

Care Quality Commission

Inspection Evidence Table

Ettingshall Medical Centre (RL4X7)

Inspection date: **26 November 2018**

Date of data download: 23 October 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Safety systems and processes

Safeguarding	Yes/No
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
The practice maintained and actively managed a safeguarding risk register of 20 children and 52 adults.	

Recruitment Systems	Yes/No
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
<p>Explanation of any answers:</p> <p>Staff were recruited to the practice through The Royal Wolverhampton NHS Trust (RWT) recruitment process. Staff files we looked at were maintained and held within the wider organisation HR department. Staff files were made available at the GP practice at the time of the inspection. We found that not all information was immediately available however, documents were made available at the time of the inspection to confirm safe recruitment practices had been followed.</p> <p>The provider had ensured that all staff had received a full occupational health assessment, which included details of the full staff vaccination and immunisation history of staff.</p> <p>Nursing staff, had medical indemnity insurance cover under the Clinical Negligence Scheme for Trusts with The Royal Wolverhampton NHS Trust (RWT).</p> <p>An induction pack for locums working at the practice had been reviewed. The pack contained guidance related to the operation of the practice for example, relevant contacts, telephone numbers, the patient information system, how to deal with emergencies and the location of panic buttons in the event of an emergency. Further guidance specific to patients care and treatment included access to urgent appointments, patient investigations and referrals. Locum staff also had access to a box which contained equipment, health and safety information and other relevant documents for ease of access.</p>	

Safety Records	Yes/No
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: September 2018	Yes
There was a record of equipment calibration Date of last calibration: September 2018	Yes
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 Date of last check: 2 February 2018	Yes
Fire drills and logs	Yes
Fire alarm checks Date of last check: 20 July 2018	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of assessment: 27 July 2018	Yes
Actions were identified and completed	Yes
Additional observations: Handling report: 17 June 2018 Emergency Lights: 9 November 2018 Evacuation chair: 14 August 2018; Evacuation Procedure 21 November 2018 Air Conditioning check: 20 September 2018 Medical devices maintenance completed: 13 June 2018	Yes
Health and safety Premises/security risk assessment? Date of last assessment: 29 August 2018	Yes
Health and safety risk assessment and actions Date of last assessment: 15 November 2018	Yes
Additional comments: Legionella risk assessment: 30 August 2018 Recommendations made for flushing taps and shower Business Continuity Plan - Updated: November 2018, included details for staff on the action to be taken in the event of an emergency which included loss of power, water and disruption of equipment and IT equipment. The plan was also linked to The Royal Wolverhampton NHS Trust (RWT).	

Infection control	Yes/No
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Yes July 2018 Yes
Detail: Issues identified included minor maintenance related damage such as soap dispensers dirty, marks on floors and holes in walls.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Yes/No
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>There were long term staff absences across all staff disciplines. The provider was aware of the problems this was causing and had arrangements in place to manage this and minimise the impact on patient services. The Royal Wolverhampton NHS Trust used its own GP practice staff to cover gaps where possible. For example, a pharmacist had been employed at the practice to undertake the ongoing management of patient medicines. The practice had access to a home visiting service which consisted of two advanced nurse practitioners (ANP). Practice nurses worked between practices and bank or locum staff were used to ensure sufficient cover.</p>	

Information to deliver safe care and treatment

Question	Yes/No
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> We saw examples of referral letters and appropriate systems in place for sharing information with staff and other agencies about patient care. There were key pad locks to all rooms where information about patients was stored. GPs had remote access to patient records when undertaking home visits. The GP practice hub that provided extended hours services for patients registered with The Royal Wolverhampton NHS Trust primary care service GP practices, had remote access to patient records. 	

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) <small>NHS Business Service Authority - NHSBSA</small>	0.78	0.88	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) <small>(NHSBSA)</small>	7.5%	6.2%	8.7%	Comparable with other practices

Medicines Management	Yes/No
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	No
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	No
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.	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:	
<ul style="list-style-type: none"> The practice did not hold stocks of controlled drugs but were aware of the systems that should be in place to ensure the safe management of controlled drugs if held. The practice followed the Trust's policies and procedures for the prescribing of Controlled Drugs. 	

