

Care Quality Commission

Inspection Evidence Table

St Clements Surgery (1-593658459)

Inspection date: 26 November 2018

Date of data download: 12 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)	Yes
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 answers: Communication pathway with local schools and community services were well embedded. For example, during our previous inspection, clinical leads contacted local schools and community services to share their contact details and encourage services to keep them informed of any concerns. During this inspection, we saw that communication pathway had been maintained and the practice maintained a list of key contact numbers.	

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

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test: 18/01/2018</p>	Yes
<p>There was a record of equipment calibration</p> <p>Date of last calibration: 18/01/2018</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs</p>	Yes
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	Yes
<p>Fire risk assessment</p> <p>Date of completion: 05/06/2018</p>	Yes
<p>Actions were identified and completed.</p> <p>Actions following the fire risk assessment included obtaining heat covers for all radiators and to identify a staff member to take up the role of fire safety lead to support the management of risks as well as monitor any implementations to improve fire safety. Staff were aware of these actions and there was a plan to ensure compliance with safety recommendations.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: 09/01/2018</p>	Yes
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment: 09/01/2018</p>	Yes
<p>Additional comments:</p> <p>Asbestos survey carried out by an external contractor on 29/10/2018 and report completed 20/11/2018. The survey identified no action required.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 22/10/2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>Staff explained that since the changes in the commissioning arrangements practices were required to carry out their own audits. The audit covered management of sharps, minor operations audits and clinicians self-audit tool which covered all aspects of infection control. The practice score 100% overall in their October 2018 audit. Clinical staff explained that the practice was working on one action which included implementing a sink in the cleaning cupboard.</p>	Yes
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	Yes
<p>Explanation of any answers:</p> <p>The practice scored 100% in their infection control audit for the management of clinical waste. The practice had a contract in place for the collection of clinical waste and provided evidence of collection sheets.</p>	

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
Explanation of any answers: Since our previous inspection, the practice told us that they had obtained equipment to enable the assessment of patients with presumed sepsis such as paediatric pulse oximeters and we saw evidence to confirm this during our November 2018 inspection.	

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
Explanation of any answers: Clinical leads worked proactively with services such as social services, health visitors, district nursing team the local addiction service and local schools. Clinical leads had developed templates to enhance the management of patients who moved between services as well as improve communication of risk and ongoing care. During our inspection, clinicians provided examples which demonstrated effective communication with multiple services.	

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)	1.30	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)	12.6%	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.	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.	Yes
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

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.	10
Number of events that required action	Seven

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

Event	Specific action taken
Incorrect dose of antibiotics prescribed.	The practice reviewed their processes for monitoring GP registrars and reminded them that they should be referring to the British National Formulary (BNF) and checking with a senior GP before issuing prescriptions.
Measure of inflammation not picked up or recorded in clinical notes.	Clinical team reminded all staff of the importance of clearer documentation and clinicians to review previous blood test results during every consultation.
Opiate dependency related incident.	The analyses identified positive joined up working between GPs, substance misuse workers, pharmacist and delivery of naloxone training as well as kits being issued. The practice identified further improvements such as more careful risk assessments prior to commencing shared care prescribing as well as avoiding commencing substitute therapy prior to Bank Holidays when supervised consumption of medicines would not be possible.

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>The practice operated a process for receiving and disseminating safety alerts throughout the practice. Clinicians and members of the management team received safety alerts. The practice used an electronic system to monitor and track completion of required actions. The clinical system prompted staff when actions were pending which was monitored jointly between lead clinicians and the management team. We saw searches carried out to identify female patients of child bearing age and the practice had information which they would share with any identified patients regarding risks and the need to avoid exposure to medicines which increases risks during pregnancy.</p> <p>Staff were aware of alerts relating to oxygen cylinders and appropriate actions had been taken by the clinical team to ensure key messages from the alerts was communicated to all relevant staff.</p> <p>Clinical leads carried out appropriate actions to identify patients and sent out letter advising them of</p>	

safe use and disposal of Fentanyl patches.

Any additional evidence

Significant events:

There were 10 significant events recorded since our last inspection, and staff explained that three out of the 10 incidents were scheduled to be discussed during the next scheduled clinical meeting.

The practice demonstrated that incidents and associated learning were being shared externally. For example, staff used an electronic incident reporting platform which allowed them to share incidents and learning externally with the local Clinical Commissioning Group.

