

Care Quality Commission

Inspection Evidence Table

High Glades Medical Practice (1-590230281)

Inspection date: 22 and 23 January 2019

Date of data download: 09 January 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes	
The practice's systems, practices and processes helped keep people safe and safeguarded from abuse.	

Safeguarding	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Policies and other documents covering adult and child safeguarding were accessible to all staff. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs) and knew how to identify and report concerns.	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
Notices in the practice and the branch surgery advised patients that chaperones were available if required.	Yes
Additional evidence or comments	
Staff told us that the practice was working with the local safeguarding lead GP for East Sussex to help make improvements to the culture of child safeguarding systems locally and records confirmed this. For example, a child safeguarding practice action plan had been developed which included: safeguarding	

training for coding staff to improve recognition of issues; enhanced workflow reduction written guidance for staff to help reduce human error; commencement of practice based child protection reviews supported by the local safeguarding lead GP for East Sussex; introduction of locality based meetings supported by the local safeguarding team and local practices to discuss child protection process and shared learning. The plan contained estimated timescales for completion between January 2019 and September 2019.

Recruitment systems	
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 guidance and if relevant to role.	Yes
There were systems to help ensure the registration of clinical staff was checked and regularly monitored.	Yes
Relevant staff had medical indemnity insurance.	Yes

Safety Records	
There were up to date fire risk assessments that incorporated an action plan to address issues identified.	Yes
The practice and the branch surgery had a fire evacuation plan.	Yes
Records showed fire extinguishers were maintained in working order.	Yes
Records showed that the practice carried out fire drills.	Yes
Records showed that the fire alarm system was tested regularly.	Yes
The practice and the branch surgery had designated fire marshals.	Yes
Staff were up to date with fire safety training.	Yes
All electrical equipment was checked to help ensure it was safe to use.	Yes
All clinical equipment was checked and where necessary calibrated to help ensure it was working properly.	Yes

Infection prevention and control	
We observed the premises to be clean and all areas accessible to patients were tidy.	Yes
There was a lead member of staff for infection prevention and control who liaised with the local infection prevention teams to keep up to date with best practice.	Yes
There was an up to date infection prevention and control policy.	Yes
There were up to date infection prevention and control audits that incorporated an action plan to address issues identified.	Yes
Relevant staff were up to date with infection prevention and control training.	Yes
The arrangements for managing waste kept people safe.	Yes

Risks to patients, staff and visitors

Risks to patients, staff and visitors were assessed, monitored or managed in an effective manner.

The provider had systems to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Staff knew how to respond to emergency situations.	Yes
All staff were up to date with basic life support training.	Yes
Emergency equipment and emergency medicines were available in the practice and branch surgery including medical oxygen and an automated external defibrillator (AED).	Yes
Records showed that emergency equipment and emergency medicines were checked regularly.	Yes
Emergency equipment and emergency medicines that we checked were within their expiry date.	Yes
There was up to date written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.	Yes
There was written guidance for staff to follow to help them identify and manage patients with severe infections. For example, sepsis.	Yes
Staff were up to date with training in how to identify and manage patients with severe infections. For example, sepsis.	Yes
The practice had systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
There were a variety of health and safety risk assessments that incorporated action plans to address issues identified.	Yes
There was an up to date health and safety policy available with a poster in the practice and branch surgery which identified local health and safety representatives.	Yes
There were up to date legionella risk assessments and an action plan to address issues identified.	Yes
Additional evidence or comments	
During our inspection we saw that some staff only areas of the practice were easily accessible to patients and visitors. For example, the staff side of the main reception area at High Glades Medical Practice.	

Information to deliver safe care and treatment	
Staff had the information they needed to deliver safe care and treatment.	

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	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 used 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	
The arrangements for managing medicines helped keep patients safe.	

