

Care Quality Commission

Inspection Evidence Table

Trinity Medical Centre (1-3719172328)

Inspection date: 23 November 2018

Date of data download: 22 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	Partial
Explanation of any 'No' answers: All clinical staff received enhanced DBS checks. There was a risk assessment in place for all other roles to identify when a DBS might be required depending on the activities of the role. We were told that it was not practice policy for non-clinical staff including chaperones to receive a DBS check, however some non-clinical staff had DBS checks from previous or other employments. A risk assessment was in place which identified that non-clinical staff were never left alone with the patient, however this was not clearly recorded within the chaperone policy and the risk assessment did not specifically reference the chaperone duties of non-clinical staff.	

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.	Partial
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>The registration of clinical staff including nurses was checked at the point of recruitment. However, there was not a system in place to ensure that the registration was regularly monitored.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes May 2018
There was a record of equipment calibration Date of last calibration:	Yes May 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
Fire marshals	Yes
Fire risk assessment Date of completion	Yes April 2017
Actions were identified and completed.	Yes
<p>Additional observations:</p> <p>A quarterly fire safety check list was carried out.</p>	
Health and safety	Yes

Premises/security risk assessment? Date of last assessment:	April 2017
Health and safety risk assessment and actions Date of last assessment:	Yes November/ December 2017
Additional comments: Safety risk assessments were in place and reviewed regularly. Health and safety and fire check lists were undertaken regularly and mitigating action was in place to manage risks.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: Some areas were identified for improvement, however were not yet acted upon.	Yes October 2018
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: An annual safe waste audit was conducted.	

Any additional evidence
Cleaning schedules and checklists were in place. The environment was seen to be clean and tidy. The infection control leads within the practice were supported by the clinical commissioning group (CCG) infection control lead nurse.

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:	
Up to date NICE guidance on the management of presumed sepsis was seen on notice boards in clinical rooms as a reminder to clinical staff.	

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:	
The practice used evidence based clinical templates for areas such as end of life care, sepsis and antimicrobial prescribing, respiratory conditions and diabetes. There was a comprehensive system for follow up in place and referral systems included safety netting to ensure these were timely.	

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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.70	0.74	0.94	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). (01/10/2017 to 30/09/2018) (NHSBSA)	6.7%	9.4%	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
Explanation of any answers:	

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.	55
Number of events that required action	No events required external reporting.

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

Event	Specific action taken
A patient was given a shingles vaccine which they had already had.	Administrative and clinical staff reminded to check the patient notes prior to administration.
An urgent referral was sent via the incorrect route.	This was picked up by the GP so no actual harm to the patient. The incident was discussed with staff involved and education and training was cascaded to all staff.

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>Alerts were received into the practice by the practice manager and GPs. The practice manager oversaw the action taken to respond to the alerts and a log was kept of all action taken, including where an alert was noted but no action required.</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) (01/10/2017 to 30/09/2018) (NHSBSA)	1.36	1.28	0.81	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)	72.5%	78.0%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (43)	14.9%	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)	73.3%	70.9%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (45)	12.4%	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)	73.6%	79.4%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.6% (77)	14.7%	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)	75.3%	72.8%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (29)	10.1%	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)	92.2%	87.2%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (17)	14.8%	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)	82.8%	79.6%	82.6%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4%	(77)	5.9%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	86.4%	88.3%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.4%	(40)	11.9%	
Any additional evidence or comments				

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)	149	177	84.2%	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)	152	176	86.4%	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)	153	176	86.9%	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)	151	176	85.8%	Below 90% minimum (variation negative)
Any additional evidence or comments				
Practice staff were aware that their performance around childhood immunisations was below target. One of the partners told us this was due in part to the strong views held by some of their patient demographic.				

The practice had worked closely with the clinical commissioning group to keep patients informed and to signpost them for further information. This included providing information opportunistically through consultations and sending out additional information, for example in response to an increase in measles earlier in the year. Data provided at the time of inspection showed that uptake had increased in July 2018. For example, pre-school boosters had increased from 79% to 88%.

