

# Care Quality Commission

## Inspection Evidence Table

### Shiregreen Medical Centre (1-544597866)

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 and a deputy lead 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:	



Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y*
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <p>*There were some gaps in the recruitment files we reviewed. For example, no interview summary for a member of the clinical team, no identification checks for a receptionist and no record of staff induction.</p>	



Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 5 July 2018	Y
There was a record of equipment calibration Date of last calibration: 21 December 2017	Y*
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	NA
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	N
Fire alarm checks	Partial**
Fire training for staff	Y
Fire marshals	N***
Fire risk assessment Date of completion: 23 June 2018	Y
<p>**Fire alarm maintenance checks were completed weekly at the main site. However, checks had lapsed between June and October 2018 and were ad hoc at the branch site. There was no record of a fire drill at either site. Staff we spoke with could not recall the last fire drill.</p> <p>*** As there were no members of staff who were full time, specified workstations at both sites had been allocated fire marshal duties. All staff were aware of their responsibilities for these posts.</p>	
<p>Additional observations:</p> <p>*We were told locum GP staff would sometimes use their own medical equipment. There was not a system in place to monitor if this equipment had been calibrated.</p>	
<p><b>Health and safety</b></p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: May 2018</p>	Y
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment: May 2018</p>	Y
<p>Additional comments:</p> <p>A legionella risk assessment had been completed April 2017. Actions to mitigate the risks identified were being carried out and recorded at the Shiregreen site. However, the checks at the branch site had</p>	



lapsed between June to 26 September 2018 and were ad hoc in October.

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: 2 August 2018</p> <p>The practice told us they had acted on the issues identified. However, the actions taken were not recorded on the audit sheet so it was not clear what actions had been taken to mitigate risks or how this was being monitored.</p> <p>Detail: The practice infection control policy stated audits would be completed bi-monthly. There was a record of annual audits.</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Partial*
<p>Explanation of any answers:</p> <p>*We observed all the sharps bins at the branch site were not labelled as outlined in the Health Technical Memorandum 07-01-safe management of healthcare waste guidance.</p>	

Any additional evidence
<p>We were told that there were systems to check stock at both sites. However, we observed some consumables (syringes and needles) in the clinical rooms at the branch site were past their expiry date. These were removed immediately during the inspection.</p>



## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers:	

## 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:	



## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.17	0.94	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)	8.5%	8.7%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	N*
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	N**
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.	NA
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>* Patient Group Directions were in place for practice nurses to use. Patient specific directions were not used. The provider could not demonstrate patients attending for immunisations, such as vitamin ones, were authorised by a prescribing clinician before administering.</p> <p>** Blank prescriptions were securely stored at the main site in a locked room. However, they were stored in a desk drawer at the branch site which was not locked. We were told no-one accessed the premises when the reception staff were not on duty. We observed blank prescriptions were logged into the practice by box number. However, there was no system to track the prescriptions within the practice at both sites as specified in NHS Counter Fraud Authority guidance. During the inspection, the practice was not able to locate one of the boxes logged in as there was no record of where this had gone. This had been identified as missing but at the time of the inspection had not been reported to management.</p> <p>*** 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. However, the practice did not have a formal process to check medicines for patients with poor mental health were being ordered by patients.</p> <p>**** The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines. However, we observed the adult defibrillator pads at the branch site had expired in October 2018. The practice ordered a replacement during the inspection.</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.	22
Number of events that required action	22

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

Event	Specific action taken
Lack of oxygen mask at the branch site	Mask ordered immediately and nurse manager reviewed protocol for checking of emergency equipment at both sites.
Patient not referred to secondary care in a timely manner	All GPs attended an educational training session to review the clinical protocol in line with national guidance recommendations.
Not all relevant information was recorded prior to fitting a contraceptive device.	The consent form was amended to ensure relevant information was asked of the patient at the time of gaining consent.