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)	0.91	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)	83.1%	79.9%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.2% (110)	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)	67.0%	77.0%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (62)	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)	67.3%	81.1%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (55)	11.6%	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)	70.5%	76.7%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (9)	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)	88.7%	91.3%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (5)	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)	71.3%	83.0%	82.6%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (44)	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)	100.0%	88.8%	90.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.8% (11)	8.1%	6.7%	

Any additional evidence or comments

QOF performance:

The practice's performance on quality indicators for long term conditions showed a mixture of areas where the practice was performing either above and below local and national averages. Staff were aware of the challenges such as cultural and religious beliefs which influenced patients' decision to engage in treatment. Staff were using a range of methods such as engaging with the PPG as well as holding educational sessions to raise awareness of the benefits of treatment. For example, the nursing team carried out a diabetes awareness clinic in October 2018 which was delivered in two different languages. During the awareness session identified patients' such as pre-diabetes were provided with visual aids to demonstrate sugar levels in various foods and a video from diabetes UK was played. Staff explained that seven patients attended the first session and due to the positive feedback received the practice were making plans run these sessions monthly. Members of the PPG explained that they held quarterly educational days where they invited patients to attend and guest speakers provided information on things such as long-term conditions and ways of better managing their conditions. Staff explained that through education and raising patients' awareness, they enabled patients to make informed decisions and staff provided examples of where clinical engagement had improved. Patients who attended diabetes awareness sessions completed an evaluation form which showed positive feedback.

Staff explained that a number of patients were reluctant to engage in clinical interventions, therefore opted for lifestyle such as adjusting their diet. Patients were also referred to a 12-week exercise programme for people diagnosed with a long-term condition, depression, anxiety or a Body Mass Index (BMI) of over 30. The nursing team provided unverified data which showed 27 patients were referred to the programme in the last 12 months, nurses explained that some had declined as they were active members of alternative fitness gyms and sports centers.

The provider was able to demonstrate that the number of patient reviews had increased as a result of steps the practice had taken to address areas where performance was lower than local and national averages.

Exception reporting rates:

Staff were aware of areas such as diabetes, atrial fibrillation and mental health related conditions where exception reporting was above local and national averages. Members of the clinical team explained that this was due to a number of reasons. For example, some patients were on the maximum tolerated treatment, some were out of the country at the time of being recall for their treatment review, some were due to failing to attend their review appointments and others were down to patients who were in remission; however, being identified for QOF reviews due to the read code attached to their condition still being active. Documents we viewed during our inspection, confirmed this and staff explained that clinicians were more aware of read codes such as pre-diabetes to ensure patients were added to the appropriate disease register for their condition.

Antibiotic prescribing -

During our inspection, we saw evidence of steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce antimicrobial resistance. For example, the practice implemented a 2018 antibiotic action plan. We saw information posters around the practice, clinicians were using Public Health England (PHE) self-help pro-forma with patients and delayed prescribing.

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)	98	104	94.2%	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) (01/04/2017 to 31/03/2018) (NHS England)	90	106	84.9%	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)	90	106	84.9%	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)	86	106	81.1%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice was aware of the uptake of childhood immunisations as well as reasons why parents and legal guardians declined to have their child vaccinated. To address this the practice used a group of patients who were quite influential as an advocate within the community to encourage parents to immunise their children. The nursing team identified those who declined due to the ingredients used to form the vaccination and nurses educated patients to raise their awareness of the different forms of vaccinations so that they can make an informed decision. Posters were located in patient waiting areas and the nursing team actively engaged with child health. Nurses also explained that they engaged with Health visitors to support parents and guardians to present with their child. The practice used alerts to identify children who had not been vaccinated and immunisations were carried out opportunistically. Staff ensured that during the new patient registration, child immunisation information were transferred to patients' records.

