

Care Quality Commission

Inspection Evidence Table

Bishopston Medical Practice (1-4859159556)

Inspection date: 24 April 2019

Date of data download: 16 April 2019

Overall rating: add overall rating here

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

Safe

Rating: Requires Improvement

Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed five staff files on inspection and found that two did not contain a signed copy of their contract. We discussed this with the practice and they advised that for one member of staff, they had not returned a signed copy of their contract but there was an implied compliance in that they did not raise concerns regarding the terms of their contract and they continued to work and carry out their duties.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: March 2019	Y
There was a record of equipment calibration. Date of last calibration: August 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: July 2018	Y
There was a log of fire drills. Date of last drill: February 2019	Y
There was a record of fire alarm checks. Date of last check: 17 April 2019	Y
There was a record of fire training for staff.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: February 2018	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: April 2019	Y

Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: April 2019	Y
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed the practice's health and safety risk assessment. The risk assessment identified that the fixed wiring testing was due. We saw confirmation that this had been scheduled for 25 April 2019. No other actions were identified.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	March 2019
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Infection control was a standing agenda item for clinical meetings.</p> <p>We reviewed the infection prevention and control audit and saw that all actions identified had been addressed by the practice. For example, it was identified that sharps bins were not always used as they should have been in that inappropriate equipment had been disposed of in the sharps bins. The practice identified that they should continue to conduct six-monthly audits of their sharps bins and that a refresher of sharps safety, correct storage and disposal would be added as an agenda item for the next clinical meeting. We saw that this had been completed.</p>	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y

There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had introduced a buddy protocol to support GPs when they were absent from the practice. The covering GP would review their blood results, medicine management and urgent documents to ensure that all items requiring action would be completed.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/01/2018 to 31/12/2018) <small>(NHS Business</small>	0.54	0.81	0.91	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
Service Authority - NHSBSA)				
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). (01/01/2018 to 31/12/2018) (NHSBSA)	10.5%	9.4%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	5.08	5.20	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	0.92	2.08	2.13	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and	n/a

Medicines management	Y/N/Partial
written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	n/a
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice's process to monitor blank prescriptions was not effective. The practice logged when blank prescriptions were issued and at the end of the day, unused prescriptions were kept in room specific folders in a lockable drawer. There was inconsistency in the practice's system as the log assigned the blank prescriptions to individual clinicians, but prescriptions were assigned to individual rooms. The practice was also not logging the serial numbers on the prescriptions and therefore could not be assured that any discrepancy in numbers would be identified.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	9
Number of events that required action:	9
<p>Explanation of any answers and additional evidence:</p> <p>On inspection we found that the practice process to ensure all significant events were discussed at meetings and learning disseminated to necessary staff, was not always embedded. For example, a significant event was raised when a member of staff tried to use their emergency button but found that it did not work. This incident was recorded as a significant event and raised with their line manager. This</p>	

was discussed between them and learning agreed, however this was not shared with the wider practice. We raised this with the practice and following inspection, they sent us confirmation that this incident had been raised as a significant event.

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

Event	Specific action taken
Delay in patient referral using two week wait system and out of date information on patient information leaflet. Clinician had saved the information onto the patient notes but had forgotten to dictate the referral to the medical secretaries which meant the two week wait was not processed.	The incident was discussed at a practice meeting and areas for improvement were identified. The practice uploaded an up to date patient information leaflet onto the system. The practice also implemented a checklist for the referral process in order to prevent this type of event from reoccurring.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice's process to record and act on safety alerts was not embedded and did not ensure that all actions taken were appropriately recorded. Medicine alerts were received by the practice pharmacist who would then send the information to the necessary staff. However, we found that a medicine alert which was reissued in December 2018 relating to female patients prescribed sodium valproate who were of child bearing age, had not been recorded on the practice's system. It was also identified that while a recent alert issued which contained new prescribing information for a specific antibiotic was sent to clinicians, it had not been identified if the prescribing alert related to any of the practice's patients. Following inspection, the practice sent us evidence to show that actions had been identified in relation to these MHRA alerts. However, these were not recorded on the practice's log sheet.</p>	

Effective

Rating: Good

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.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Bishopston Medical Practice operated as part of a cluster (a group of primary care services working to support each other). The practice employed a care coordinator who worked across all the practices in the cluster. They were responsible for following up patients after they had been discharged from hospital to determine what necessary support might be required. For example, if patients needed access to specialist equipment or carers. The care coordinator would direct patients as appropriate to other avenues of support and would make the necessary referral.</p> <p>To encourage patients with learning disabilities to attend the practice for their health reviews, the practice introduced an invite letter designed specifically to target this patient group which explained the process and was easy to understand.</p> <p>The practice had introduced an online assessment form for patients with asthma. This helped to determine if the patient's condition was stable and whether they needed to attend the practice for a face to face review.</p> <p>As part of an NHS funded programme, the practice had conducted a review of patients who frequently attended the practice to see if there was a more efficient way to care for them. For example, they had identified a patient who would be placed on the triage list roughly three times a week. After a review of the patient's records, it was identified that their level of contact could be attributed to a mental health need rather than a physical need. The practice contacted the patient to discuss their needs and they set up a routine appointment with the GP every two weeks. This was later reduced to every four weeks once the patient's health was stable. This stopped the phone calls made by the patient to the practice throughout the week.</p>	

Prescribing	Practice performance	CCG average	England average	England comparison
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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) (01/01/2018 to 31/12/2018) (NHSBSA)	0.39	0.73	0.79	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice employed a care coordinator who followed up on older patients discharged from hospital. Part of this persons role was to update care plans and prescriptions to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Uptake for annual health reviews for patients with diabetes was below local and national averages.

