

Care Quality Commission

Inspection Evidence Table

Hamd Medical Practice (1-557293948)

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 of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers: N/A	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y*
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any answers: * The practice provided evidence to demonstrate that they operated an effective system of checking staff immunisation against infection diseases. We saw records to support this, we also saw that staff	

were given the option of receiving a flu vaccine through the practice.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y November 2018
There was a record of equipment calibration Date of last calibration:	Y April 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y August 2018
Actions were identified and completed.	Y*
Additional observations: * The practice's fire risk assessment contained no actions of medium or high risk however it highlighted that as good practice, no smoking signs should be displayed in the premises. We saw that this action had been completed during our inspection.	
Health and safety Premises/security risk assessment? Date of last assessment:	Y** September 2018
Health and safety risk assessment and actions Date of last assessment:	Y September 2018
Additional comments: ** The practice had a suite of comprehensive, well organised and well governed health, safety and security risk assessments.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: Overall result = 97%	Y* December 2017
The practice acted on some of the issues identified. For instance, we noted that the	

infection control audit highlighted that the toilet paper holders needed replacing in two of the toilet cubicles, these had been replaced. We saw that other areas for action such as some minor wear and tear maintenance, had been reported to the owners of the building.	
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers: * There was an infection control lead and a deputy lead in place, we noted that they were also named in the practices infection control policy. The policy also contained details on how to report notifiable infections.	
Any additional evidence	
<ul style="list-style-type: none"> All staff were trained in infection prevention control and there were records provided to support this. Risk assessment for Legionella evidenced, dated October 2017 with a two-yearly review date as September 2019. In addition to an annual infection control audit, the practice carried out annual hand hygiene audits; we saw records to support this during our inspection. We noted that the practice was visibly clean and tidy on the day of our inspection. 	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y*
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y*
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y*
Explanation of any answers: * We saw evidence to support that staff had completed training on Sepsis, staff we spoke with demonstrated that they understood how to prioritise patients who reported signs and symptoms of Sepsis. We also saw evidence of a poster displayed in reception which guided staff on how to manage patients presenting with Sepsis symptoms. There were also algorithms and guidance posters on display to ensure receptionists acted appropriately in the event of a medical emergency or if a patient deteriorated.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y

Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers: We saw evidence to support that patients receiving palliative care had information shared in a timely and effective way and received joined up care as required. The practice also monitored their two-week-wait referrals closely and ensured that any non-attenders were followed up, we saw records kept supporting this process.	

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)	0.96	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)	9.3%	7.6%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y*
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A*
Up to date local prescribing guidelines were in use.	Y

Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y**
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>* No Controlled Drugs on the premises</p> <p>** There was a stock of emergency medicines which were appropriate to the practice and the services provided. The practice did not have stock of a specific medicine for use in the event of a person experiencing left ventricular failure (or heart failure). The practice provided a formal risk assessment during our inspection, this concluded that the medicine was not required; as other medicines would be used such as: immediate oxygen administration in the event of shortness of breath, or Ventolin inhaler with aero chamber (available in the practice).</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	7
Number of events that required action	5

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
October 2018: Patient given the wrong flu vaccine - was administered with the vaccine for over 65s instead of pre-65s.	<ul style="list-style-type: none"> • Patient contacted, error explained and apology given. • Patient seen following the incident as they consented to and received the appropriate flu vaccine. • Incident formally recorded, discussed during practice meeting and learning shared. • Minutes of the practice meeting and the incident reporting form highlighted that this was the first year the two flu vaccines were introduced. To prevent further recurrence, clear posters were displayed in practice rooms to ensure the correct vaccine was administered.

