

Care Quality Commission

Inspection Evidence Table

Roxbourne Medical Centre (1-545557983)

Inspection date: 21 November 2018

Date of data download: 13 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.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	No
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: Most staff received up-to-date safeguarding and safety training appropriate to their role. However, the practice was unable to provide documentary evidence that a clinical staff member and an administrative staff had completed up-to-date safeguarding children and safeguarding adult training appropriate to their role.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 30.05.2018
There was a record of equipment calibration Date of last calibration:	Yes 06.04.2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes, but some gaps
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 07.09.2018
Actions were identified and completed.	Yes, action plan in place
Additional observations: Satisfactory fire safety measures in place.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes August 2018
Health and safety risk assessment and actions Date of last assessment:	Yes August 2018
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>Flooring, taps and sinks had been replaced.</p> <p>New splashbacks installed.</p>	<p>Yes</p> <p>June 2018</p> <p>Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
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.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
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.	Yes
<p>Explanation of any answers:</p> <p>The provider had offered an in-house sepsis training session to the practice staff and the clinical staff at two care homes they were responsible for.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes
<p>Explanation of any answers:</p>	

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)	0.69	0.85	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)	8.1%	12.6%	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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	No
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>The practice kept prescription stationery securely. On the day of the inspection, we saw blank prescription forms for use in printers for use in printers and handwritten pads were not handled in accordance with national guidance as these were not recorded correctly and tracked through the practice at all times.</p> <p>The practice was reviewing the medicines management with the clinical pharmacist.</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	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months	20
Number of events that required action	20

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

Event	Specific action taken
Wrong label attached to two smear samples	The practice had sent letters to both patients to notify of this error and offered to rebook the appointments in three months time. The practice had reminded all staff to make sure the right label was attached to the samples.
Two letters were saved in the wrong patient files	The practice had removed the letters from both files and saved under the correct patient records. The practice had reminded all staff to give attention to detail to their work, always double check the record and deal with one letter at a time. The practice had discussed and promoted the awareness regarding information governance and protection of confidential patient records.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>There was an effective system in place to receive and share all safety alerts. If action was required this was assigned to an appropriate member of staff and it was recorded when this action complete.</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)	0.66	0.58	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)	69.9%	79.7%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (14)	8.8%	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)	61.9%	78.1%	77.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (17)	7.6%	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)	65.9%	80.1%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (18)	9.6%	13.5%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	81.7%	79.7%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (8)	4.8%	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)	98.0%	92.3%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (2)	8.3%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	80.9%	83.8%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (18)	3.2%	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)	81.9%	83.4%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (4)	8.2%	6.7%	

Any additional evidence or comments

The practice's performance on quality indicators for long term conditions was in line with the local and the national averages with the exception of quality indicators related to patients with diabetes. However, on the day of the inspection, the practice had demonstrated that they had taken steps to improve the outcomes for patients with diabetes. However, it was too early to assess the impact of improvements planned.

The practice was taking part in the National Diabetes Prevention Programme (NDDP). A health coach from the NDDP had started group consultations (to promote awareness and share ideas regarding how to manage and prevent the diabetes progression) at the premises for the patients within pre-diabetes range. The practice had undergone a recent extension and refurbishment to provide a bigger room to enable group consultations, started in November 2018.

The diabetic specialist nurse and dietician were offering onsite clinics for patients with diabetes.

The practice was working in partnership with the Diabetes UK and held support sessions at the premises.

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	72	82	87.8%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	64	77	83.1%	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) (01/04/2017 to 31/03/2018) (NHS England)	67	77	87.0%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	64	77	83.1%	Below 90% minimum (variation negative)
Any additional evidence or comments				
<p>The practice was aware of these results and explained that this was due to known challenges within the practice population. This had an impact on the national childhood vaccination programme. The practice had taken steps to improve the childhood immunisation uptake, they were working closely with the health visitors (meeting monthly) and they were working to overcome the barriers. The practice had provided us the recent data which demonstrated some improvements and childhood immunisations rates were ranged from 84% to 93% (for the quarter to 1 April 2018) and 81% to 91% (for the quarter to 1 July 2018). However, the practice was monitoring the uptake and understood that further improvement was required.</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)	55.8%	62.7%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	56.8%	69.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	42.0%	48.5%	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)	64.3%	76.2%	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)	58.3%	58.4%	51.6%	Comparable with other practices
Any additional evidence or comments <p>The practice was aware of these results and explained that this was due to known challenges within the practice population, which had an impact on the cervical screening uptake. The practice had taken steps to encourage the uptake. For example, there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. All non-attenders flagged on the woman's record so that the clinicians opportunistically encouraged patients to make their appointments. The practice informed us they had recruited a practice nurse for three months to encourage the uptake. The practice informed us they were participating (since July 2018) in the NHS England cervical screening text reminder service which would be conducted on a weekly basis. According to the recent data provided by the practice (from EMIS i.e. electronic patient record system and software used in primary care) on the day of the inspection, the practice's uptake for cervical screening was 66%, which demonstrated some improvement.</p> <p>The practice was working in partnership with the Bowel Cancer UK charity. They had visited the practice twice in the last 12 months to promote the benefits of bowel cancer screening in order to increase patient uptake. However, recent data was not available to demonstrate the improvement.</p> <p>The practice had taken steps to promote the benefits of bowel, breast and cervical screening in order to increase patient uptake. The practice had advertised the relevant information on their website and displayed on the notice boards in the waiting area encouraging patients to take part in the national cancer screening programme. The practice used various text messaging facilities to send individual texts to the eligible population.</p>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.1%	92.4%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (8)	8.3%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.1%	92.6%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (2)	6.3%	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)	97.8%	88.3%	83.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (4)	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)	95%	97%	96%
Overall QOF exception reporting (all domains)	4.0%	5.8%	5.8%