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>There was a lead GP for receiving and actioning safety and medicines alerts. Actions taken as a result were recorded on a log sheet. The log was shared on the practice's intranet system for all GPs to refer to.</p>	



# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	1.29	0.77	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)	87.1%	78.7%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.6% (160)	13.4%	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)	83.0%	76.6%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.4% (94)	9.8%	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)	83.6%	81.9%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.4% (132)	12.5%	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)	72.4%	76.5%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (7)	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)	97.9%	89.4%	89.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (13)	12.2%	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)	84.8%	84.1%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (61)	4.2%	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)	86.2%	92.0%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (6)	6.7%	6.7%	
Any additional evidence or comments				
The practice had a higher than CCG average of exception reporting for some diabetes indicators. Staff told us the lead GP for diabetes would exception report if patients failed to attend the diabetic prevention programme or when on maximum tolerated doses of medication. Management of QOF had been discussed at the multidisciplinary team meetings since December 2017.				



## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	118	129	91.5%	Met 90% minimum (no variation)
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)	88	107	82.2%	Below 90% minimum (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)	88	107	82.2%	Below 90% minimum (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)	88	107	82.2%	Below 90% minimum (variation negative)
<b>Any additional evidence or comments</b>				
<p>Staff told us they would contact the parents of children, by letter, who failed to attend for their immunisations asking them to reschedule an appointment. Those who continually failed to attend would be discussed at the weekly multidisciplinary team meeting to agree what action, if any, was required. The practice shared with us un-validated data which showed a current uptake of 90% for childhood immunisations as of 1 April 2018.</p>				



Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	68.9%	73.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.3%	71.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	44.0%	56.1%	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)	72.0%	61.3%	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)	39.3%	48.9%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>  Staff told us that patients would be sent a letter to encourage them to attend for their cervical cancer screening test if they failed to attend their appointment.				



## People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.4%	91.2%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.5% (13)	14.7%	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) <small>(QOF)</small>	98.8%	90.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	12.1%	10.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.7%	84.7%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (7)	6.1%	6.6%	
Any additional evidence or comments				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.9	-	-
Overall QOF exception reporting (all domains)	8.9%	6.7%	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)	92.2%	95.0%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (12)	0.8%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Patients gave informed consent to care and treatment.</p> <p>Written consent was sought for insertion of contraceptive devices. Learning from a recent significant event included updates to the consent form as a result of the investigation. Staff received MCA (mental capacity act) update training in November 2018.</p>



# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	34
Number of CQC comments received which were positive about the service	26
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	3

Examples of feedback received:

Source	Feedback
CQC comments cards	Patients said they felt the practice offered a good service and staff were friendly, professional and helpful. The mixed and negative comments related mostly to access and changes to the appointment system.
Patients we spoke with	Patients we spoke with told us they were treated with dignity and respect, staff were helpful and they were happy with the care they received at the practice.
NHS Choices	Eight negative comments had been received in the previous 12 months, regarding access to appointments and staff attitudes. A positive comment was received about the care of a relative.
Sheffield Healthwatch	Two patients had reported positively about the care they had received.



## 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
7830	376	119	31.6%	1.52%

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)	92.3%	89.4%	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)	88.5%	88.2%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	99.5%	96.4%	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)	79.2%	82.6%	83.8%	Comparable with other practices
<b>Any additional evidence or comments</b>				



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

Date of exercise	Summary of results
2018	The practice had reviewed the 2018 GP national patient survey results and had developed an action plan. We saw evidence some of these actions had been implemented. For example, an automated self check-in system had been installed at the Shiregreen site to promote confidentiality at the front reception desk. Also appointments were offered on Monday evenings until 8pm and Wednesday mornings from 7am to support patients who found it difficult to access appointments during the working day.

Any additional evidence
<p>Feedback from patients was considered prior to making changes. For example, the provider had consulted with patients at the branch site regarding a change to the opening hours.</p> <p>Staff at the practice were actively trying to recruit a patient participation group (PPG) and were currently promoting this to patients when they attended the practice as the previous PPG had dissolved.</p> <p>Comment boxes were displayed at both sites to invite patient feedback.</p>



## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported.

## 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)	91.8%	93.2%	93.5%	Comparable with other practices
<b>Any additional evidence or comments</b>				



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.	N
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	<p>269 patients were identified as carers; this represents 3.4% of the practice list.</p> <p>The practice identified patients who were carers either at their appointment or if they presented themselves to them.</p>
How the practice supports carers	<p>There were information leaflets available in the waiting room at the practice and staff would signpost patients to the carers in the community service.</p> <p>The practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.</p> <p>Carers were invited for annual influenza vaccinations.</p>
How the practice supports recently bereaved patients	<p>There is information on the practice website to support bereaved families. The practice would support patients who requested advice or information about bereavement support services.</p>



## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>The practice had implemented an automated self check-in system for patients to increase confidentiality at the reception desk. There was a sign requesting patients to stand back until the receptionist was available.</p> <p>Staff told us a private area was available should patients wish to discuss sensitive issues.</p>

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Examples of specific feedback received:

Source	Feedback
Observation by the CQC inspector during the inspection	Receptionists answered the telephones whilst sat at the front reception desk. These conversations could be heard in the waiting room. However, staff did not use patient identifiable information during the conversations we heard.



# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.00am to 8pm Shiregreen site 8.30am to 12.30pm Melrose site
Tuesday	8.00am to 6pm Shiregreen site 8.30am to 12.30pm Melrose site
Wednesday	7.00am to 6pm Shiregreen site 8.30am to 12.30pm Melrose site
Thursday	8.00am to 2.30pm Shiregreen site 8.30am to 12.30pm Melrose site
Friday	8.00am to 6pm Shiregreen site 8.30am to 12.30pm Melrose site

Appointments available	
	<p>Morning and afternoon appointments were offered with the doctors and practice nurses daily Monday to Friday at the Shiregreen site with the exception of Thursday afternoons when the practice was closed.</p> <p>Morning appointments were offered with the doctors and practice nurses at the Melrose site daily and afternoon appointments were available at the Shiregreen site (with the exception of Thursday afternoons) if required.</p>
Extended hours opening	
	<p>The practice offered extended hours appointments on Monday evenings until 8pm and Wednesday mornings from 7am at the Shiregreen site.</p> <p>The practice also offered weekend and evening appointments at one of the six satellite clinics in Sheffield, in partnership with other practices in the area.</p>

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
The receptionist would take the details from the patient or their carer and the request for a home visit would be added to the patient record system. The duty doctor would review and assess the urgency of the request and GPs would share the home visits between them. The duty doctor was responsible for	



co-ordinating home visits and ensuring they were undertaken.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7830	376	119	31.6%	1.52%

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)	94.5%	94.1%	94.8%	Comparable with other practices
Any additional evidence or comments				



## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	82.3%	66.9%	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)	62.3%	66.4%	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)	52.9%	62.3%	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)	57.4%	74.2%	74.4%	Comparable with other practices
<b>Any additional evidence or comments</b>  <p>The appointment system had been changed since the above national GP patient survey results were completed. A new system had been implemented as the practice had a very high DNA (did not attend) rate. The system in place is telephone to book on the day. When the appointments were full, requests would be put on the duty doctor list who would triage the patient.</p> <p>A recent consultation had taken place regarding the appointment availability at the branch site. As a result the opening hours had been changed to morning appointments and patients could access afternoon appointments at the Shiregreen site.</p> <p>The business manager told us the new system was being monitored and patient feedback reviewed. Initial practice audits showed better utilisation of appointments with a 27% reduction in DNA rates.</p>				

### Examples of feedback received from patients:

Source	Feedback
Staff we spoke with during the inspection	We spoke with four patients during the inspection. Two patients reported they had difficulty booking an appointment in advance due to their work commitments.



CQC comment cards	Of the 34 patient comments received. Four patients commented they found it difficult to access an appointment using the new system and two had reported that the new system worked better for them.
NHS Choices	There had been seven patient feedback comments since April 2018, three of these related to difficulty accessing an appointment.



## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	12
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
<b>Additional comments:</b>	
The Parliamentary and Health Service Ombudsman details were not included in complaint response letters, as specified in the complaints policy. However, the practice manager told us a copy of the complaints leaflet was included with the letter which detailed this information.	

Example of how quality has improved in response to complaints
The latest aseptic technique guidance was discussed with the clinical team to use when carrying out wound dressing procedures.



# Well-led

## Leadership capacity and capability

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

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were reviewing ways to address them.

There had been significant changes to the leadership of the practice with the recent retirement of two long standing GP partners. Succession planning had resulted in GPs increasing their sessions and recruitment of an Advanced Nurse Practitioner (ANP). We were told there was still a six session deficit of GP hours which was currently being filled by regular locum doctors. We were told a new partnership was currently being formed and plans for further recruitment considered.

A practice operational structure had been developed which included a management structure with roles and responsibilities outlined. Some staff were undertaking additional training to diversify the workforce. For example, the healthcare assistant had attended an ear syringing course and diabetic foot check training course.