- The practice did not hold all the recommended emergency medicines and risk assessments were not immediately available to explain the reasons for this decision and minimise possible risks. However, comprehensive risk assessments were completed and forwarded to the Care Quality Commission (CQC) the next day.
- Antibiotic prescribing, which includes broad spectrum antibiotic prescribing was comparable with other practices. The practice used an antimicrobial prescribing tool to evaluate and support the reduction of inappropriate antibiotic prescribing practices. The local CCG also carried out regular antibiotic prescribing audits and shared the outcome of these with the practice.
- The practice had employed a pharmacist, who was new to working in GP practices. The role of the practice pharmacist was developing and would include carrying out medicine reviews, high risk medicine monitoring, and medicine audits. The clinical pharmacist made changes in medicines following discharge or appointments at hospitals. Any queries were referred to the GP.
- We found that effective arrangements for managing repeat prescriptions for high risk medicines that required monitoring were not in place. There were 10 patients on Methotrexate (a medicine used to treat conditions which cause inflammation in the body). We saw that blood test results were not available for seven of the 10 patients'. The records for the three remaining patients showed that although listed as no results the results were received via letters from the hospital and blood test results had been seen for the third patient. A further example, showed that the test results for patients taking Warfarin (a medicine that stops the blood clotting as normal) had not been recorded. There were 18 patients taking this medicine, there were no record of blood test results. The GPs spoken with told us that these were completed however there was no evidence in patients records to confirm that bloods had been taken and the results checked before providing a repeat prescription. Another example, showed that only three of eight patients prescribed Lithium (a medicine used to treat mood disorders) had their blood test completed. However, the practice had not downloaded the results and recorded them in the patients' records.
- The practice confirmed that the GPs had access to the hospital patient database test results system. However, there were no records to show that test results were routinely accessed and reviewed before issuing patients with a repeat prescription. These concerns were discussed with and accepted by the lead GP and practice staff. The pharmacist had started to review the current systems in place for and found that these had not been formalised and were not robust enough to confirm that GPs checked patients' blood test results. The practice advised the long-term plan was that the monitoring of patients prescribed high risk medicines would be one of the roles carried out by the pharmacist.
- We found that formal audits and supervision of nurse practitioners who were prescribers were not in place. For example, one of the nurse practitioner's prescribed antibiotics but evidence was not available to confirm appropriate prescribing practice had been followed.
- The practice provided a GP service for patients at two care homes. They visited the care homes and completed patient medicine reviews on the same day.

Track record on safety and lessons learned and improvements made

Significant events	Yes/No
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.	13
Number of events that required action	13

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

Event	Specific action taken
Fridge in room 1 temperature was registering at 9 degrees. Temperature readings had not been checked the night before.	<ul style="list-style-type: none"> Staff recorded the temperature and moved the medicines into another fridge. Senior practice nurse informed and the incident reported and documented. The investigation showed that the staff did not act promptly to follow the manufacturers advice in the event of a cold chain breach. Action taken included: <ul style="list-style-type: none"> Staff received training to ensure that all were aware of the procedures to be followed. Discussions with Public Health England (PHE), and medicines destroyed in line with guidance. Ensuring data logger was in use and regularly monitored.
Patient turned up for appointment with the doctor, an interpreter had been booked, when the interpreter arrived the patient refused the interpreter as it was a man and they had asked for a female interpreter.	<ul style="list-style-type: none"> Practice staff apologised to the patient and the interpreter. The patient was given another appointment and arrangements made to ensure a female interpreter would be present. Arrangements were put in place to ensure that patient notes would be checked prior to booking an interpreter for any alert that may have been placed on their records regarding their preference for a male or female interpreter.

Safety Alerts	Yes/No
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: Patient safety alerts such as, Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were received by a designated GP at the practice. The GP lead decided whether these were relevant to the practice and cascaded these to appropriate staff and ensured action where required was taken. The practice discussed alerts at practice meetings. The pharmacist was also involved in discussions about alerts and completed patients' record searches and audits. The practice maintained a spreadsheet of alerts and these were linked to the Royal Wolverhampton NHS Trust (RWT) information system which showed the date, alert, details of the alert and the action taken. Safety alerts were also discussed at the PMS directorate RWT meetings. Discussions included action taken and lessons learned and shared with other practices.	