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.7%	96.4%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (9)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice obtained consent to care and treatment in line with legislation and guidance.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	20
Number of CQC comments received which were positive about the service	14
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, Interviews with the patients, the patient participation group (PPG) members and comment cards	Five patients and two members of the patient participation group (PPG) we spoke with said staff were helpful, caring and treated them with dignity and respect. Fourteen of the 20 patient CQC comment cards we received were positive about the service experienced. Six of the 20 patient CQC comment cards we received were neutral and raised some concerns regarding access to the service. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.
NHS Choices	The practice had received a number of positive comments on the NHS Choices website regarding the good quality clinical care provided by the staff in the last 12 months.

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
7102	363	87	24%	1.23%

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)	93.5%	87.4%	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)	92.5%	84.6%	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)	97.6%	94.6%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	83.7%	79.7%	83.8%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
June 2018 to November 2018	We noted the NHS friends and family test (FFT) results for the last six months and 87% of patients (out of 974 responses) were likely or extremely likely recommending this practice.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with the patients, the patient participation group (PPG) members and comment cards	<p>Feedback from patients demonstrated they felt involved and that their personal decisions were taken into account.</p> <p>Patients providing positive feedback told us they felt listened to and supported by their doctor and had sufficient time during consultations.</p>

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.2%	91.7%	93.5%	Comparable with other practices
Any additional evidence or comments				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 91 patients as carers (1.3% of the practice patient list size).
How the practice supports carers	The practice's computer system alerted GPs if a patient was also a carer. They were being supported by offering health checks and referral for social services support.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff recognised the importance of patients' dignity and respect. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

Examples of specific feedback received:

Source	Feedback
Interviews with the patients, the patient participation group (PPG) members and comment cards	Patients said staff were helpful, caring and treated them with dignity and respect.

Responsive

Responding to and meeting people's needs

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

Appointments available	
Monday to Friday	Between 8am to 5.50pm
Extended hours opening	
Monday to Friday	Between 7.30am to 8am

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	Yes
If yes, describe how this was done	
<p>The practice had a documented home visit requests protocol. Staff recorded requests for home visits in the visit book and on the online appointment system with as much information as possible as to the reason for the request. This allowed the GPs to consider the urgency of the home visit. If the staff felt the request was urgent, they would interrupt the duty doctor.</p> <p>The practice had identified patients who were vulnerable or who would have difficulties accessing the service and had flagged them on their computer system. They would offer those patients home visits as a priority.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7102	363	87	24%	1.23%

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)	97.3%	93.3%	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)	46.6%	67.4%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	58.1%	64.8%	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)	54.3%	63.1%	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)	54.5%	69.0%	74.4%	Comparable with other practices
Any additional evidence or comments <p>The practice had analysed the survey results and took steps to improve the access to the service. For example,</p> <ul style="list-style-type: none"> • The practice had increased the number of GP sessions from 15 GP sessions to 22 GP sessions per week in the last 12 months. (Out of these six GP sessions were increased in February / March 2018). The practice had recruited a new female GP in November 2018. • The practice had started commuter clinics from 7.30am to 8am Monday to Friday. In addition, the practice was able to book appointments directly into the local walk in centre. • We saw evidence that the practice was encouraging patients to register for online services. For example, 58% of patients were registered to use online Patient Access. This had reduced the pressure on the telephone system. • The practice had increased telephone and online consultations with GPs. Same day and pre-bookable GPs appointments were available to book online. For example, the practice informed us that approximately 165 GP and clinical pharmacist appointments (out of 430) were available to book online per week. Some of these online appointments were released from 7pm the night before, from 6am on the day and from 8am on the day before the practice opening times to reduce the pressure on the telephone system. 				

Examples of feedback received from patients:

Source	Feedback
Interviews with the patients, the patient participation group (PPG) members and comment cards	Feedback from five patients and two members of the patient participation group (PPG) was positive and reflected that they had seen some improvements in the appointment booking system and were able to get appointments when they needed them. However, we noted the patients were only able to book pre-bookable appointments up to five calendar days in advance. All five patients and the two patient participation group (PPG) members we spoke with informed us that they were not satisfied with this arrangement. The practice informed us they had introduced this arrangement to reduce the high rate of 'do not attend' (DNA) appointments.
The patients and staff	The patients and staff we spoke with on the day of the inspection informed us that sometimes patients had to wait up to 20 to 60 minutes after their appointment time in the waiting area.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last 11 months	27
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:	
The complaint policy and procedures were in line with recognised guidance. The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.	