Medicine Management				
Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.99	1.07	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	8.8%	8.7%	8.7%	No statistical variation
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
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).				No
Blank prescription forms and pads were securely stored and there were systems to monitor their use.				Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with Public Health England guidance to ensure they remained safe and				No

effective in use.	
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
Up to date local prescribing guidelines were in use.	Yes
Additional evidence or comments	
<p>We looked at the patient group directions (PGDs) used by staff at the practice and saw that one was out of date. However, after the inspection the provider sent us evidence to show that the out of date PGD had been replaced with an up to date one.</p> <p>We saw that the temperature of two medicine refrigerators located at Silver Springs Medical Practice had gone outside of the acceptable limits of between two and eight degrees centigrade on six occasions during 2018. Written guidance was available for staff to follow when the temperature of any of the medicine refrigerators went outside of the acceptable limits. On the day of our inspection there were no records to demonstrate that any action was taken by staff for any of the six occasions when the temperature of the medicine refrigerators had gone outside of the acceptable limits. However, after our inspection the provider sent us evidence to show that the medicine refrigerator monitoring issue had been reported on 20 December 2018 and the subsequent action taken. An action plan had since been developed and implemented in December 2018 to help reduce the risk of recurrence and ensure appropriate action was taken if readings outside of the normal ranges were recorded.</p> <p>The practice did not hold inventories of the medicines that they stored in the medicines refrigerators. Staff told us that informal audit checks of these medicines were carried out but there were no records to confirm this.</p> <p>The practice employed three GPs who worked remotely to support medicine management and quality improvement activities.</p>	

Lesson learned and improvements made
The practice learned and made improvements when things went wrong.

Significant events	
There was up to date written guidance available for staff to follow to help them identify, report and manage any significant events.	Yes
Staff told us they would inform the practice manager of any incidents and there was a recording form available that supported the recording of notifiable incidents under the duty of candour.	Yes
Number of recorded significant events in the last 12 months.	27
Records showed that the practice had carried out a thorough analysis of reported significant events.	Yes
There was evidence of learning and dissemination of information from significant events	Yes

Safety Alerts	
The practice had systems for notifiable safety incidents.	Yes
The practice's systems for notifiable safety incidents ensured this information was shared with staff	Yes
Staff were aware of how to deal with notifiable safety incidents.	Yes
The practice acted on and learned from national patient safety alerts.	Yes

The practice kept records of action taken (or if no action was necessary) in response to receipt of all national patient safety alerts.	Yes
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Effective

Rating: Requires Improvement

Effective needs assessment, care and treatment
Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools. However, improvements to performance were ongoing.

The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Staff had access to guidance from NICE and used this information to deliver care and treatment that met patients' needs.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	2.02	1.28	0.81	Variation (negative)

Additional evidence or comments
The practice was aware of their current performance in the prescribing of hypnotics and were currently working with the local clinical commissioning group to make relevant reductions where possible.

Monitoring care and treatment
The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	453.8	533.4	537.5
Overall QOF exception reporting (all domains)	8.3%	6.1%	5.8%

Additional evidence or comments
In November 2017 a local GP practice closed and High Glades Medical Practice took an additional 3,900 patients onto their register. Having merged with Silver Springs Medical Practice this increased the practice's patient population to approximately 17,000.

Staff told us that most of the (approximately 4,000) patients that registered with them following the closure of the local GP practice in 2017 came to them with out of date health and medicine reviews. Since November 2017 the practice had been working to carry out these reviews and meet all needs of these patients, as well as that of their own and patients who had joined from Silver Springs Medical Practice.

To assist with these activities the practice was given a QOF amnesty which is why overall QOF achievement results from 2017 / 2018 for were below local and national averages.

The practice responded by employing a diverse workforce to help address the needs of their current patient population and make improvements. For example, specialist nursing staff, pharmacy staff, paramedic staff and remote GPs.

The practice used information about care and treatment to make improvements.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the NHS England pilot entitled "Homely remedies".

Older people

Population group rating: **Good**

Findings

The practice offered proactive, personalised care to meet the needs of the older people in its population.

