

# Care Quality Commission

## Inspection Evidence Table

### Drs Bowry and Bowry's Practice (1-547092313)

Inspection date: 13 November 2019

Date of data download: 09 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

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
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 27/04/18
There was a record of equipment calibration Date of last calibration:	Yes 27/04/18
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 (see below) 19/11/18
Actions were identified and completed.	Yes
Additional observations:  On the day of the inspection, we were informed by staff that a third-party company had recently conducted a fire risk assessment approximately two weeks prior to the inspection date and identified no significant concerns. The practice told us that they were waiting for the documented fire risk assessment from that company.  Shortly after the inspection date, we were provided with confirming evidence that the practice had contacted the third-party company asking for the written fire risk assessment. The company had informed the practice that the fire risk assessment that they carried out was a visual inspection and no written fire risk assessment was going to be provided.  The practice then carried out its own fire risk assessment on 19/11/2018 and sent this to us. We saw that the risk assessment had not identified any significant concerns.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 12/11/18
Health and safety risk assessment and actions Date of last assessment:	Yes 12/11/18
Additional comments: The practice carried out regular health and safety audits, when risks were	

identified action plans were put in place and implemented to mitigate those risks.

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>We saw evidence that practice had recently carried out an infection prevention and control (IPC) audit with no significant concerns identified; areas of improvement identified in the audit had been actioned. For example, two fabric chairs within consultation rooms were identified with slight tears in the fabric and these were subsequently reupholstered.</p> <p>On the day of the inspection we had no significant concerns regarding the IPC at the practice. We saw that there was a sharps injury policy in place. However, there was no sharps injury guidance within the consulting or treatment rooms in order to provide staff with quick access to information on the steps to be taken in the event of a sharps injury. Immediately after the inspection date, the practice provided us with confirming evidence that sharps injury posters were on display in all treatments rooms.</p> <p>The practice maintained a log to confirm that medical equipment was cleaned regularly and maintained according to manufacturers' instructions. The premises were clean and tidy; we saw cleaning was carried out in accordance with written schedules and logs were maintained.</p>	<p>Yes</p> <p>08/11/2018</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes

### 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

## 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

## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.91	0.72	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)	7.8%	9.9%	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).	N/A
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.	Yes
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.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes (but see comments below)
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 (but see below)
<p>Explanation of any answers:</p> <p><u>Emergency Medicines and equipment</u></p> <p>On the day of the inspection we saw that the practice stocked all the recommended emergency medicines, except for Naloxone, this medicine is used to reverse the effects of opioid medicines. We asked the practice to consider the need for this emergency medicine as the practice hosted a drugs and alcohol counsellor on a weekly basis. Immediately after the inspection, the practice provided us with a risk assessment for stocking naloxone. They had consulted their drugs and alcohol counsellor who had told them that naloxone was not needed on the premises as there were currently no high-risk patients. The practice told us that they would still obtain the emergency medicine naloxone as a precautionary measure.</p> <p>On the day of the inspection we advised the practice to consider obtaining an Electrocardiogram (ECG) machine. An ECG machine is used to help diagnose and monitor conditions affecting the heart. Immediately after the inspection, the practice provided us with confirming evidence that they had purchased a portable ECG machine.</p> <p><u>Vaccines</u></p> <p>On the day of the inspection we reviewed all the stock in the vaccine refrigerator and found one vaccine was out of date. This was immediately discarded by the practice staff. Immediately after the inspection, the practice told us that they would monitor vaccine stocks more frequently and at least monthly. They told us that all vaccines coming near to their expiry date would be highlighted in a log book and brought to the front of the vaccine fridge.</p>	

### Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes

There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	4
Number of events that required action	4

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

Event	Specific action taken
GP referred a housebound patient to the district nursing team for blood tests to be taken. The district nursing team visited the patient twice on the same day and took two sets of bloods. The patient was of the view that the nurses who visited them were not from the district nursing team and made a police complaint.	A full investigation had been undertaken and it was found that there was a miscommunication amongst the district nursing team which led to two sets of bloods being taken from the patient. Both nurses were from the district nursing team and this was explained to the patient.
The police approached the practice and asked for contact details of a patient who was suspected of a crime.	Practice refused to provide the police with the patient's contact details as this would be a breach of patient confidentiality policy.