September 2018: Medicine (eye drops) delivered to the wrong patient following a telephone consultation.	<ul style="list-style-type: none"> • Patient contacted, error explained and apology given. • Arrangements made for appropriate delivery of medicine. • Incident formally recorded, discussed during practice meeting and learning shared. • Investigation highlighted that the patients concerned had similar names. Staff were therefore reminded to check the '3-point identifiers' on every contact with patients to prevent recurrence.
May 2018: An expired vial was used to send a sample to the lab (for cervical screening), the lab contacted the practice to inform them of this.	<ul style="list-style-type: none"> • Patient contacted, error explained and apology given. • Arrangements made for a further sample to be taken. • Incident formally recorded, discussed during practice meeting and learning shared. • To prevent recurrence, the practice strengthened their system for crosschecking equipment and weekly stock monitoring.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>We saw evidence of an effective system in place for disseminating, actioning and governing alerts. There were records in place to support that alerts had been shared and acted on where required. We saw evidence of past and more recent alerts which had been received, shared and acted on in the practice. Examples included a range of recent medicine alerts, an alert regarding EpiPen's (used for the treatment of anaphylaxis) and an updated drug safety alert on the use of Valproate medicines in females with childbearing potential. We saw that actions such as searches, writing to and recalling patients had been taken in line with alert instructions.</p>	

Any additional evidence
Evidence of some of the monthly practice meetings (in the form of minutes) were reviewed during our inspection. These records demonstrated that key items such as safeguarding, incidents, significant events, complaints and safety alerts were also discussed during practice meetings. Specifically, we looked at minutes from May, September and October 2018.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.84	0.81	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	69.8%	79.9%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (10)	12.4%	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)	77.5%	77.0%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (14)	10.4%	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)	81.8%	81.1%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (15)	11.6%	13.5%	

Any additional evidence or comments:

Unverified data on how the practice was currently driving was provided on the day of our inspection, this demonstrated that the practice consistently met targets in relation to diabetes care. For example, there were 521 patients (aged 17+) on the practices diabetes register, 92% had a HbA1c of 64 mmol/mol or less (with a QOF target of 93%).

The practice had recognised that their diabetes prevalence was high in comparison to the CCG and national averages. To help the team to meet the needs of their diabetic patient group, the GPs had been trained to undertake the initiation of injectable and oral therapies; for instance, insulin and GLP-1 inhibitors.

Furthermore, the practice recognised the need to take a proactive approach in this area and had focussed on their pre-diabetic patients also. Members of the management team described how they had identified 358 pre-diabetic patients, these patients were offered annual health checks and following their HbA1c checks, were offered three and six-monthly reviews to suit their health needs.

We saw that the practice had a pre-diabetic register which the clinical team regularly reviewed and worked through by referring pre-diabetic patients to the NHS national diabetes prevention programme (NHS DPP) for healthy lifestyle education and advice.

Unverified data from the practices patient record system indicated that 1% of their pre-diabetic patients had participated in the diabetes prevention programme, 47% had their HbA1c measured 53% had a CVD risk assessment completed.

A report provided by the practice during our inspection, highlighted some positive outcomes whereby in one instance a pre-diabetic patient was identified and due to the application of a structured education programme and effective monitoring by the practice, the patients HbA1c had reduced from 6.3% to 5.9% over the course of four months. This was also presented in the form of a further positive case, where a patients HbA1c had reduced from 6.1% to 5.8% over several months, again due to onward referral and effective monitoring by the practice. The report summarised a further 91 cases where patients HbA1c readings had reduced, the practice ran repeat reports on the patient record system to monitor areas of improvement.

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)	78.0%	76.7%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (6)	6.2%	7.7%	
Indicator	Practice	CCG average	England average	England comparison

The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	88.9%	91.3%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (1)	11.2%	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)	87.9%	83.0%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (13)	4.5%	4.2%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	90.9%	88.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (1)	8.1%	6.7%	
Any additional evidence or comments: Unverified data on how the practice was currently driving was provided on the day of our inspection, this demonstrated that the practice consistently met targets in certain areas. For example, there were 470 patients on the practices hypertension register, 86% had a blood pressure reading measured (of 150/90mmHg or less (with a QOF target of 80%).				

