys and continual monitoring of appointment availability.

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Appointments available:	
Monday	8 am to 6pm. Extended hours 6.30pm to 8pm.
Tuesday	8am to 6pm. Extended hours 7.30am to 8am.
Wednesday	8am to 6pm.
Thursday	8am to 6pm.
Friday	8am to 6pm.
	Phlebotomy appointments were available Monday to Friday from 7.30am.

National GP Survey results

Practice	Surveys sent out	Surveys returned	Survey	% of practice
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population size			Response rate%	population
6716	350	123	35%	1.83%

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)	96.2%	94.9%	94.8%	Comparable with other practices

Any additional evidence or comments

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in their home setting, be it a care home, supported living scheme, or their own home. Before the inspection we sought feedback from two care homes for older people. Both confirmed the practice responded promptly when concerns or issues arose with their residents. Home visits were available when needed, by both the GPs and practice nurses.

Population groups - People with long-term conditions

Population group rating: Good

Findings

- Annual reviews were carried out on people with long-term conditions. The review included assurances that patients' health and medicines needs were being met.
- Regular, monthly meetings were held with district nurses and other relevant staff to discuss and plan care for patients with more complex medical needs.
- At the time of our visit one of the practice nurses was undertaking a course to enable her to manage injectable treatments for diabetes in-house.

Population groups – Families, children and young people

Population group rating: Good

Findings

- The practice had systems in place which enabled them to identify and follow up children known to be living in disadvantaged circumstances, for example, children on the child protection register, or those noted to have a high number of accident and emergency attendances.
- The practice had recently begun providing childhood immunisations in-house. They described clear systems to follow up on any children who were not presented for treatment.
- The practice had a policy to offer priority appointments to children under one year of age who required medical assessment.
- Regular meetings were held with health visitors where children and families with additional need were discussed, and plans shared.

Population groups – Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Consideration had been given to the needs of working age people. Extended hours were available on Monday evening and Tuesday morning, outside of normal working hours. In addition, phlebotomy appointments were available Monday to Friday from 7.30pm.
- The local federation provided extended hours on weekday evenings and weekends. Appointments were provided on-site within the practice building.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.

- Longer appointments, up to 20 minutes, were available when required.
- Staff demonstrated their awareness of patients with additional needs. Key information to aid staff was kept up to date on the home screen of the patient record.

Population groups - People experiencing poor mental health (including people with dementia)
Population group rating: Good

Findings

- Practice staff demonstrated their awareness of the additional needs of patients experiencing mental health difficulties.
- The practice had links with local mental health services to signpost or refer patients to when appropriate.
- Appropriate tools were in use to identify patients at risk of developing dementia, and referrals were made to the memory clinic to complete a full assessment and plan future care.

Timely access to the service

People were able to access care and treatment in a timely way.

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)	47.8%	62.1%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	56.1%	63.6%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	59.6%	62.4%	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)	63.7%	70.2%	74.4%	Comparable with other practices

Any additional evidence or comments

A new, local dial telephone system had been installed since our last visit. Feedback we received from the PPG, from comment cards and individual patients interviewed showed that in the main this had produced positive results in relation to accessing appointments.

The practice shared with us an action plan which had been developed in response to patient survey results. We saw that in-house surveys were being conducted between August 2018 and January 2019, checking patient satisfaction in relation to a number of issues, including access to appointments and their experiencing of accessing care at the practice.

We saw data which showed that from January 2018 to October 2018 the total number of available appointments with both GPs and nurses had increased from 2,212 to 2,962. In addition, continual review was carried out in relation to waiting times, the number of unused appointments, and the availability of appointments of all kinds. Furthermore, analysis of patient demographics was carried out to assess where demand was higher, in order to help the practice to plan services accordingly.

Examples of feedback received from patients:

Source	Feedback
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Comment cards	Phone lines are much better recently
Patient interview	Easier to get through by telephone now
Patient interview	Really difficult to get an appointment

Listening and learning from concerns and complaints

Complaints and concerns were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	8
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement	Y
Explanation of any answers and additional evidence: A poster in the waiting room provided information on how to make a complaint or give positive feedback. However, not all staff were aware of the need to report verbal complaints. The complaints we reviewed had been responded to in a timely and appropriate way. We saw that telephone calls from patients were responded to by email confirmation when indicated.	

Well-led

Rating: Requires Improvement

Leadership capacity and capability

We were not assured that leaders had the capacity and skills to deliver high quality sustainable care in all cases.

We rated the practice as requires improvement for providing well-led services because systems for providing clear leadership, shared vision and effective governance systems were impaired due to the lack of cohesion at senior level, with significant barriers to communication in evidence.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The GP partners individually, and the practice manager demonstrated an understanding of the challenges facing the practice, and were aware of actions required to address these challenges. The lack of cohesion within the senior leadership team however, meant that joint planning and implementation of change and improvement was not happening.</p> <p>The practice manager demonstrated an overarching understanding of the issues faced by the practice, and worked individually with partners due to the breakdown in their relationship to try to agree joint decisions.</p>	

Vision and strategy

The practice did not have a shared vision and strategy in all instances to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Partial
There was a realistic strategy in place to achieve their priorities.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Explanation of any answers and additional evidence:

Vision and values were developed individually with the partners in collaboration with the practice manager, who sought to seek consensus on priorities within the practice between the partners. Staff demonstrated their awareness of their role in achieving the aims of providing a safe, effective, friendly service to patients.

Culture

The practice systems to promote a culture of high quality sustainable care were not effectively embedded.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Partial
The safety and well-being of staff was supported.	Y
The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed the significant incident records kept by the practice, and learned that issues identified were not routinely shared and discussed internally; and that lessons learned were not always clearly communicated to all staff.</p>	

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

Source	Feedback
Staff member	Practice manager and GPs are approachable and friendly

Governance arrangements

Responsibilities, roles and systems of accountability were established to support governance and management.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff were aware of lead roles within the practice. They told us they were happy to approach either GP or the practice manager. However, the governance systems and structures were impaired due to the breakdown in the relationship between the two GP partners. They were unable to communicate to</p>	

share governance responsibilities.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
Some clinical and internal audits were carried out.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: As there were barriers to communication at the senior level, plans for identifying, managing and mitigating risks were developed through separate communications with individual GPs by the practice manager.	

Appropriate and accurate information

The practice acted on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities include making statutory notifications understand what this entails.	Y
Explanation of any answers and additional evidence: Arrangements were in place to monitor performance within the practice. There were clear systems for recording and reporting on performance, such as QOF and other external notifications.	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The provider worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice was part of the local federation, who delivered extended access to appointments. Staff told us they felt able to raise issues and make suggestions. Staff we spoke with demonstrated an understanding of the needs of the patient population, and strove to deliver services in line with their needs.	

Feedback from Patient Participation Group

Feedback

The PPG had been established for over ten years and had a small group of four core members. The practice had recently made contact to advise that they had plans to augment the membership by attracting other patients to participate in a 'virtual' group. They hoped in this way to establish a group which better reflected the demographics of the patient population.

Any additional evidence

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement	Y
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence: Due to the lack of cohesion at the senior level in the practice, we found that dissemination of learning was not operating effectively in all cases. Although issues were dealt with at the time of events occurring, we were not assured that mechanisms for communicating to all staff were well enough established.	

Examples of continuous learning and improvement

The practice was one of only three training practices in North Kirklees. They had recently volunteered to be considered for the 'LIFT' project. This would mean a newly qualified doctor would be assigned to the practice for one day per week. This was hoped to encourage doctors to opt for general practice as a career path.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).