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>All alerts came in to the practice manager and one of the GP's who distributed them to all staff. All clinical alerts were discussed in clinical meetings and minutes distributed to all clinical staff, including those not present. Where necessary, follow up meetings were arranged to ensure staff were aware of any changes to be implemented.</p> <p>We saw that a recent drug alert was recorded in respect of prescribing sodium valproate to pregnant women. This is a medicine used primarily to treat epilepsy and bipolar disorder and to prevent migraine headaches, but which exposes children in the womb to a high risk of serious developmental disorders and/or congenital malformations. A patient record search was carried out and appropriate action was taken with patients to discuss the risks associated with taking this medication whilst pregnant.</p>	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	1.18	0.82	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)	60.8%	78.8%	78.8%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (32)	15.7%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	77.1%	77.0%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (34)	11.0%	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)	75.3%	81.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.4% (54)	12.8%	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)	70.9%	76.8%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (19)	3.5%	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)	92.1%	91.2%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.2% (15)	7.4%	11.5%	



Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	80.7%	82.0%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (57)	4.7%	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)	80.6%	85.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (4)	12.7%	6.7%	

**Any additional evidence or comments:**

The practice was aware of the low score for the diabetes indicator relating to *'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'*. The practice had carried out an audit for all applicable diabetes patients who had not had their HbA1c check carried out. The results found that many patients from Asian and African backgrounds spent several months away from the UK without taking the correct quantity of their medication. Therefore, this cohort of patients could not be monitored and treated as effectively. The practice told us that it had taken the following actions to help improve this indicator:

- There was a dedicated session every week for reviews of patients with diabetes.
- Patients who did not have English as their first language, were being referred to diabetic/long term condition programmes and being provided with information booklets and DVD's in their own languages.
- Patients at risk of diabetes were being referred to local diabetes prevention programmes and local gym services.
- Immediately after the inspection date, we were told that a nurse and a pharmacist had been hired at the practice to help improve diabetic patient outcomes.

## 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)	56	57	98.2%	Met 95% WHO based target (significant variation positive)
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)	55	69	79.7%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	55	69	79.7%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	54	69	78.3%	Below 80% (Significant variation negative)
<b>Any additional evidence or comments</b>				
<p>The practice informed us that they were aware of the low uptake of childhood immunisations for children aged two in 2017/2018. The practice told us it was actively trying to encourage parents to bring in their children for childhood immunisations. We were provided with evidence demonstrating that the practice telephoned and wrote letters to these non-attenders. We also saw that clinicians offered immunisations opportunistically when patients attended the surgery for other matters. The practice also explained that it had numerous patients from minority ethnic backgrounds who refused to attend for the immunisation due to cultural reasons.</p> <p>Immediately after the inspection, we were told that the practice had hired the services of a practice nurse, who would assist in increasing the uptake of childhood immunisations.</p>				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	60.4%	63.3%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	58.2%	59.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	38.1%	44.4%	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)	56.3%	73.9%	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)	61.5%	53.3%	51.6%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <p>The practice was aware that it had not met the 80% uptake target for cervical screening. The practice told us that it ran regular reports to identify patients that were due for cervical screening tests. These patients would receive a telephone call and were sent a letter from the practice inviting them for a cervical screening test; if the patient did not respond they would be sent further reminders. However, the practice informed us that despite having this system in place they had still achieved a low uptake rate for cervical screening. They explained that this was largely due to cultural barriers experienced with some population groups who expressed reluctance to engage with the cervical screening programme.</p> <p>Immediately after the inspection, we were told that to help improve the cervical screening uptake rate further the practice had hired the services of a practice nurse.</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)	94.9%	91.5%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (5)	9.0%	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)	96.5%	91.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (7)	8.2%	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)	80.0%	84.5%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (1)	4.7%	6.6%	
<b>Any additional evidence or comments</b>				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	537.02	538.32	537.01
Overall QOF exception reporting (all domains)	6.0%	6.2%	5.8%