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,	40	46	87.0%	Below 90% minimum (variation

Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)				negative)
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)	38	48	79.2%	Below 80% (Significant variation negative)
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)	37	48	77.1%	Below 80% (Significant variation negative)
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)	39	48	81.3%	Below 90% minimum (variation negative)

Any additional evidence or comments

Conversations with the practice team during our inspection highlighted that childhood immunisations were a key focus area identified in the practice, as the team had recognised the need to improve and increase uptake. Members of the management team explained how the team worked together to take an opportunistic approach in encouraging childhood immunisation uptake for their practice population, for example:

- Staff used every opportunity to promote the service when engaging with their families, children and young population groups.
- The practice ensured that call, recall and DNA's (failure to attend appointments) were followed up and escalated appropriately.
- The practice educated their families, children and young population groups on the importance of childhood immunisation.
- The practice sent congratulation letters to new mothers registered with the practice, this process initiated the baby registration, health check-up and immunisation process. The baby registration process was also monitored every three and six months by members of the healthcare team.

The practice provided unverified data (extracted from the Open Exeter NHS system) at the time of our inspection, this data highlighted a steady improvement on a quarterly basis for childhood immunisations and boosters. Quarterly data across the three financial quarters for the year so far highlighted that childhood immunisation uptakes were at 90% and boosters were at 81%; for quarters one, two and for the current quarter so far.

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)	59.9%	68.6%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	49.2%	64.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	22.3%	44.1%	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)	75.0%	76.4%	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)	57.1%	50.2%	51.6%	Comparable with other practices

Any additional evidence or comments

Conversations with the practice team during our inspection highlighted that cervical screening was a further focus area identified in the practice, as the team had recognised the need to improve and increase uptake.

The practice provided unverified data at the time of our inspection, this data highlighted that their cervical screening uptake had increased to 80%. Members of the management team explained how the team worked together to take an opportunistic approach in encouraging screening uptake for their practice population, for example:

- Staff used every opportunity to promote the service and to educate patients on cervical screening when engaging with their eligible population groups. We noted that written information was provided in various formats and languages to meet the needs of the practices diverse population.
- The practice ensured that call, recall and DNA's (failure to attend appointments) were followed up and escalated appropriately.

In addition, although there was no practice nurse available on the day of our inspection, we saw evidence of the nurse's failsafe records to ensure that they received a screening result for every sample submitted to the lab.

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	90.8%	93.2%	89.5%	Comparable with other practices

months (01/04/2017 to 31/03/2018) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (4)	9.5%	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)	92.6%	93.2%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (1)	7.8%	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)	89.5%	85.9%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.0%	6.6%	
Any additional evidence or comments Unverified data on how the practice was currently driving was provided on the day of our inspection, this demonstrated that the practice consistently met targets in certain areas. For example, there were 79 on the practices mental health register, 91% had their blood pressure recorded and 88% had their alcohol consumption recorded (with a QOF target of 90% for both indicators).				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	97%	96%	96%
Overall QOF exception reporting (all domains)	4.8%	6.1%	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)	98.7%	96.1%	95.1%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (3)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

Discussions with clinical staff demonstrated that they understood best practice guidance for obtaining consent. Written consent was also obtained for immunisations and minor surgery procedures.

Any additional evidence

We saw evidence to support that regular multidisciplinary meetings took place with representation from other health and social care services. This included liaison and joint working with health visitors and midwives. We also saw evidence to support that formal safeguarding and palliative care meetings were taken place on a regular basis.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	26
Number of CQC comments received which were positive about the service	17
Number of comments cards received which were mixed about the service	9
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC Comment Cards	Most of comment cards contained positive comments about care, treatment and services provided by the practice. Amongst the positive feedback regarding care, there were a few comments noting that at times it was difficult to get an appointment. Overall staff were described as caring and respectful however there were a couple of comments made regarding negative experiences when seeing locum GPs at the practice; these comments were regarding customer care and

	communication as opposed to actual clinical care.
Interviews with patients	We spoke with two patients on the day of our inspection including a member of the practices patient participation group (PPG). Patients expressed that they were happy with the practice, they spoke positively about the quality of care provided and described good access to practice appointments and services.
NHS Choices	The practice had received a three out of five-star rating based on 12 reviews. The most recent comment was made in July 2018, this was extremely positive regarding the care and approach from the GPs and with regards to the overall service provided by the practice.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6035	419	58	13.8%	0.96%