Example of how quality has improved in response to complaints
<p>The practice had analysed the complaints and took steps to improve the communication.</p> <p>The reception staff had undergone Active Signposting training so they could navigate the patients to the appropriate clinician.</p> <p>The practice was using a text messaging software 'Accurx' which was linked with the practice's medical software and everything sent to a patient was saved back to the medical record. This enabled the practice to send facilities to send advice, notify a patient of normal results, remind them to book appointments and leave a message if they failed to get through.</p>

Well-led

Leadership capacity and capability

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

The management team we spoke with was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Staff information disseminated through several mechanisms including:

- Practice meetings
- Minutes of meetings
- Posters in reception and across the practice
- Desk top icons to lead staff towards practice resource centres

The practice had undergone a recent extension and refurbishment to provide more clinical rooms, including rooms to enable group consultations.

The practice had increased the number of GP sessions from 15 GP sessions to 22 GP sessions per week in the last 12 months.

The practice had recruited a new female GP in November 2018.

Vision and strategy

Practice Vision and values

There was a clear vision to deliver high quality care and promote good outcomes for patients. The practice mission statement included the practice's aims and objectives. This included providing a high quality, safe and effective personal medical services and create a partnership between patients and health professionals to ensure mutual respect, holistic care and continuous learning and training.

The practice had a formal documented business development plan in place.

Culture

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

The practice had a culture of high-quality sustainable care. Staff we spoke with informed us the management was approachable and they had confidence that their concerns would be addressed in a timely manner.

The practice was embedding a culture of audits and encouraging all staff to be involved in audit activity.

The practice was involved in the National Diabetes Prevention Programme.

The management team was monitoring and responding to the patients' feedback on NHS choices, google reviews and Facebook.

The practice was providing a service to patients with drug and alcohol problems. The practice was working in partnership with an external organisation and provided regular specialist clinics onsite. The practice had provided person centred care to 20 patients on the substance misuse register.

The practice was dementia friendly service and staff had completed the relevant dementia awareness training.

The practice was hosting a number of other health services offered onsite by the different providers, which included INR testing (INR stands for 'international normalised ratio' which is a measuring number used to figure out correct dose of Warfarin. Warfarin is a medicine used to stop blood clotting in the body), minor surgery, the eye clinic and the AAA (abdominal aortic aneurysm) screening for Harrow patients. (AAA screening is a way of checking if there is a bulge or swelling in the aorta the largest artery in the body, the main blood vessel that runs from your heart down through your tummy). The practice was able to refer their patients for these services, resulting in patients not having to travel to local hospitals.

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

Source	Feedback
Staff	<p>Staff described a positive learning environment where they were encouraged to complete training and professional development.</p> <p>We were informed that the practice culture was one of being open and supportive of one another.</p>
Staff	Staff were aware of whistleblowing policy.
Staff	The practice had introduced the 'Employee of the Month' scheme eight months ago which allowed the staff to nominate their colleagues for excellent performance.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Yes, available to all staff.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Prescribing	The practice was working with the clinical pharmacist to review patients on multiple medications and ensure prescribing processes were in place.
Patients without medicines during long festive breaks	The practice was proactive and managing foreseeable risks such as informing patients to request repeat medicines 10 days in advance over Christmas, Easter and Bank Holiday periods.
Premises security	The practice had installed main car park gate to secure the car park.
Sepsis	The provider had offered an in-house sepsis training session to the practice staff and the clinical staff at two care homes they were responsible for, so they could recognise the common symptoms of sepsis.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
Two members of the patient participation group (PPG) we spoke with was happy with the service offered by the practice. They reported they felt they were kept informed by the practice. They said the doctors were caring and receptionists and managers were friendly and helpful. They said they had noticed improvements in the last few months.
The practice had reviewed the appointment booking system, increased extended hours and reviewed the contents of the practice website and on the notice board in the waiting area in consultation with the PPG.
The PPG was publishing regular newsletters with the practice support.

Continuous improvement and innovation

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

Audit area	Improvement
Inadequate cervical smear audits	The practice had carried out audits to monitor the clinical effectiveness and advised all smear takers staff to attend regular updates on taking smear samples.
Minor surgery	The practice had carried out audits to monitor the rate of success of minor surgeries performed on patients.

Any additional evidence
The practice was actively taking part in the GP Forward View plan and was in the first wave of the clinical pharmacist pilot programme. They were mentoring the clinical pharmacist and an enhanced practice nurse (EPN). They ensured senior GP was accessible throughout the day for support. They monitored their progress regularly and shared the feedback, which resulted in the clinicians improving their clinical knowledge and skills. We received positive feedback from the clinicians we spoke with.
The practice was a teaching practice, where they taught medical students and physician associate students. Students had access to a senior GP throughout the day for support.
There were processes for providing all staff with the development they need. For example, the practice had supported the enhanced practice nurse (EPN) to complete professional degree course.

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](#)).