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)	67.8%	68.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	52.3%	64.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	35.7%	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)	78.6%	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)	58.3%	50.2%	51.6%	Comparable with other practices
Any additional evidence or comments <p>As part of the PPGs quarterly education programme they held one which centred around raising awareness of the national screening programme. Clinical staff and guest speakers covered areas such as cervical, bowel and breast cancer screening. PPG members and practice staff explained that the session provided an opportunity raise patients' knowledge and confidence around how to use bowel cancer testing kits while encouraging patients to request a kit. The session was also used as an opportunity for the practice to remind patients that they had two female clinicians, both multilingual (able to speak more than one language) who were available to carry out cervical screening. Posters were in patient waiting areas; and information leaflets were available in different languages. Clinicians actively discussed screening during new patient health checks as well as routine consultations. Staff also explained that identified patients were given pink slips following their consultations to encourage them to book a screening appointment before leaving.</p> <p>Women received a written invitation and at least one written reminder from the local screening office. Staff explained that women who fail to attend received a phone call and up to three additional reminder letters. Alerts were placed on the patient records for non-attenders so that the screening tests could be discussed opportunistically. The practice operated a failsafe system which was managed by the nursing team to monitor whether results were received for every sample sent as well as ensuring abnormal results were followed up appropriately.</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)	100.0%	93.2%	89.5%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (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)	100.0%	93.2%	90.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.3% (10)	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)	80.8%	85.9%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.1% (5)	6.0%	6.6%	
Any additional evidence or comments				
Exception reporting rates: Staff explained the main reason for high exception reporting for patients diagnosed with depression was due to incorrect recording of their conditions. For example, clinicians were using recurrent depression along with new depression QOF read codes which resulted in QOF recalls being triggered unnecessarily. The correct codes such as only using new onset depression read codes had been communicated to all clinicians as well a trainee doctors and progress monitored by clinical leads.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	8.1%	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)	98.8%	96.1%	95.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (4)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice monitored the process for seeking consent appropriately by reviewing care records and staff we spoke with demonstrated knowledge around the requirements of legislation and guidance when considering consent and decision making.

Any additional evidence
<p>Since our previous inspection, the practice reviewed their management of patients diagnosed with asthma and developed an action plan to improve monitoring of this condition to ensure monitoring was in line national guidance. For example, asthma medicines were taken off repeat, the number of requests for inhalers were monitored and if consecutive requests were placed then patients were invited in for an asthma review. Patients with moderate severe asthma were given written management plans and asthma reviews focused on education around appropriate inhaler technique. During this inspection, we saw that actions had been communicated throughout the practice. Clinical audits had been carried out and revisited which demonstrated quality improvements.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	31
Number of CQC comments received which were positive about the service	25
Number of comments cards received which were mixed about the service	Six
Number of CQC comments received which were negative about the service	Nil

Examples of feedback received:

Source	Feedback
CQC comment cards and NHS Choices	Patients who completed CQC comment cards felt that staff were very friendly, helpful and willing to listen to their concerns. Staff were described as caring, always willing to help; pleasant and respectful. Comments recorded on NHS Choices were also aligned with these views.

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
5688	424	72	17%	1.27%

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)	84.7%	87.8%	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)	83.1%	86.1%	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)	100.0%	95.4%	95.6%	Variation (positive)
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)	75.3%	81.1%	83.8%	Comparable with other practices

Any additional evidence or comments

Members of the management team explained that they analysed previous survey results and patient feedback to better understand patients experience. To improve patient satisfaction with their interaction with staff, communication training was provided and staff engaged in role play exercises. The practice management team explained that they monitored how staff greeted and communicated with patients to ensure knowledge gained from training were being transferred into day to day practice and high standards were being maintained.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Date of exercise	Summary of results
Friends and Family Test (FFT)	<p>Staff explained that the practice did not carry out their own individual patient survey; however, they encouraged patients to complete Friends and Family test (FFT) forms which were located at reception as well as electronic copies on the practice website. Patients also received post consultation feedback text messages requesting patients to feedback on the service received. Staff collected this data monthly and discussed during practice meetings as well as with the PPG.</p> <p>Unverified data provided by the practice showed that the practice sent out a total of 724 text messages following patients' consultations in the last 12 months, 83% of patients said they would recommend the practice to a friend or family.</p>

Any additional evidence
Members of the Patient Participation Group (PPG) explained that there were plans to carry out an internal survey which would be led by the PPG and supported by the practice.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comment cards	Patients who completed CQC comment cards felt that clinicians involved them in their care and treatments. Patients felt that staff communicated information in a clear and understandable manner.
PPG	Members of the PPG group who provided feedback explained that the patient population was very diverse and demanding; however, felt that the practice staff responded positively and all staff went above and beyond to meet patient's needs.

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)	95.3%	92.8%	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's computer system alerted GPs if a patient was also a carer. The practice had identified 153 patients as carers (3% of the practice list).
How the practice supports carers	Information leaflets and posters regarding support services were available in the reception area as well as the practice website. Staff we spoke with explained that carers were provided with advice; offered flu vaccinations, stress level reviews and those carers who were not registered patients were also able to access general health care as a temporary patient.
How the practice supports recently bereaved patients	If families had suffered bereavement, their usual GP contacted them and they were invited in to speak with the GPs or sent a sympathy card. 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. The practice had bereavement packs which included information and details of support services available for the family. Information to support families during times of bereavement were also available by accessing the practice website.