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)	70.9%	68.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	68.2%	64.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	50.8%	52.9%	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)	81.5%	67.4%	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)	64.5%	56.2%	51.6%	Comparable with other practices
Any additional evidence or comments				

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)	91.7%	86.7%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.5% (43)	18.0%	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)	95.3%	85.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.6% (25)	13.0%	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)	81.3%	78.3%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.4% (25)	11.0%	6.6%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	543	541	542
Overall QOF exception reporting (all domains)	4.4%	6.6%	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)	94.4%	92.7%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (14)	1.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent is sought for all procedures within the practice and is recorded on the patient notes.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	58
Number of CQC comments received which were positive about the service	55
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>The majority of comment cards were positive about the service and the care received. Patients reported that staff were kind and caring, friendly and went out of their way to ensure that patients had a positive experience. Comments included that some patients found the practice to be the best they had experienced.</p> <p>Mixed comments stated that staff were kind and friendly but that the patients had experienced some difficulties accessing appointments.</p>

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
23237	351	100	28.5%	0.43%

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)	90.0%	88.9%	89.0%	Comparable with other practices

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 treating them with care and concern (01/01/2018 to 31/03/2018)	90.6%	86.9%	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)	95.5%	96.2%	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)	80.3%	86.6%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
Early 2018	The practice reviewed survey results alongside other feedback received from patients. Action taken as a result included installing a 'please wait here sign' away from the reception desk and background music in the waiting areas to improve patient confidentiality.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients reported that they felt involved in decisions about their care and treatment. They told us they felt listened to and that their opinions was sought on treatment and care options.

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	95.7%	93.7%	93.5%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
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)				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	Four hundred and sixty-eight carers had been identified. This was equivalent to 2.5% of the practice population.
How the practice supports carers	The practice liaised with local voluntary sector organisations providing support to carers to ensure that information was available and up to date for carers. There was a designated carers lead within the administrative team and staff from the local Carer's Centre had attended the practice to speak with patients, for example during recent flu clinics.
How the practice supports recently bereaved patients	Patients were supported on an individual basis and appointments offered as required.

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	There was a sign asking patients to wait away from the reception desk. A radio was on in the waiting area to help ensure that conversations could not be overheard.

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
Patient interviews and comment cards	All patients we spoke with reported they had been treated with dignity and respect. Multiple comment cards reference how the practice staff had treated them in a respectful way.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am – 6.00pm
Tuesday	8.30am – 6.00pm
Wednesday	8.30am – 6.00pm
Thursday	8.30am – 6.00pm
Friday	8.30am – 6.00pm

Appointments available	
Monday to Friday	8.30am – 6.00pm
Extended hours opening	
Monday	6.30pm – 7.00pm (GP)
Wednesday	7.00am – 8.30am (GP and nurse)
Thursday	7.00am – 8.30am (nurse) and 6.30pm – 7.00pm (GP)
Friday	7.00am – 8.30am (GP and nurse)

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	
Administrative staff respond to requests for home visits by recording details of the request onto the home visit list and alerting the duty doctor or named GP as appropriate. The GP then triaged all home visit requests.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
23237	351	100	28.5%	0.43%

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)	95.5%	94.7%	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)	46.8%	74.9%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	61.9%	75.0%	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)	67.5%	70.3%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	75.6%	79.5%	74.4%	Comparable with other practices
Any additional evidence or comments				
<p>The practice had identified that patients were experiencing difficulties accessing appointments and getting through to the practice by phone. As a result of this a system review was undertaken. Action as a result included the development of an access working group to review the volume and type of appointments requested and the skill mix within the clinical team to meet demand. As a result the practice redesigned their appointment system to better meet patient need. Practice staff reported they had received a reduction in complaints since this review.</p>				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	There were some mixed reviews on NHS choices about patient access to appointments and getting through to the practice by phone. The practice had responded to each of the negative comments and where necessary offered individual follow up.
Comment cards	The majority of patients did not report experiencing difficulties relating to the appointment system or getting through to the practice by phone. Positive comments included that the appointment booking system was flexible and that the online booking was easy to use.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	52
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 process for responding to complaints was overseen by the practice manager and deputy practice manager. Information on how to complain was available to patients on the practice website and through an information leaflet.	