The practice employed a pharmacy technician who followed up on older patients discharged from hospital and ensured that their prescriptions were updated to reflect any extra or changed needs. There were systems to help ensure care plans were also updated accordingly.

In response to research carried out by one of the practice's GP Registrars in 2017, the practice had introduced bi-weekly ward rounds at four local nursing homes for patients who were residents. This allowed practice staff to assess the needs of these patients on a regular basis and helped identify patients at risk of deterioration as well as reduce inappropriate admissions to hospital. Extensive care plans had been developed for these patients who had complex needs and home visits outside of the bi-weekly ward rounds were available when required.

The practice employed a frailty advanced nurse practitioner who specialised in the care of frail, elderly patients. This nurse had responsibility to help the practice meet the needs of frail patients who visited the practice as well as carrying out home visits to frail patients and was part of the practice clinical team who carried out the regular ward rounds at local nursing homes.

People with long-term conditions

Population group rating: **Requires Improvement**

Findings

Patients with long-term conditions were offered a structured annual review to check their health and medicine needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Specific staff had lead roles in chronic disease management. For example, nursing staff were leads in

the care of patients with asthma and diabetes.

Patients at risk of hospital admission were identified as a priority.

Performance for diabetes related indicators was below local and national averages.

Performance for asthma, COPD and hypertension related indicators was significantly below local and national averages.

The practice was prioritising QOF and polypharmacy reviews, targeting patients recently added to the practice's register, following the closure of another local practice, who were overdue these reviews.

During our inspection the practice provided unverified data that showed performance to date in the current period being measured (2018 / 2019) had already demonstrated an improvement over data from 2017 / 2018. For example;

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading is 140/80 mm/Hg or less was to date 58% (previously 57%).

The percentage of patients with asthma, on the register, who have had an asthma review that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 was to date 60% (previously 38%)

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 was to date 69% (previously 57%).

Diabetes Indicators	Practice	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)	74.4%	78.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	17.4% (107)	11.8%	13.2%	N/A
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)	57.2%	76.5%	77.7%	Variation (negative)
Exception rate (number of exceptions).	20.2% (124)	10.7%	9.8%	N/A
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)	83.1%	82.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	19.3% (119)	14.8%	13.5%	N/A
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	37.7%	70.4%	76.0%	Significant Variation (negative)

(01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	2.6% (16)	11.4%	7.7%	N/A
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)	56.5%	83.4%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	14.0% (39)	13.2%	11.5%	N/A
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)	64.5%	81.1%	82.6%	Significant Variation (negative)
Exception rate (number of exceptions).	16.1% (251)	5.3%	4.2%	N/A
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)	85.9%	86.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.8% (13)	5.3%	6.7%	N/A

Families, children and young people

Population group rating: **Good**

Findings

Childhood immunisation uptake rates were carried out in line with the national childhood vaccination programme. NHS England published results showed that uptake rates for the vaccines given were higher than the target percentage of 90% or above in all the four indicators.

The practice employed a GP with an interest in child health to help ensure the needs of child patients was being met.

Young people could access services for sexual health and contraception.

Child Immunisation	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	148	159	93.1%	Met 90% minimum (no variation)

DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)				
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)	165	174	94.8%	Met 90% minimum (no variation)
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)	162	174	93.1%	Met 90% minimum (no variation)
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)	163	174	93.7%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

The practice's uptake for cervical screening in 2017 / 2018 was below the 80% coverage target for the national screening programme. Unverified data showed that the practice achievement rate for eligible patients who had attended for cervical screening had increased by 13% to 84% to date.

The practice's uptake for breast and bowel cancer screening was in line with local and national averages.

The number of new cancer cases treated which resulted from a two week wait referral was higher than local and national averages.

The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs for this age group.

Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Cancer Indicators	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)	71.0%	72.7%	71.7%	No statistical variation

Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.9%	66.8%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	52.5%	57.7%	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. (01/04/2017 to 31/03/2018) (PHE)	53.1%	67.4%	70.3%	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)	70.6%	62.9%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

The practice held registers of patients living in vulnerable circumstances including homeless people and those with a learning disability to help ensure they received the care they needed.