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)	72.2%	87.8%	89.0%	Variation (negative)
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)	68.7%	86.1%	87.4%	Variation (negative)
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)	88.8%	95.4%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	52.7%	81.1%	83.8%	Significant Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
Any additional evidence or comments				
<ul style="list-style-type: none"> Minutes of a Patient Participation Group (PPG) meeting highlighted that previous in-house survey results were discussed with the group in February 2018. These results indicated that 50 responses were received, however they did not demonstrate how many were sent and therefore we were unable to confirm the uptake rates. Results highlighted that more than 80% of the respondents were happy with the care they received, more than 80% noted their trust and confidence in the GP they saw and 60% said that they would recommend the practice. The practice provided evidence of an action plan which outlined areas that the practice was working on to improve access and patient satisfaction with regards to the national GP patient survey. Actions included improving access, additional training for staff and plans to analyse satisfaction rates through an in-house survey. At the time of our inspection however, the practice did not provide evidence to demonstrate or support if satisfaction rates had improved, some of this work was ongoing at the point of our inspection. 				

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

Any additional evidence
*Minutes of a PPG meeting held in February 2018 also referred to an internal survey which would be provided to patients either by the reception team or pre-post consultation by a clinician. Although we also discussed this during our inspection, no evidence or analysis was provided to demonstrate the uptake and success of this project.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Conversations with patients highlighted that they felt listened to and engaged in the decisions about their care. Feedback indicated that staff took the time to explain and involved patients in their treatment plans and decision making.
CQC Comment Cards	Comment cards highlighted that mostly, patients felt listened to and involved in decisions about care and treatment.

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	85.9%	92.8%	93.5%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)				

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	<p>At the time of our inspection the practice had identified 60 carers, this was 1% of their registered population. The practice had no young teenage or child carers but they did have some carers within the young working-age group.</p> <p>Members of the management team explained that staff routinely and opportunistically try to identify carers and capture them on the system to offer them with support.</p> <p>On discussion, the practice team acknowledged this as an ongoing area for further improvement.</p>
How the practice supports carers	<ul style="list-style-type: none"> • There was a carers pack in place which contained a range of supportive and signposting information for carers to take away. • The practice signposted and referred carers to the Birmingham Carers Hub and encouraged use of the Route to Wellbeing website. • Carers were offered health checks and flu vaccinations. Data from the practices patient record system demonstrated that 82% of their registered carers had received a health check in the last 12 months.
How the practice supports recently bereaved patients	<p>The practice sent letters of condolences to support recently bereaved patients, they were also signposted to support services such as Cruse Bereavement Care.</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	<ul style="list-style-type: none"> • The reception desk was situated a short distance from the seating area in the waiting room however, we found it was far enough for conversations not to be overheard. The practice also had a 'wait behind the line' sign to support and respect confidentiality. • There was a back-office area away from the reception desk to allow further, for any sensitive conversations to take place; with respect of confidentiality. • Furthermore, the practice adapted a strict confidentiality policy which reflected good GDPR across all aspects of information handling. • The practice incorporated information governance and data protection in to their training and learning sessions. The practice manager led on role play scenarios with staff to test their knowledge around good data protection practice; this was also captured in the form of a practice learning presentation which was evidenced as part of our inspection.
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Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Examples of specific feedback received:

Source	Feedback
Interviews with patients.	Patients commented that they felt their privacy and dignity was maintained and expressed no concerns about confidentiality issues.
CQC Comment Cards	Comment cards also highlighted that patients felt that their privacy and dignity was well respected and maintained.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 7.30pm
Tuesday	8am – 7.30pm
Wednesday	8am – 7.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Appointments available