Any additional evidence
A number of staff members were multilingual and were able to communicate in languages such as Hindi, Urdu and Punjabi.

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	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
CQC comment cards and PPG	Completed comment cards showed that patients felt staff were caring and patients felt they were able to discuss sensitive matters in private. PPG members we spoke with during our inspection also confirmed this.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8:30 - 18:30
Tuesday	8:30 - 18:30
Wednesday	8:30 - 18:30
Thursday	8:30 - 18:30
Friday	8:30 - 18:30

Appointments available	
	<p>GP consulting hours are available between 8.30am and 6.30pm Mondays to Fridays, except Thursdays where GP consulting hours are between 8am and 1pm.</p> <p>The practice has opted out of providing cover to patients in their out of hours period as well as Thursday afternoons when the practice closes from 1pm. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services. Phone lines are closed between 1pm and 3pm Monday to Fridays, during this time calls are diverted to BADGER.</p>
Extended hours opening	
	<p>The practice is part of Myhealthcare Partnership (a federation of GPs) this enabled patients to access evening appointments from five local Hubs Monday to Friday between 6pm and 8pm, as well as Saturdays and Sundays between 8am and 8pm.</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	Yes
If yes, describe how this was done	
Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. Staff explained GPs would call the patient or carer in advance to gather information to allow an informed	

decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits and explained how they navigated patient's appointments effectively.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5688	424	72	17%	1.27%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	96.8%	94.5%	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)	46.5%	59.7%	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)	52.4%	62.2%	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%	62.5%	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)	64.6%	69.7%	74.4%	Comparable with other practices
Any additional evidence or comments <p>The practice was aware of the national GP survey results and feedback received from other sources regarding patients experience of accessing care and treatment as well as waiting times. The management team analysed and discussed survey results and patient's comments during team meetings as well as meetings with the patient participation group (PPG). The practice devised a 2018/19 action plan to improve patient satisfaction. For example, the number of receptionists covering phone lines during busy periods increased from two to three; members of the PPG educated patients on how to use the online appointment booking app which enabled patients to view as well as book appointments. Staff explained that patients were advised that portable electronic devices were available in the reception area for those who did not have internet access.</p> <p>The practice was part of Myhealthcare Partnership. This enabled the practice to offer telephone consultations with either a GP or pharmacist based in one of Myhealthcare virtual hubs. To improve waiting times receptionists received training to ensure that when booking patients diagnosed with a long-term condition in for their reviews and patients who required travel vaccinations they are allowing sufficient time to enable clinical staff to carry out the required interventions. Alerts were placed on the clinical system which also alerted receptionists of the allotted time required when booking appointments. Clinical staff explained that this has enabled clinicians to complete the necessary reviews and deliver treatment within the allotted time allocated.</p>				

Indicator	Practice	CCG average	England average	England comparison
<p>Unverified data from the practice internal survey carried out in 2018 showed that actions taken to improve access had a positive impact towards improving patients' satisfaction. For example:</p> <ul style="list-style-type: none"> 64% of patients who completed the practice survey felt it was easy getting through to the surgery by phone. 56% of patients who completed the practice survey were able to get an appointment to see or speak to someone. 75% of patients who completed the practice survey were satisfied with their overall experience of making an appointment. <p>Following our inspection, the practice provided additional unverified data from the practice internal survey carried out between October 2018 and December 2018. The practice left a total of 150 questionnaires in the reception area and 112 were returned. Survey results showed that actions taken to improve access continued to have a positive impact towards improving patient satisfaction. For example:</p> <ul style="list-style-type: none"> 85% of patients who completed the practice survey felt it was easy getting through to the surgery by phone. 83% of patients who completed the practice survey were able to get an appointment to see or speak to someone. 85% of patients who completed the practice survey were satisfied with their overall experience of making an appointment. 				