## Coordinating care and treatment

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

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.7%	94.6%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (26)	0.8%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Policies and protocols were in place to ensure there was a standardised approach to obtaining consent.</p> <p>Clinical staff demonstrated good knowledge of the Mental Capacity Act.</p> <p>We saw evidence that clinical staff were competent in identifying consent issues and understood the general principles of Gillick competencies and Fraser guidelines.</p>

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	19
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comments cards	Patients commented that staff provide a helpful and friendly service and treat them with compassion, respect and kindness.
NHS Choices	<p>'You always feel respected and looked after from reception all the way through to the consulting room.' (posted November 2018)</p> <p>'I've found the doctor friendly, caring and helpful.' (posted November 2018)</p> <p>'I have been at the family practice for nearly 10 years now and I cannot recommend them enough. Not only have they provided great care for me but also my two children.' (posted October 2018)</p>
Patient Participation Group (PPG)	The lead member of the patient participation group told us that he has been with the practice for 35 years and always been treated with the highest level of kindness, respect and compassion.

## 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
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5417	415	101	24.3%	1.86%
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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)	87.2%	86.6%	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)	89.0%	84.9%	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)	97.4%	94.8%	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)	93.0%	81.9%	83.8%	Comparable with other practices

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient interview	A patient commented that they were always involved in the decisions about their care and treatment. They told us that clinical staff, where possible, would give them a choice of treatments to choose from to help treat their conditions.
CQC Comment cards	Comments in general stated that staff were always respectful and that the clinicians were caring and understanding.

### 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	98.1%	92.3%	93.5%	Comparable with other practices

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

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	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	127 (2% of patient population)
How the practice supports carers	Annual influenza vaccination. NHS Health Checks. Carers were signposted to a local carers organisation.
How the practice supports recently bereaved patients	The practice told us that they sent out condolence letters to recently bereaved patients and offered them an appointment with a GP.

## 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	The reception seating was away from the reception desk giving some privacy. We were told that when a patient wished to discuss a matter in private, staff were aware that they could take the patient to a private room for the discussion.



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	Staff are kind and caring and respect patients' privacy and dignity.
Patient interviews	Reception staff and doctors and nurses always respect privacy and dignity.

## Responsive

### Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am - 6.30pm
Tuesday	8.30am - 6.30pm
Wednesday	8.30am - 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am - 6.30pm

Appointments available	
Monday	8.30am - 6.30pm
Tuesday	8.30am - 6.30pm
Wednesday	8.30am - 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am - 6.30pm
Extended hours opening	
Saturday	9am-11.45am
Extended hours GP hubs provided by the local Clinical Commissioning Group.	6.30pm-8pm (Weekdays) 8am-8pm (Weekends)

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	
The reception staff would obtain as much information as possible from the patient requesting the home visit. This information was then sent to the on-call doctor who would make a decision on whether the patient needed a home visit.	

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5417	415	101	24.3%	1.86%

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)	98.0%	94.6%	94.8%	Comparable with other practices

### Timely access to the service

#### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	70.9%	75.7%	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)	58.1%	67.6%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly	54.4%	63.1%	65.9%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)				practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	57.4%	70.0%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
Patient Interviews	Patients we spoke with told us that they were happy with the appointment system and could get an appointment when they needed it.
NHS Choices	'I've found the doctor friendly, caring and helpful. they have been great with my whole family including 2 young children. I've always been able to get an appointment within the day or next day for urgent issues and within 2 weeks for non-urgent matters. The doctors go out of their way to assist you as much as they can'.