Example of how quality has improved in response to complaints

The practice collated an annual complaints return to help them identify themes. For example, they had received 11 complaints about access to appointments and as a result had carried out an improvement project. Since this action the practice had received a reduced number of complaints about access.

Any additional evidence

Fourteen complaints related to patients experience of their consultation or related to clinical care. We reviewed one complaint of this nature and saw that the circumstances surrounding the complaint had been reviewed. The response to the complaint had been prompt and within the timeline detailed in the practice complaints policy and there was evidence that an apology had been given. Learning from this included a discussion with staff around how they communicated with patients.

Well-led

Leadership capacity and capability

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

The practice had identified key workstreams that were led by individual partners within the practice. This included finance and technology, effective workflow, clinical service delivery, governance and training and education. Practice resources, including staffing were regularly reviewed and changes made to ensure that capacity needs and ongoing sustainability were prioritised.

Vision and strategy

Practice Vision and values

The practice had a vision to establish the service as an acknowledged centre of excellence within the Brighton and Hove community. They had identified key objectives that included ensuring timely appropriate access and diversification of services delivered. Areas of focus included quality of life, a happy and productive staff team and valuing education and development.

Culture

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

The culture within the practice was one of learning in order to promote improvement.

- Activities included daily huddles where areas for improvement were identified and acted on.
- The practice had reviewed and redesigned the team structure to better meet the access needs of patients.
- The practice had learned lessons from their original merger process and applied this to a recent merger with a neighbouring practice. For example, they had identified the need to better involve patients in the merger process, this included holding open events so patients could visit the practice before the completion of the merger.
- The practice had developed informal education evenings with a focus on education and training to meet the needs of patients.

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

Source	Feedback
Staff feedback	Staff described a friendly, open work environment where there was a clear focus on the needs of patients. Staff reported feeling proud to work at the practice and that management were supportive.
Comment cards completed by care home staff	Local care home staff reported that the practice worked collaboratively with them and had been responsive to feedback they had given. For example, in relation to difficulties getting through to the practice by phone. They commented that changes made had included the addition of a general enquiries telephone line and named GPs providing support to the care homes.

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 a system of policies and procedures in place. These were available to staff electronically and were updated on a regular basis. Examples we reviewed included health and safety, chaperone, infection control and business continuity.
Other examples	
	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
Business continuity	The practice had jointly discussed arrangements with 'buddy' practices so that appropriate contingencies were in place.
Strategy meetings	Regular strategy meetings were held to review and discuss resilience and ensure actions were in place to manage risk.
Fire safety	Regular fire drills were carried out and learning identified. For example, information was shared with staff around how to identify which fire zone/break glass panel had been activated.
Environmental risk assessments	Environmental risk assessments had been carried out and systems were in place to mitigate the risks.

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
We met with five members of the patient participation group who reported that the practice actively encouraged patient participation and responded well to feedback received. Formal meetings were held every two months and the group received patient feedback reports from the practice and were able to contribute to improvements as a result.

Any additional evidence

A member of the patient participation group facilitated monthly coffee mornings within the community to provide a supportive environment for patients including those who were living in isolation.

Continuous improvement and innovation

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

Audit area	Improvement
Rivaroxaban anticoagulation audit	The practice had identified that not all patients on this treatment had received a renal function test in line with national guidance. As a result patients were identified and tests carried out and improvements seen with an increase from 67% to 94% in the repeat audit cycle. Patients requiring more frequent monitoring following their renal function results had increased from 71% to 100%.
Ulipristal acetate audit	An audit of patients prescribed this medicine helped to identify those at risk of potential liver damage. The audit led to a review of all patients prescribed the medicine and included liaison by the GP with the local prescribing team to ensure that prescribing was safe.

Any additional evidence

Trinity Medical Centre is a training practice for GPs and medical students. Written feedback from trainees was seen to be positive in relation to their experience and there was a comprehensive training approach in place.

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](#)).