The GP, registered manager and business manager were aware that this was a time of considerable change in the practice and were supporting staff by sending out weekly newsletters to keep them updated.

However, there was a lack of comprehensive oversight of some safety systems, identified risks and lack of actions to mitigate those risks.

### Any additional evidence

We saw evidence the process to apply to change the provider registration with the Commission had been commenced.

## Vision and strategy

### Practice Vision and values

The practice had a vision to deliver high quality, person centred care and promote good outcomes for patients.

The practice had a strategy in place for this and a supporting business plan was in development. The practice had a mission statement which staff were aware of.

## Culture

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

We were told the practice had a low staff turnover. Staff were being encouraged to develop their skills. Although staff had not received a formal appraisal, staff we spoke with reported there was an open-door culture to both the management team and GPs and they had received informal one to one meetings.



Staff we spoke with told us they felt supported and worked well as a team and were encouraged to develop and attend training. A new system for appraisals had been implemented and all staff had a date scheduled for an appraisal in December 2018.

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

Source	Feedback
Staff	Staff told us they felt respected, supported and valued. They told us they worked well as a team and were proud to work in the practice.



## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Policies were in place accessible to staff on the shared drive on the computer system.
Team meetings and communication	<p>The practice held a weekly full team meeting for practice staff and monthly multidisciplinary team meetings to discuss complex patients to which other care providers were invited.</p> <p>The business manager sent out a weekly newsletter to staff to keep them informed of the recent changes within the leadership team and any updates with regard to new ways of working, for example, the new appointment system.</p>
Managerial oversight of monitoring systems	The practice had some systems in place to monitor safety systems. For example, stock control of treatment room consumables and emergency equipment checks. However, these were not operating as intended as we observed out of date consumables in the treatment room at the branch site. Also, the checks of the emergency medicines was not adequate as the defibrillator pads had expired at the branch site and the oxygen cylinder monitoring checks at the main site were not being recorded.
Y/N	
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

## Managing risks, issues and performance

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

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Legionella	Water temperatures and flushing were completed at the Shiregreen site as specified in the risk assessment control regime. Control measures had also been adopted at the branch site but these had lapsed between June and October 2018 and checks were ad hoc.
Fire risk assessment	A fire risk assessment had been completed for both sites. However, there was no record of fire drills at either site as specified in the fire risk assessment and staff we spoke with could not recall the date of the last drill. Fire alarm maintenance checks were maintained at the main site weekly. However, these had lapsed at the branch site between June and October 2018 and were ad hoc.
Safe use of equipment	We saw all necessary checks had been completed to ensure equipment



	was in proper working order and safe to use. However, staff told us that the GP locum staff used their own medical equipment. There was not a system in place to monitor if this equipment was calibrated and tested as per practice equipment.
Premises Risk Assessment	Slips, trips and falls had been risk assessed at both sites and control measures put in place. For example, slip hazard signs were to be used when the floor was wet.



## Appropriate and accurate information

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

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
The practice did not have a Patient Participation Group. However, the practice were actively promoting the group to individual patients when they attended the practice and there was a poster in the reception area.

Any additional evidence
The practice consulted with patients prior to amending the opening times at the branch site. The practice also utilised the national NHS Friends and Family test to gain patient feedback and took account of the national GP patient survey and had developed an action plan as a result.

## Continuous improvement and innovation

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

Audit area	Improvement
Blood monitoring of patients with diabetes on medication	13 patients were identified on the initial audit who required their medication to be reduced or stopped. At the re-audit 10 patients were identified as not having the appropriate monitoring. This was discussed at a clinical meeting and a diarised system set up to prompt the secretaries when patients required an appointment for a blood test to send appointments out.
Monitoring of patients on medication for cardiology condition.	Alerts were put on patients' records that they were due a blood monitoring test every four months. A designated healthcare assistant rang the patients to encourage them to have the blood test taken. The initial audit showed 61% of patients had received a blood test at the recommended intervals. The re-audit showed an improvement with 90% of patients receiving monitoring blood tests at the appropriate time.

Any additional evidence
The practice were piloting a scheme for an emotional well-being worker who would support patients referred to counselling in-between seeing the GP and waiting for their counselling appointment.



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](#)).