General Clinic Appointments: Monday to Friday	Urgent and routine appointments were bookable between 8am and 6pm on these days
Extended hours opening	
Monday	6.30pm – 7.30pm
Tuesday	6.30pm – 7.30pm
Wednesday	6.30pm – 7.30pm
Washwood Heath Hub appointments: Available on some evenings and weekends in conjunction with four local practices. Patients and carers were directed to speak with the practice receptionists to book a Hub appointment when needed.	<ul style="list-style-type: none"> Monday to Friday from 6.30pm – 8pm Some Saturdays 9am – 2pm Some Sundays 9am to 1pm

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	
On receiving a home visit request, the receptionist entered the request and reason on to the practices patient record system. The request goes through to the GP who contacted the patient/carer to triage and attend if appropriate. There was a formal protocol in place to support this process.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6035	419	58	13.8%	0.96%

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)	85.8%	94.5%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to	28.5%	59.7%	70.3%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
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)	26.5%	62.2%	68.6%	Significant Variation (negative)
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)	44.2%	62.5%	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)	35.3%	69.7%	74.4%	Significant Variation (negative)
Any additional evidence or comments				
<p>The practice provided evidence of an action plan which outline areas that the practice was working on in order to improve access and patient satisfaction. For example, to allow patients further access to bookable appointments and to reduce sit and wait times, the practice stopped operating a sit and wait service from April 2018. This service ran successfully for over a year, however members of the management team explained that they had started to receive verbal feedback from patients indicating that they preferred to pre-book their urgent and routine appointments. Therefore, a decision was made to improve satisfaction with regards to access and appointment waiting times and the sit and wait clinics stopped. The period in which they were operational also forms the period in which the national GP patient service represents.</p> <p>The sit and wait clinics were replaced with telephone triage, this involved a GP being allocated to manage the telephone triage service each day and ensure that patients were directed to the most appropriate route of care such as, a face to face appointment with a GP, nurse or Healthcare Assistant. Patients could also be advised over the telephone and directed to other options such as pharmacy care. The practice was able to offer appointments over a variety of times and days to suit patient needs. Extended access appointments were available at the practice on evenings, Monday to Wednesday and additional appointments were also available on evenings and weekends in conjunction with four local practices through the Washwood Heath Hub.</p> <p>Although we saw evidence to demonstrate that the practice had reviewed and formed an action plan to improve in response to the national GP patient survey, at the time of our inspection the practice did not provide evidence to demonstrate if the areas they had worked on in relation to access, had improved satisfaction rates.</p> <p>Evidence provided for our inspection also referred to an internal survey carried out after April 2018. Although we also discussed this during our inspection, no evidence or analysis was provided to demonstrate the uptake and success of this project. The action plan provided by the practice noted that there were also future to analyse present satisfaction rates through an in-house survey.</p>				

Examples of feedback received from patients:

Source	Feedback
CQC Comment Cards	Amongst the overall positive comment cards, few noted that at times it was difficult to get an appointment.
Interviews with patients	Patients we spoke with during our inspection described good access to practice appointments and services.
NHS Family and Friends Test	The practices NHS Family and Friends Test results highlighted that based on 15 responses 93% of their patients would recommend the practice.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	22
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Information about how to make a complaint or raise concerns was available in the practice waiting area in addition to the practice website. There was a complaints policy and form in place which could be used to capture verbal and hand-written complaints. Minutes of practice meetings demonstrated that complaints, outcomes, actions, learning and themes were discussed at practice meetings. The practices complaints policy reflected NHS complaints guidelines and patients were also signposted to further support services in the event that they wished to gain additional advice or escalate their concerns further.	

Example of how quality has improved in response to complaints

The practice restructured their morning routine to ensure that a manager was positioned in reception each morning. This was to offer support with handling calls and customer care techniques, particularly during busy periods. This was implemented following a complaint made where a caller made multiple attempts to contact the practice and on doing so, expressed in their complaint that a member of the reception team was unhelpful. This complaint was discussed with the practice team, including the receptionists, for reflection and learning; we saw that this was recorded in the form of practice meeting minutes.