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)	1.10	0.81	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)	82.2%	77.6%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (30)	13.4%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	87.2%	76.2%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (10)	8.8%	9.8%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	82.8%	77.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (27)	12.5%	13.5%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	76.8%	77.1%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (6)	7.0%	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)	94.1%	90.8%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (1)	10.9%	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) <small>(QOF)</small>	87.1%	80.4%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (19)	4.4%	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) <small>(QOF)</small>	81.3%	87.6%	90.0%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.5% (8)	6.7%	6.7%	
Any additional evidence or comments				
<ul style="list-style-type: none"> To address the lower percentage of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, who were currently treated with anti-coagulation drug therapy the practice had completed an audit. This identified where there were gaps in patient treatment and ensured their treatment was reviewed and updated in line with recommended guidance. 				

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)	84	90	93.3%	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)	86	88	97.7%	Met 95% WHO based target (significant variation positive)
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)	85	88	96.6%	Met 95% WHO based target (significant variation positive)
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)	85	88	96.6%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				

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) (01/04/2017 to 31/03/2018) (Public Health England)	68.0%	68.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	62.5%	65%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	38.1%	47.2%	54.5%	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)	88.9%	75.4%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	50.0%	43%	51.9%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had discussed how improvements could be made. A proactive call and recall system was in place. Staff opportunistically, offered the procedure to female patients when they attended the practice.</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) <small>(QOF)</small>	90.8%	89.6%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (2)	11.2%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.4%	91.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (2)	8.1%	10.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.8%	80.4%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (7)	8.2%	6.6%	
Any additional evidence or comments				
The number of patients diagnosed with dementia whose care plans had been reviewed in the last 12 months was slightly lower than the local and England averages. The practice had systems in place to identify patients at risk of dementia. This supported the practice to identify patients and make an appropriate referral for diagnosis. Patients were offered an assessment to detect possible signs of dementia.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	546	538	539
Overall QOF exception reporting (all domains)	8.4%	6.0%	5.8%

Coordinating care and treatment

Indicator	Yes/No
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (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)	93.6%	96.2%	95.1%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (3)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>All clinical staff had received Mental Capacity Act training and Deprivation of Liberty Safeguards as part of their essential training with the provider. The mental health of patients was considered. Advice was sought for vulnerable patients and their carers who may lack capacity.</p> <p>Consent for care and treatment was documented within patients' electronic records, which included cervical smears, childhood immunisations and consent for sharing summary records. Clinical staff were aware of Gillick competences when providing care and treatment to children. Verbal consent received from patients and the parent/s or guardian of children was recorded on patients' records.</p> <p>Written consent forms included details of the procedure to be carried out, the risks, side effects which were also explained to patients. Signed consent forms were scanned into patients' records.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	27
Number of CQC comments received which were positive about the service	23
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<ul style="list-style-type: none">• There were ten reviews on NHS Choices, four were positive, one gave mixed feedback and five were very negative. The practice had acknowledged and responded to eight of the ten patients inviting those with concerns to contact the practice to discuss these further.
CQC comment cards	<ul style="list-style-type: none">• We received 27 completed CQC comment cards. Overall the comments made were positive. Patients described excellent services and staff. They were happy with the service and praised the GPs, nursing and reception staff. Patients described the staff as helpful, accommodating, gave them time and listened.• Four cards gave mixed comments. These raised concerns about the time taken to make an appointment and the length of time taken to be seen at appointments.

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
4646	414	93	22.5%	2%

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)	75.6%	85.2%	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)	74.0%	83.1%	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)	91.3%	93.4%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	71.0%	79.4%	83.8%	Comparable with other practices
Any additional evidence or comments The practice was aware of the outcome of the National GP patient survey and had carried out its own survey to further look at the issues and put an action plan in place to address them where appropriate. For example, the practice reviewed the consultation time allocated to patients to ensure that those with more than one health issue had longer appointment times.				