Examples of feedback received from patients:

Source	Feedback
CQC Comment cards	Patients who completed the CQC comment cards felt that they were not always able to get through to the practice by phone without difficulty and were not satisfied with the appointment waiting times.
NHS Choices	Patient comments placed on NHS Choices website showed patients were not always satisfied with the appointment system and experienced difficulties getting through to the practice by phone. Patients comments also showed that they recognised that staff were doing their best to book appointments and awareness of the issues regarding the telephone system and the knock-on effect relating to achieving timely access.
NHS Friends and Family Test (FFT)	The practice actively encouraged patients to complete the FFT in order to gather patients feedback regarding their experience of the service being provided. Comment cards were located in patient waiting areas an electronic form on the practice website, and patients received a text message following their consultation requesting feedback. The practice carried out yearly analysis of the results which showed positive patient satisfaction.
PPG Feedback	Members of the PPG we spoke demonstrated awareness of the patient population group and explained the challenges faced by the practice in relation to responding to a demanding patient group. PPG explained the practice joined Myhealthcare Partnership to increase access; increased the number of receptionists managing

	<p>the phone lines during busy periods and PPG members approached patients to promote the use of the online GP app to reduce the volume of calls received for appointment requests. PPG told us that the number of patients registered for online services was less than 10%; however, GPs had agreed to hand out information leaflets following patients' consultations. Television monitors located in the reception area demonstrated the use of online services and the benefits in supporting better appointment access.</p>
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	Seven
Number of complaints we examined	Three
Number of complaints we examined that were satisfactorily handled in a timely way	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman	Nil
Additional comments:	
Complaint logs showed that patients were contacted within a timely manner, investigations were carried out by members of the management team and patients were offered an apology.	

Example of how quality has improved in response to complaints
Discussions were held with clinicians to ensure the same clinician followed up hospital scans to ensure information relayed to patients remained consistent. Clinicians were also reminded that when declining repeat prescription requests, reception staff were notified so that arrangements could be made to inform patients.

Well-led

Leadership capacity and capability

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

Leaders were unable to demonstrate how they transferred their skills and capacity to enable the delivery of high-quality, sustainable care.

Senior staff within the practice demonstrated awareness and knowledge about issues and priorities relating to the quality and future of services. For example, staff we spoke with explained since our previous inspection, the practice engaged with stakeholders and received support in developing an action plan to address areas identified during our February and March 2018 inspection. The management team provided evidence of coherent working with GP partners and stakeholders which resulted in improvements in the oversight of governance arrangements as well as the management of risks.

Staff we spoke with explained managers within the practice were visible and approachable. They worked closely with practice staff and other healthcare services.

Vision and strategy

Practice Vision and values

The practice had a strategy and vision which staff we spoke with were aware of and the leadership structure provided assurance that this translated or enacted into the action of the practice.

Culture

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

Staff we spoke with explained that they felt a valued member of the practice. Members of the practice management team demonstrated how they used formal internal meetings to involve and actively engage staff in discussions regarding changes within the practice. Meeting minutes were uploaded onto the practice's web-based file sharing platform and staff we spoke with demonstrated how they accessed meeting minutes if they were unable to attend meetings.

There was a lead person responsible for managing and monitoring complaints and significant events. Complaints were responded to in a timely manner and incidents were recorded. Patients who were affected by an incident or were unsatisfied with the service provided received an apology. Records we viewed demonstrate that incidents were thoroughly investigated and there was evidence of learning being shared throughout the practice.

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

Source	Feedback
Staff	Staff we spoke with told us they were able to raise concerns and were aware of practice policies such as whistleblowing to support this process. Working relationships between staff and teams had been established.

Policies	Practice policies were in place which supported leaders to act on behaviour and performance inconsistent with the vision and values of the practice.
Policies & staff interviews	The practice had processes which enabled leaders to take action to promote equality and diversity. For example, flexible working options were available, leaders were aware of options available to ensure staff maintained a work life balance and staff received support if they needed time off to care for a child or family member.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had policies, procedures and activities to support governance arrangements. There was system in place to ensure that policies were reviewed or updated within an agreed timeframe.
Other examples	There were clear responsibilities, roles and systems of accountability to support governance and management arrangements. Oversight of governance arrangements to ensure policies and processes were being operated as intended had been strengthened since our previous inspection. At this inspection, we saw evidence of effective oversight of the practice governance arrangements.
Other examples	There were clear clinical oversight and accountability within the practice. For example, staff were aware of clinicians who were responsible for monitoring QOF performance, carrying out clinical audits as well as training and educational support for GP registrars.
Internal meetings	The practice demonstrated effective communication to ensure that staff were informed of any outcomes of reviews about the quality and safety of services or any actions required to improve quality. For example, staff explained formal meetings were carried out on a regular basis. Records viewed during our inspection, demonstrate this.
	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
Environmental risks assessment	<p>The practice carried out risk assessments to mitigate potential risks in areas such as health and safety. We saw that Control of Substances Hazardous to Health and legionella risks was managed effectively.</p> <p>Risk assessments such as building security and fire safety were carried out by an external contractor, the practice had a nominated fire marshal and six-monthly fire drills were carried out.</p>
Staffing	Disclosure and Barring Service check had been carried out for all staff and the practice followed a risk based approach to support decisions regarding staff immunisations. For staff who declined immunisations the