Any additional evidence

Patients we spoke with during our inspection told us they had not had cause to complaint but knew that they could speak directly to the staff if they were unhappy with the care and treatment they received.

Well-led

Leadership capacity and capability

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

Leaders were visible in the practice; staff conversations highlighted confidence in their team and there was a theme in positive staff feedback presented on our inspection outlining the positive relationships between staff and teams. There was evidence of both clinical oversight and operational management of the practice. Quality and efficiency improvement initiatives were evident. Practice leaders used ongoing performance reports, as well as the findings from the previous CQC inspection to improve their services.

Any additional evidence

- We saw evidence to support that staff received annual appraisals, as well as three and six-monthly performance checks. There was also evidence of appropriate support and supervision in place for clinical members of staff, including the practice based pharmacist.
- We also found that the health care assistants worked closely with the GPs at the practice, the team highlighted how this worked well during triage clinics.
- Staff were up to date with mandatory training requirements, the practice operated a system for ensuring that training updates were completed as part of a rolling programme. Staff were also given protected time for learning and training.
- We saw evidence to demonstrate that clinicians were up to date with their training and continuous professional development requirements to carry out specific services such as minor surgery and cervical screening.

Vision and strategy

Practice Vision and values

The practices vision, in summary, was to work with patients through shared decision making to achieve high quality care. To also embrace and seek out advances in technology to the advantage of patients. To adapt to the changing needs of patients and to continuously promote healthy lifestyles. Conversations with staff demonstrated that their values and approach aligned with this vision and feedback from patients during our inspection was also reflective of quality care which involved them as patients. The practices vision also included the aim of working in federated organisations, with well-connected clusters of practices and other care providers whilst maintaining the concept of the family GP relationship.

Culture

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

- We saw evidence to demonstrate that the team followed good practice principles to help continually drive and embed improvements, this was demonstrated through improved performance in childhood immunisations, cervical screening uptake and good governance across areas such as risk management and business continuity.
- Evidence of incidents, complaints, meetings, presentations and appraisals supported how learning was shared and filtered across to staff in all areas of the practice.
- We also saw that the practice reflected on things that went well and positive performance was celebrated through initiatives such as 'employee of the month'.

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

Source	Feedback
Staff and observations	<ul style="list-style-type: none"> We observed a calm and friendly atmosphere amongst staff during our inspection, there was a sense of pride shared by members of the management team when describing their practice to the inspection team and this also reflected through to conversations with other staff who we spoke with throughout the day; staff were proud to work at the practice. Staff described the practice as a positive, friendly, family orientated open environment in which to work. Staff expressed that they were confident to raise concerns and to make suggestions at work.

Any additional evidence
<ul style="list-style-type: none"> We saw evidence of regular meetings happening within the practice. Meetings included monthly meetings for the clinical team, a meeting for the partners and a monthly staff meeting. There was a monthly meeting where the Forward Group federation met as part of their sub-locality and a rolling programme for PPG and multi-disciplinary meetings where palliative care and safeguarding were covered as key items with other health and social care services.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	<p>Practice specific policies were available on the practices shared computer system and in hard copy format. We saw a range of practice specific policies such as:</p> <ul style="list-style-type: none"> The practices child safeguarding policy The practices adult safeguarding policy The policy for repeat prescribing and medication reviews The practices whistleblowing policy The practices incident reporting policy The practices induction policy
Other examples	<p>Systems and processes were complimented by best practice governance principles, for example:</p> <ul style="list-style-type: none"> Meetings were supported by formal agendas and were well-governed with minutes and documented actions. Policies were well organised, easy to access and were part of a systematic review process. Risk assessments were formalised and continually reviewed. We saw examples where this had happened for infection control risk, health and safety and information governance. Employee recruitment and training files were well organised, the practice also had a system for checking and ensuring that staff were up to date with key professional and training requirements such as indemnity and CPD requirements.