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

Date of exercise	Summary of results
2018	Patients raised concerns related to: <ul style="list-style-type: none"> • the lack of appointments and being told to ring the NHS 111 service or attend the urgent care centre. • Not being aware of the extended hours clinics provided • The practice website had not been updated

Any additional evidence
The practice had put an action plan in place to address the issues raised in the survey and set dates by which the action should be completed. Action planned included: <ul style="list-style-type: none"> • Reviewing the appointment system • Looking at ways to increase practice nurse hours • Putting a poster in the reception area for patients advertising the times of the of the extended hours clinics.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Comments received from patients at the inspection was in line with the national GP survey results.
CQC Comment Cards	Information in comment cards received were also in line with the outcome of the national GP survey. Patients commented that they received good communication about their treatment, the GP was caring, listened well and gave good advice about care and that staff listened and tried to help them to understand any treatment discussed.

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)	85.2%	89.5%	93.5%	Comparable with other practices
Any additional evidence or comments				

Question	Yes/No
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	There were 52 patients registered as carers at the practice. This represented just over 1% of the practice population. Carers had access to posters on how to register as a carer with the practice and additional information was available in a newsletter and on the practice website about the support and services available to them.
How the practice supports carers	<ul style="list-style-type: none"> • Annual health checks • Annual flu vaccine. • Signposted to support services within the community.
How the practice supports recently bereaved patients	The practice contacted bereaved patients and offered an appointment at the practice if they wanted to discuss their needs. Patients were signposted to support services in the community.

Privacy and dignity

Question	Yes/No
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	<ul style="list-style-type: none"> • Patients could check themselves in for their appointment via the electronic system and it was accessible in different languages. • A private room was available for patients to discuss sensitive issues.

Question	Yes/No
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
Observation	We observed areas and rooms within the practice where private conversations could take place. Patients confirmed that a room could be made available if they wanted to speak with a member of staff privately.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 7.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 8pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Appointments available	
Patients were offered double appointments where needed for example, patients with complex conditions, multiple illnesses and vulnerable patients	
Extended hours opening: The practice offered patients access to extended hours appointments on Monday and Wednesday evenings	
Weekdays	4pm – 8pm at named GP practices within the directorate
Saturday	8am – 2pm at West Park Surgery
Sunday	8am – 2pm at West Park Surgery
Bank Holidays	8am – 2pm at West Park Surgery

Home visits	Yes/No
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
<p>The practice had access to a home visiting service which consisted of two advanced nurse practitioners (ANP) who completed the home visits for The Royal Wolverhampton NHS Trust GP practices.</p> <p>The process following a patient request for a home visit included triage and a GP or ANP completed the home visit.</p> <p>Extended hours were available on Saturday, Sunday and Bank Holidays at West Park Surgery, one of RWT vertical integration practices. All patients within the vertical integration primary care services could make an appointment for a GP consultation between the hours of 8am and 2pm. These appointments were pre-bookable appointments, which must be booked with the patients usual GP practice.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4646	414	93	22.5%	2%

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)	84.7%	92.9%	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)	70.6%	65.9%	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)	59.0%	64.3%	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)	72.5%	65.1%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	65.2%	69.7%	74.4%	Comparable with other practices
Any additional evidence or comments				
Patients expressed concerns about poor access to make appointments and long waiting times at appointments. The provider was aware of this and was looking at ways to increase the number of appointments for patients. Extended hours appointments were available and advertised to ensure patients were aware of the time and practice where clinics were held. This included opening five full days per week and pre-bookable appointments available on Saturday, Sunday and Bank Holidays from 8am to 2pm at West Park Surgery. The provider was also reviewing staff levels.				

Examples of feedback received from patients:

Source	Feedback
NHS UK user	Ten patients had provided feedback on the NHS UK users website. Patients had concerns about the length of time taken to get through to the practice, experienced long waits at their appointments and staff attitude.
CQC comment cards	Comments in four of the comment cards also raised the same concerns about appointments.