	practice carried out risk assessments to mitigate risks.
Medical emergencies	The practice held appropriate emergency medicines and equipment to enable staff to respond to medical emergencies; this included practice equipment to enable assessment of patients with presumed sepsis. Staff were trained in preparation for major incident as well as medical emergencies.

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
<p>The practice had an active Patient Participation Group (PPG) who met with the practice every three months. Members of the PPG we spoke with explained discussions held with the practice regarding possible changes to improve patient satisfaction as well as health promotion activities. For example, the PPG held educational days where guest speakers were invited to deliver information regarding healthy lifestyle as well as better management of long-term conditions. Identified patients were also invited to discussions regarding cervical and bowel screening to further improve uptake.</p> <p>Members of the PPG explained that they analysed results from the national GP patient survey and discussed areas for improvement with the practice management team. As a result, the PPG supported the practice to carry out a review of staffing levels and identified the need to increase the number of receptionist who managed phone lines during busy periods from two to three. The PPG also supported patients with registering with online services and provided demonstrations on how to use the online app to enable better access to appointments. PPG members explained that they were also available to support patients who required additional help with using electronic devices to book appointments. Following feedback from the PPG the practice obtained a TV screen which advertised online services as well as various community organisations within patient waiting areas.</p> <p>The practice and PPG members actively encouraged patients to become involved in the PPG. For example, electronic membership forms were located on the practice website and there were posters in patient waiting areas promoting the group and dates of future meetings.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Asthma	During our previous inspection, it was picked up that a number of patients diagnosed with Asthma were being issued monthly Salbutamol inhalers and systems did not support identification of patients with poor control or inappropriate use of inhalers. The practice acted following our previous inspection to improve the management of patients diagnosed with Asthma. For example, patients were invited in for a review which included discussions around inhaler techniques and patients were given asthma management plans. A review of the new systems showed improvements in monitoring and management of patients and a reduction in patients who received 12 or more inhalers in a 12-month period.
Management of high-risk	Following our previous inspection, the practice reviewed their

medicines	<p>management of high risk medicines to ensure blood monitoring were carried out within an appropriate timeframe and to ensure test results from secondary care were being viewed and transferred onto patient records. The first audit showed 69% of patients in receipt of Disease-modifying antirheumatic drugs (DMARDs) were monitored appropriately and 31% were without appropriate monitoring. The practice created a new protocol led by the nursing team which included monthly searches. Steps had been taken to ensure all blood monitoring performed by secondary care were transferred to patient records and alerts were placed on clinical records to notify staff when blood monitoring were overdue.</p> <p>A review of the new systems showed that 100% of patients were monitored appropriately.</p>
Direct Oral Anti-coagulant medicines (DOAC)	<p>The practice carried out an audit to ensure appropriate monitoring were being carried out. The first audit showed 78% of patients were being monitored appropriately. Following this the practice clinicians were advised to check patients notes and ensure blood monitoring had been carried out within a six-month period before authorising repeat prescriptions. A second audit carried out to review progress showed 97% were being monitored appropriately.</p>

Any additional evidence

Workers from the Citizens Advice Bureaux (CAB) attended the practice twice a week. Staff explained that having access to a CAB worker who offered patients' independent, confidential and impartial advice on their rights and responsibilities enabled the practice to ensure that clinical appointments were used more effectively. Unverified data provided by the practice showed that CAB workers assisted 30 patients between April and September 2018.

The practice actively worked with a Chronic Obstructive Pulmonary Disease (COPD) trainer to deliver a 12-week programme. The programme consisted of exercise class followed by health and lifestyle discussions to help empower patients to take control of their condition and help them to take positive steps to improve their lifestyle. Staff explained that ongoing assessments of patients' physical function and mental wellbeing during the programme enabled the practice to monitor progress. Unverified data provided by the practice showed a total of 12 (33%) of patients on the practice COPD register attended and completed the 12-week programme during 2018. Comments from patients who completed the programme were positive and demonstrated improvements in their physical health.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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