The practice employed a clinician with lead responsibilities for patients with learning difficulties to help ensure their needs were being met.

The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

Performance for mental health related indicators was below local and national averages.

The practice was prioritising QOF and polypharmacy reviews, targeting patients recently added to the practice's register, following the closure of another local practice, who were overdue these reviews.

During our inspection the practice provided unverified data that showed performance to date in the

current period being measured (2018 / 2019) had already demonstrated an improvement over data from 2017 / 2018. For example;

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded was to date 61% (previously 48%).

Performance for dementia related indicators was in line with local and national averages.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

A dependence forming medication worker and access to psychological therapies was available on site at the practice (delivered by other providers).

Mental Health Indicators	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)	68.1%	81.3%	89.5%	Variation (negative)
Exception rate (number of exceptions).	5.8% (7)	13.6%	12.7%	N/A
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)	47.8%	79.8%	90.0%	Significant Variation (negative)
Exception rate (number of exceptions).	5.8% (7)	11.3%	10.5%	N/A
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)	67.0%	79.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.0% (6)	7.4%	6.6%	N/A

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

The practice had an induction programme for all newly appointed staff.	Yes
The learning and development needs of staff were assessed.	Yes
All staff were up to date with essential training.	Yes
Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.	Yes
Staff had relevant access to appraisals, one to one, coaching and mentoring, clinical	Yes

supervision and revalidation.	
Clinical staff were supported to meet the requirements of professional revalidation.	Yes
There was a clear approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
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
Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assist as well as plan ongoing care and treatment.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

The practice identified patients who may be in need of extra support. This included patients in the last 12 months of their lives, those at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.	Yes

Smoking 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	89.9%	93.4%	95.1%	Variation (negative)

(01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	0.5% (13)	0.7%	0.8%	N/A

Consent to care and treatment
The practice obtained consent to care and treatment in line with legislation and guidance.

Clinicians understood the requirements of legislation and guidance when considering consent and decision making.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes

Caring

Rating: Good

Kindness, respect and compassion
Staff treated patients with kindness, respect and compassion.

CQC comments cards	
Total comments cards received	2
Number of CQC comments received which were positive about the service	2
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received	Source
Patients were satisfied with the care they received and thought staff were helpful and caring.	Comment cards and patient interviews.

National GP Patient Survey Results published in July 2018
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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17069	272	113	41.5%	0.66%

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)	85.7%	89.3%	89.0%	No statistical variation
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	84.1%	88.3%	87.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	95.6%	95.9%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	80.8%	84.0%	83.8%	No statistical variation

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

Facilities to help patients be involved in decisions about their care

Interpretation services were available for patients who did not have English as a first language.	Yes
A hearing loop was available for patients who had a hearing impairment.	Yes
Patient information leaflets and notices were available in the patient waiting areas which told patients how to access support groups and organisations.	Yes
Information about support groups was available on the practice website.	Yes

Examples of feedback received	Source
Patients stated that clinical staff were good at explaining tests and treatments as well as listening to them.	Comments cards and patient interviews.

National GP Patient Survey Results published in July 2018

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)	96.5%	95.2%	93.5%	No statistical variation

Carers	Narrative
Number and percentage of carers identified	Records showed that the practice had identified 362 patients on the practice list who were carers (2% of the practice list).

How the practice supports carers	The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted staff if a patient was also known to be a carer.
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Privacy and dignity

The practice respected patients' privacy and dignity.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
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
Written guidance was available for staff to follow that helped to maintain patient confidentiality.	Yes

Responsive

Rating: Good

Responsive to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

The practice understood the needs of its patients and tailored services in response to those needs.	Yes
Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.	Yes
Urgent appointments were available for children and those patients with serious medical conditions.	Yes
The practice had a website and patients were able to book appointments or order repeat prescriptions on line.	Yes
The facilities and premises were appropriate for the services delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There was a system for flagging vulnerability in individual patient records.	Yes
Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admission to hospital.	Yes
There was a range of clinics for all age groups as well as the availability of specialist nursing treatment.	Yes
All patients had been allocated to a designated GP to oversee their care and treatment.	Yes

Older people

Population group rating: Good

Findings

The practice was responsive to the needs of older people in its population, and offered longer appointments and urgent appointments for those with enhanced needs.