Listening and learning from complaints received

Complaints	Yes/No
Number of complaints received in the last year.	6
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The system for managing complaints was part of The Royal Wolverhampton NHS Trust corporate policy. The practice had written a patient information leaflet, which explained the complaints procedure and how their complaint should be escalated if they were not happy with the response received from the practice. The complaint leaflet included a consent form for patients or carers who were making a complaint on a patient's behalf.</p> <p>The complaints we examined showed that patients received a letter to acknowledge their complaint in line with the organisation procedure. This was followed up with a response and an apology after the investigation was complete.</p> <p>Complaints were discussed at practice meetings and an action plan developed to follow up on the outcome and lessons learned. The minutes for a practice complaints meeting held on 31 October 2018 showed detailed discussions of three complaints received between March 2018 and October 2018.</p>	

Example of how quality has improved in response to complaints
<ul style="list-style-type: none"> Decision made to ensure all verbal complaints were recorded, this was also to be a written record if access to patients records not available. This would also ensure that complaints were escalated to staff in a written format and provide an audit trail. The practice was not following the organisations procedure by ensuring that all complaints received whether verbal or written were recorded.

Well-led

Leadership capacity and capability

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

The provider and practice had developed a framework from which to monitor its operational infrastructure, organisational capacity and capability to meet the needs of its registered population and considered the aims and objectives of the wider health economy. These included:

- Creating a culture of compassion, safety and quality
- Being in the top quartile for all performance indicators
- Proactively seeking opportunities to develop their services
- Having an effective and well-integrated organisation that operates efficiently
- Maintaining financial health – appropriate investment enhancement to patient services
- Attracting, retaining and developing staff
- Improving employee engagement.

Ettingshall Medical Centre aimed to ensure:

- Improvement of outcomes for patients with long term conditions, specifically diabetes and asthma
- Improving cervical cytology uptake
- Improving patient uptake of cancer screening
- Improving access
- Reviewing and monitoring patient feedback
- Supporting the workforce
- Maintaining a shared learning culture (Significant events/incidents and complaints)

Vision and strategy

Practice Vision and values

The provider had corporate values and behaviours, which were shared throughout the organisation. The organisation planned to:

- Ensure patients were at the centre of the organisation.
- Ensure innovation informed the way the organisation worked.
- Work together to deliver top quality services.
- Create an environment in which people thrive

The practice ethos and vision within these included:

- Providing the best care for patients.
- Ensuring staff were trained and competent to deliver care.
- Supporting the practice and patients in a changing environment.

Staff we spoke with were all aware of the practice vision and values.

Culture

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

- Most staff stated they felt supported to achieve the practice and provider goals.
- The practice implemented changes to its home visiting service with other practices in the use of advanced nurse practitioners with ease of access to GP support.
- GPs and staff commented on the governance processes, such as patient safety alerts and complaints, which were not just shared within the practice and with the provider but with the other practices so all could learn from these events.
- Patients were supported by the practice to access appropriate services to meet social, physical and health needs. For example, accessing social services for benefits and gym to support physical fitness. The practice had started to refer patients to the social prescribing team which incorporated areas such as housing, benefits and patient specific signposting to other services including third sector agencies. Information about these services were also available on the practice website.
- Staff reported the developments of improved rapport and better communication links with secondary and community care as a consequence of the choices they made to join vertical integration with the provider.
- The practice had access to shared care information related to its patients. Access to the organisation dashboard provided the practice with information about patients admitted to hospital, regular attendees to hospital and attendees to the emergency department. This was reviewed at meetings with hospital colleagues and appropriate care packages put in place for patients with the highest needs and prevent repeated visits to the hospital.
- The practice had access to patients records via a portable laptop when carrying out visits in the community for example, home visits. This provided clinicians with a direct link to the patient information system. Patients records were secured through encryption and a new password used each time the system was accessed.

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

Source	Feedback
Staff	Staff had concerns about staffing at the practice but felt that action was now being taken to increase the number of staff working at the practice.