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)	79.1%	79.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	5.8% (13)	20.6%	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)	64.9%	78.7%	77.7%	Tending towards variation (negative)

Exception rate (number of exceptions).	9.8% (22)	14.4%	9.8%	N/A
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	Practice	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)	85.9%	83.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.7% (33)	16.5%	13.5%	N/A

Any additional evidence or comments

We discussed the above figures with the practice and specifically regarding the number of patients with diabetes whose blood pressure was in an acceptable range. We reviewed the practice's unverified data for the 2018/2019 QOF year and found that this percentage had dropped to 63%. The practice was aware their figures were lower than the CCG and national averages and following inspection, they sent us an action plan outlining how they intended to improve uptake. The practice's recall system included three reminder letters and if the patient still did not attend for their review, they received a phone call and notes would be put on their prescriptions prompting reviews.

Other long-term conditions	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)	68.4%	74.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (9)	12.2%	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)	92.0%	91.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	10.7% (9)	14.4%	11.5%	N/A

Any additional evidence or comments

We discussed the above figures with the practice as their achievement for the number of patients who had received an asthma review was lower than local and national averages.

Following inspection, the practice sent us their unverified figures for the 2018/2019 QOF year which showed that 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, was 81%. This showed an improvement on the previous year's performance.

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	79.3%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (21)	6.0%	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)	91.4%	89.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.2% (1)	6.2%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with or exceeded national targets.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice took part in the 4YP (for young people) scheme. This meant that patients requesting a 4YP appointment were able to discuss any concerns regarding 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 DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	99	102	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received	87	92	94.6%	Met 90% minimum (no variation)

Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)				
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)	87	92	94.6%	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)	87	92	94.6%	Met 90% minimum (no variation)

Any additional evidence or comments

The practice took part in a Measles, Mumps and Rubella programme to try and increase uptake of the vaccine. The programme targeted children from the age of one who had not received the vaccine and children from the age of 3 who had not received the booster vaccine.

The practice sent the families letters and contacted them by phone to encourage them to bring in their children for the vaccines.

The programme identified 145 families who fit the criteria. From this, 74 families attended the practice for the vaccines.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors had been identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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)	80.9%	73.6%	71.7%	Tending towards variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	69.8%	70.6%	70.0%	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)	64.9%	56.5%	54.5%	N/A
The percentage of patients with cancer,	71.4%	71.4%	70.2%	N/A

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) <small>(PHE)</small>				
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) <small>(PHE)</small>	61.5%	53.4%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- 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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had created a user-friendly health check invite specifically for patients with a learning disability so that it was easy to understand and to try and to encourage them to get in touch for a health check.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice did not have a specific system for following up patients who failed to attend for administration of long-term medication.

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) <small>(QOF)</small>	83.3%	93.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	12.0% (9)	20.7%	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) <small>(QOF)</small>	85.7%	91.5%	90.0%	No statistical variation

Exception rate (number of exceptions).	6.7% (5)	17.4%	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)	81.0%	82.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.7% (2)	6.6%	6.6%	N/A

Any additional evidence or comments

The practice sent us their unverified data for the 2018/2019 QOF year. According to this data:

- 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 was 76%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 73.2%.

The practice were aware that their results had not improved and following inspection they sent us an action plan about how they planned to increase uptake. This included conducting home visits for patients unable to attend the practice.

Monitoring care and treatment

The practice had a comprehensive 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)	538.4	544.8	537.5
Overall QOF exception reporting (all domains)	2.9%	7.3%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>An audit was conducted which looked at female patients diagnosed with polycystic ovaries who had their body mass index (BMI) and blood sugar levels recorded in their notes. A higher BMI could exacerbate the condition and women with this diagnosis were more at risk of developing type two diabetes.</p> <ul style="list-style-type: none"> • The first cycle conducted in November 2017 identified 142 patients who were diagnosed with this condition. Of those patients, 120 (85%) had an up to date BMI recorded in their notes, 63 (44%) had their blood sugar levels recorded and 1 patient had been coded incorrectly. The results were discussed and prompts and blood test requests were added to patient notes to encourage
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clinicians to conduct the necessary investigations.

- The second cycle was conducted in November 2018 and it identified 129 patients who were diagnosed with the condition. Of those patients, 112 (87%) had an up to date BMI recorded and 75 (58%) had their blood sugar levels recorded.