All patients were allocated a named GP to oversee their care to help ensure their needs were being met.

People with long-term conditions

Population group rating: Good

Findings

There were longer appointments available for patients with some long-term conditions.

The practice liaised with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with the most complex needs.

Families, children and young people

Population group rating: Good

Findings

There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice was in the process of implementing an action plan to further enhance these systems. For example, the system that monitored children and young people who had a high number of accident and emergency attendances.

Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

The needs of this patient population group had been identified and the practice had adjusted the services they offered to help ensure these were accessible, flexible and offered continuity of care.

Appointments were available outside of normal working hours.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

The practice offered longer appointments for patients with a learning disability.

People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.

The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Timely access to the service

People were able to access care and treatment from the practice within an acceptable timescale for their needs.

Practice Opening Times**High Glades Medical Practice**

Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

Silver Spings Medical Practice

Day	Time
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm

There were arrangements with other providers to deliver services to patients outside of the practice's working hours.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes

Patients had timely access to initial assessment, test results, diagnosis and treatment.	Yes
Waiting times, delays and cancellations were minimal and managed appropriately.	Yes
Patients with the most urgent needs had their care and treatment prioritised.	Yes

Additional evidence or comments

The practice offered rapid access for those patients with enhanced needs. The practice operated a triage based system to help identify patients with the greatest needs and prioritise the appropriate practice response. Triage was performed by senior doctors on duty.

National GP Patient Survey Results published in July 2018

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.7%	94.8%	94.8%	No statistical variation

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)	57.6%	N/A	70.3%	No statistical variation
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)	70.2%	73.6%	68.6%	No statistical variation
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)	63.9%	71.3%	65.9%	No statistical variation
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)	69.7%	78.1%	74.4%	No statistical variation

Examples of feedback received	Source
Patients indicated they were able to book routine appointments that suited their needs. However, some patients stated they found it difficult to get through to the practice by telephone at times.	Comment cards and patient interviews.

Listening and learning from concerns and complaints
The practice had a system to manage complaints and used them to help improve the quality of care.

Listening and learning from complaints received	
The practice had a system for handling complaints and concerns.	Yes
The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.	Yes
Information was available to help patients understand the complaints system.	Yes
Number of complaints received between 6 April 2018 and 12 December 2018.	26
Records showed that complaints were satisfactorily handled in a timely manner.	Yes
Records confirmed that complaints were discussed at staff meetings.	Yes
Learning as a result of complaints received was shared appropriately with practice staff.	Yes

Well-led

Rating: Good

Leadership, capacity and capability	
There was compassionate and inclusive leadership at all levels.	

Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
Leaders had identified the action necessary to address challenges to quality and sustainability.	Yes
There was a clear leadership structure and staff felt supported by the partners and practice management.	Yes
Local partners, practice management and all staff we spoke with felt supported by the provider level management team.	Yes
Additional evidence or comments	
Local leadership was led by the GP partner who was the area clinical lead. The remaining two GP partners also helped lead the practice and all staff, including leaders, were supported by the Sydenham House Medical Group management team.	
Local leaders told us that they were able to manage and develop services locally, to help meet the needs of the practice patient population, and that they were supported in doing so by the Sydenham House Medical Group management team.	
Staff told us that the partners and practice management were approachable and always took time to listen to all members of staff. They also told us that they were able to approach the Sydenham House Medical Group management team for help and support.	
Staff said that leadership at the practice was open, transparent and inclusive.	

Vision and strategy	
The practice had a vision to deliver high quality care and promote good outcomes for patients.	