Any additional evidence

Care home managers spoken with gave positive reports about their engagement with the practice and said that practice staff acted on any feedback they provided.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Practice specific policies were in place and up to date. Policies and procedures were easily accessible to all staff through RWT (hospital) intranet site. The practice had access to a suite of policies and procedures. These included: infection prevention and control, waste management and prescription security.
Meetings	<p>The GP practice was part of a directorate within the hospital. Staff were involved in joint meetings where governance arrangements for example, safeguarding, significant events and training were discussed.</p> <p>Multidisciplinary team meetings were held monthly to discuss patients who received end of life care. These meetings were attended by clinical staff and invitations to attend were extended to community staff such as community matron, district nurses, health visitors, mental health team and social services where appropriate.</p> <p>Practice meetings were held weekly, topics discussed included clinical audit, NICE guidance, risks to the service, risk assessments, information guidance and health and safety.</p>
Duty of Candour	The provider had developed and implemented guides for patient, carers, representatives and staff. The guidance was given to patients or their representative involved in an incident. The guide provided patients and staff with information on the duty of candour process and how The Royal Wolverhampton NHS Trust promotes a culture of openness and honesty within the organisation.
Yes/No	
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
<p>The Royal Wolverhampton NHS Trust with, the involvement of the GP practice, had continued to review the policies and procedures to ensure that they were relevant and specific to the GP practices within the vertical integration project.</p> <p>Events that occurred which included safeguarding, complaints, performance were reported to the Trust and investigated through the Trusts processes and reported centrally.</p>

Managing risks, issues and performance

Major incident planning	Yes/No
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	A risk assessment audit was carried out in November 2018, areas for action were identified and actioned. For example, the audit found that hand gel dispensers were not stocked. The practice addressed this and made sure they were available for staff and patients to use.
Staffing	<p>Staffing levels at the practice had been impacted by long term staff absences. The practice also had the number of hours worked by its Advanced Nurse Practitioner (ANP) reduced from 11 hours to 3.5 hours. This resulted in a reduction in the number of appointments that could be offered to patients.</p> <p>The provider had started reviewing staffing levels at the practice. Weekly site reports were completed to identify any clinical and administration staffing gaps. These gaps were filled by bank staff or locums where needed.</p> <p>Planning and monitoring the number and mix of staff needed to meet patients' needs for example, looking at the types of clinics carried out and the clinical support needed. The provider had started recruitment and a practice pharmacist had been recruited.</p>

Appropriate and accurate information

Question	Yes/No
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
The practice had a Patient Participation Group (PPG). We looked at the minutes for a meeting held on 7 November 2018. The meeting was attended by three patients. Topics on the agenda included appointments, flu campaign, extended hours, staffing, travel vaccinations and the care navigation system. However, there was no information in the minutes to demonstrate the discussions that had taken place or any details on feedback received from patients.

Continuous improvement and innovation

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

Audit area	Improvement
<p>To evaluate the diabetic control of patients registered at the practice and develop practices to improve patient care and staff performance. The audit compared the health outcomes of high risk diabetic patients included in a local project with those who were not.</p>	<p>There were 221 patients on the practice diabetic register at the time of the audit and 60 were identified to be included in the audit. The 60 patients were divided into two groups. Those involved in the local diabetic management project (35 patients) and those who were not (25 patients). Improvements in a specific blood test to diagnose diabetes was seen in 18 (30%) of the 35 patients included in the project. In contrast 14 (25%) patients from the second group did not have personalised management plans and their diabetic control deteriorated. At the end of the audit the number of patients with poor diabetic control had reduced from 42 (70%) to 28 (47%).</p> <p>The audit found that the main reasons for patients identified with poor diabetic control was non-compliance. This included non-attendance at appointments, failure to take medication or non-collection of prescriptions.</p> <p>The outcome of the audit showed that working in partnership with the Wolverhampton Diabetic Centre supported the optimisation of patient care with the support of a specialist Consultant. The practice would also need to work closely with patients to help them to understand their condition and encourage self-management.</p>

Any additional evidence
<p>The practice had carried out five audits over the past 18 months. These related to the management of diabetes, medicines, minor surgery and cervical cytology. A second audit cycle was planned for three of the five audits.</p>

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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