	<ul style="list-style-type: none"> Staff training and learning was tested in a creative and engaging way during practice learning sessions, evidence in the form of learning presentations demonstrated how the practice had carried out role plays and group discussions to ensure they were prepared in the event of a practice emergency, data protection challenges and potential disaster recovery scenarios.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence	
<ul style="list-style-type: none"> There were named leads in the practice across key areas such as safeguarding, governance, infection control, health, safety and fire safety; as well as practice, finance and administration management. We saw that leads were incorporated in to practice-specific policies and listed on display throughout areas of the practice so that staff had reminders of who to go to with specific queries. 	

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
The practice recognised the need to strengthen and test their business continuity plan following their previous CQC inspection in 2016.	<ul style="list-style-type: none"> The plan had been updated to include emergency contacts and these were also displayed in the practice for ease. We also saw that the plan had been tested in the practice to ensure its effectiveness and that the team carried out a series of role plays to help them to prepare in the event of an emergency.
The practice shared a reception desk with a neighbouring practice, the team recognised that a shared reception desk could present additional data protection and confidentiality risks.	<ul style="list-style-type: none"> The practice completed a comprehensive security risk assessment which we saw incorporated General Data Protection Regulation principles to ensure security of practice and patient information. Although no incidents had occurred, the practice recognised that improvements could be made and therefore adapted a formal policy to ensure systematic locking of computer screens were adapted throughout the practice.

Appropriate and accurate information

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

Any additional evidence

- The practice followed an appropriate process to ensure the timely summarising of records for any new patients registering or moving across to the practice. The healthcare assistants summarised records as part of a rolling process to prevent a build-up of records that required summarising on the patient record system.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback

There was a rolling programme of Patient Participation Group (PPG) meetings which enabled the group to meet at least once a quarter. We saw that topics such as previous in-house survey and improving access had been discussed and shared with the PPG. We spoke with a member of the PPG during our inspection, they noted that they felt involved and were able to contribute to practice decisions.

Any additional evidence

The practice used a range of formats available to gain patient views and experiences. These included the national GP survey, in-house surveys, PPG meetings, complaints and verbal feedback.

Continuous improvement and innovation

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

Audit area	Improvement
An antibiotic prescribing audit focussing on patients diagnosed with a UTI	<ul style="list-style-type: none">• The repeated audit which was carried out in October 2017 and then again in March 2018, highlighted that the standard for recording recurrent UTI diagnosis had improved from 75% to 100%.• The audit record indicated that improvements were required with regards to documenting prophylaxis reviews however.• To further improve, action points were formalised and implemented in practice. These included improved access to latest prescribing guidelines and a learning review of practice procedures specific to initiation of prophylactic indications.
An audit on patients diagnosed with AF (Atrial Fibrillation)	<ul style="list-style-type: none">• The repeated audit which was carried out in September 2016 and then again in May 2017, highlighted that the standard for recording stroke risk had improved from 86% to 100% in patients receiving treatment for AF.• The audit record indicated that prescribing was appropriate and reflected guidelines for patients diagnosed with AF.• The action plan set in-between audits noted the need to continue to monitor the standard parameters in this area of prescribing. Specific areas such as documenting the risk of bleeding in patients with AF (within the preceding 15 months), had improved from 13% to 94%.

Any additional evidence

In addition to clinical improvement audits, one of the GP partners completed a monthly audit where they looked at data quality for 5% of the locum GPs consultations each month. The audit involved checking if history taking was sufficient, a record of adequate examination, appropriate treatment records and appropriate referrals where carried out. Recent records highlighted that in most cases consultations were adequately captured on the system with appropriate treatment provided. There were few cases which raised the need to remind the locum GPs of updates to guidelines or practice processes such as the practices focus on pre-diabetic reviews or changes to local prescribing guidelines. We found that any areas for action or reflection were discussed between the GPs and locum GPs.

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](#)).