The practice had a statement of purpose which reflected their vision.	Yes
All staff we spoke with were aware of the practice's vision.	No
The practice planned services to meet the needs of their patient population.	Yes
Additional evidence or comments	
Staff told us that the practice did not have a formal written vision. However, they told us that informally their vision was to deliver high quality care and promote good outcomes for patients.	
We spoke with seven members of staff during our inspection, none of whom were aware of the practice's vision.	
After our inspection the practice wrote to us and told us they had democratically developed a formal	

practice vision with the help of their staff. We saw that this vision was displayed on their website as a mission statement.

Culture

The practice had a culture of high-quality sustainable care.

Staff told us there was an open culture within the practice and they felt confident and supported to raise any issues.	Yes
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Openness, honesty and transparency were demonstrated when responding to incidents.	Yes
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The provider complied with the requirements of the duty of candour.	Yes
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Additional evidence or comments

Staff told us they felt respected, valued and supported locally by the practice and by their colleagues. They also told us that felt supported by the Sydenham House Medical Group management team.

Governance arrangements

There were processes and systems to support good governance and management.

There was a clear staffing structure and staff were aware of their own roles and responsibilities.	Yes
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The practice had systems that helped to keep governance documents up to date.	Yes
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Governance documents that we looked at were up to date.	Yes
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Managing risks, issues and performance

The practice's processes for managing risks, issues and performance were effective.

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effective.	Yes
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The practice had processes to manage current and future performance.	Yes
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Clinical and internal audit was used to monitor quality and to make improvements.	Yes
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Records showed that the practice had analysed all clinical audit results and implemented action plans to address findings.	Yes
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Records showed that all clinical audits had been repeated or were due to be repeated to complete the cycle of clinical audit.	Yes
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The practice had written guidance for staff to follow in the event of major incidents.	Yes
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Written major incident guidance contained emergency contact telephone numbers for staff.	Yes
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Additional evidence or comments

The practice demonstrated innovation in the way they were addressing performance issues that had arisen since the number of patients registered with them had risen to 17,000 (due to closure of a local

practice in November 2017 and merger with Silver Springs Medical Practice). For example; The practice was working with the local safeguarding lead GP for East Sussex to help make improvements to the culture of child safeguarding systems locally.

Designated staff with relevant experience and qualifications carried out bi-weekly ward rounds at four local nursing homes for patients who were residents to help reduce inappropriate admissions to hospital.

The practice employed a diverse workforce such as GPs with special interests in child health, remote GPs to deliver medicines quality activities, a frailty advanced nurse practitioner, an emergency nurse practitioner, a clinician with lead responsibilities for patients with learning difficulties and a pharmacy technician in addition to their existing workforce.

The practice was participating in an NHS England pilot entitled “Homely Remedies” which helped enhance the autonomy of nurses to prescribe and administer simple medicines such as paracetamol without the involvement of a GP.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operation information was in the process of being used to help improve performance.	Yes
The practice submitted data or notifications to external organisations as required.	Yes
There were arrangements in line with data security standards for the integrity and confidentiality of patient identifiable data, records and data management systems.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high-quality and sustainable care.

A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.	Yes
The practice had an active patient participation group.	Yes
The practice gathered feedback from patients through the patient participation group.	Yes
The practice gathered feedback from patients through analysis of the results of the national GP patient survey.	Yes
The practice gathered feedback from staff through staff meetings, surveys, appraisals and discussion.	Yes
The service was transparent, collaborative and open with stakeholders about performance.	Yes

Additional evidence or comments

Records showed that the practice gathered feedback from the four local nursing homes on the quality of the ward rounds that were carried out by practice staff. Results were positive and had not identified and issues that required improvement.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

There was a focus on continuous learning and improvement at all levels within the practice.	Yes
The practice made use of reviews of incidents and complaints.	Yes
Learning was shared and used to make improvements.	Yes

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 no statistical variation, 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 no statistical variation 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	No statistical variation	$-2 < Z < 2$
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.
- 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 uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG 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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework

- **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.