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	2
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The complaints we reviewed had been handled in timely manner. We were told that the lead GP investigated complaints related to clinical matters and the practice manager dealt with non-clinical matters. Duty of candour was demonstrated in the complaints that we reviewed.	

# Well-led

## Leadership capacity and capability

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

There was a designated lead for each clinical and non-clinical area. For example, there were leads for safeguarding, clinical governance, complaints, performance monitoring, administrative staff and infection control.

The practice held clinical and non-clinical meetings regularly. We saw that all meetings were appropriately minuted and actions were logged, monitored and feedback was sought and noted.

We saw evidence of the management interacting with its staff and keeping them informed of changes and current issues via email and meetings.

## Vision and strategy

### Practice Vision and values

The practice told us that their aim is to provide an efficient and friendly service to their patients, and achieve the best possible clinical outcomes.

The practice told us that it had recently taken over a nearby practice and planned to merge the two patient lists in the near future.

## Culture

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

Management were visible and staff said that they were always approachable and open to suggestions on how to improve the service, that the practice took a proactive approach to staff development. For example, a member of the reception team had expressed an interest in becoming a healthcare assistant. The practice supported this member of staff with training and development, and she is now the practice healthcare assistant.

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

Source	Feedback
Administrative staff interviews	Staff we spoke to told us they felt they were a good team that worked well together and were supported by senior staff. They said the management team were approachable, friendly and helpful.

## 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 suite of practice specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed by the management team.
	<b>Y/N</b>
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
Infection prevention and control	Staff had training in infection prevention and control, and the practice carried out annual infection prevention and control audits. The practice acted on any areas identified for improvement or rectification within the audits.
Significant events and complaints	Complaints and significant events that we reviewed were appropriately acknowledged, investigated and responded to in a timely manner. Learning was shared amongst all staff members (minutes of meetings seen).
Water, fire, flood, IT failure	Business Continuity Plan in place with relevant contact numbers.

## 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) and on the day of the inspection we spoke with the PPG lead. We were told that the group would meet with the practice management twice a year. Practice performance, complaints, national and internal survey results would all be discussed at these meetings.</p>

## Continuous improvement and innovation

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

Audit area	Improvement
<p>The practice carried out seven clinical audits in the past two years, including the two 2-cycle clinical audits described below.</p>	
<p>Anticoagulant therapy in patients with Atrial Fibrillation (AF).</p>	<p>Atrial fibrillation (AF) is a heart condition that causes an irregular and often abnormally fast heart rate. This condition can lead to a stroke and to help prevent this patients that are suitable are provided with anticoagulation treatment. This treatment reduces the risk of stroke.</p> <p>The practice evaluated patients who had not been treated for atrial fibrillation with anticoagulant therapy. They assessed whether there were valid reasons for not doing so and whether these were documented in the care records. The practice reviewed 100% of its patients in this criteria in both cycles.</p> <p>In the first cycle 33 patients were identified with AF, two of which had not been prescribed any anticoagulation treatment. Both patients were recalled for a review.</p> <p>In the second cycle 49 patients were identified with AF, eight of which had not been prescribed any anticoagulation treatment. Two patients had declined anti-coagulation treatment, two patients were unsuitable due to their age, and the other four patients were called in for a review.</p>
<p>Prescribing sodium valproate to pregnant women</p>	<p>An audit was undertaken in respect of prescribing sodium valproate to pregnant women. This is a medicine used primarily to treat epilepsy and bipolar disorder and to prevent migraine headaches, but which exposes children in the womb to a high risk of serious developmental disorders and/or congenital malformations.</p> <p>The aim of the audit was to determine whether women patients of child bearing age had been prescribed sodium valproate, and if so, whether they had been reviewed or referred to a specialist service to discuss the risks associated with taking this medication whilst pregnant.</p>

The first cycle of this audit identified four applicable patients. Two of whom had discontinued the use of the drug and the other two patients had been called into the practice for a review.

The second cycle of this audit identified one applicable patient on this medication, but their personal health circumstances meant that they were exempt for consideration.

#### 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](#)).