The practice identified that while there had been an increase in the percentage of patients who had their blood sugar levels recorded, improvements could still be made. Further education was needed for clinicians to encourage them to check blood sugar levels at the time of diagnosis. The practice would also send a letter to patients who had been recently diagnosed to encourage them to come in for a health review.

Effective staffing

The practice was able staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
The practice held annual appraisals, six monthly catch ups and one to ones for all staff including GPs.	

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)	Y

(QOF)	
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

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

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 (01/04/2017 to 31/03/2018) (QOF)	94.0%	94.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (10)	1.1%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering	Y

consent and decision making. We saw that consent was documented.	
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	9
Number of CQC comments received which were positive about the service.	8
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	Feedback included that clinicians were kind and that patients felt listened to but that there could be a long wait to get a routine appointment.

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 changed in 2018.

Practice	Surveys sent out	Surveys returned	Survey Response	% of practice
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population size			rate%	population
9709	290	113	39%	1.16%

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)	92.4%	90.4%	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 (01/01/2018 to 31/03/2018)	93.5%	88.6%	87.4%	No statistical variation
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)	98.8%	96.5%	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)	82.9%	84.5%	83.8%	No statistical variation

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	We spoke with three patients on inspection who were all positive about the care they had received. Feedback included there was continuity of care and the monitoring of their long-term conditions had been fantastic.

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)	98.1%	93.9%	93.5%	Tending towards variation (positive)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 19 carers which represented 0.2% of the patient list size.
How the practice supported carers.	There was a carers section on the practice's website which signposted patients to services available to them.
How the practice supported recently bereaved patients.	The family would be contacted by the GP and if they were in need of further support, they would be referred to the practice's care coordinator who would be able to signpost them to the necessary services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Partial
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice patient list size had increased in recent years but due to the nature of their premises they did not have the capabilities to appropriately meet requirements. For example, they did not have the ability to expand their premises to accommodate additional staff. In order to facilitate these changes, the practice had acquired three portacabins. Two were used as additional consulting and treatment rooms and one was used as an administration office.</p> <p>The seating in the waiting room was not appropriate for people with mobility difficulties as there were no raised armchairs.</p>	

Practice Opening Times	
Day	Time
Opening times:	
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
Appointments available:	
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
Improved access:	
Two Saturdays a month	8.30am to 11.30am

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9709	290	113	39%	1.16%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	98.7%	94.7%	94.8%	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

People with long-term conditions

Population group rating: Good

Findings

- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Appointments were available after school and at weekends.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Improved access appointments were available two Saturday mornings a month.
- Routine telephone appointments were available for people unable to attend the practice.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice made reasonable adjustments to enable patients with a learning disability to access and use the services at the practice.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those patients experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs.
- The practice's care coordinator was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice had a duty team who would triage all patients requesting a same-day appointment or a home visit.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	72.9%	N/A	70.3%	No statistical

Indicator	Practice	CCG average	England average	England comparison
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)				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)	60.1%	68.2%	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)	57.3%	64.9%	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)	69.0%	75.3%	74.4%	No statistical variation

Source	Feedback
For example, NHS Choices – rated 4 out of 5 stars.	Three out of the five comments made over the last 12 months rated the practice as 1 out of 5 stars. Feedback included that it was difficult to get through on the phones and to book a routine appointment.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	23
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
Explanation of any answers and additional evidence: We reviewed four complaints and found that the practice did not consistently advise patients of the options available to them should they be dissatisfied with the practice's response. Of the complaints we reviewed, two did not mention that the patient was able to raise their complaint with the Parliamentary and health service ombudsman should they wish to take their complaint further.	

	Y/N/Partial
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Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
A letter was sent to the practice by a secondary care provider advising of a patient's change in diagnoses. The practice reviewed the letter and identified no specific actions were required. The patient raised a complaint with the practice as they had not been made aware of the letter and felt that their medicines should have been reviewed and changed.	The practice apologised to the patient and implemented a change in process which meant that all paperwork relating to the similar diagnoses, would be sent to the practice specialist nurses for review. This incident was also discussed at a clinical team meeting to share learning.

Well-led

Rating: Requires Improvement

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

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

Source	Feedback
CQC staff questionnaire	Feedback from staff included that they it was a friendly working environment and that they felt supported in their roles.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice's system to identify and act on significant events was not always embedded. We identified a significant event which had been raised but this had not been brought to the attention of the practice or discussed at the relevant meeting.</p> <p>The practice's process to act on Medicines and Healthcare products Regulatory Agency alerts was not always effective as it was not consistently identified what action had been taken and not all alerts issued had been recorded.</p> <p>There were inconsistencies in how the practice responded to complaints. Not all responses included information on how to escalate the complaint should the patient be dissatisfied with the practice's investigation and response.</p>	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial

There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: The process to monitor prescription security did not ensure that the practice would be able to identify if there was a discrepancy.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: The practice had taken part in an NHS England funded programme which looked at ways to improve efficiency within the practice. To improve time efficiency in meetings, the practice removed the 'any other business' standing agenda item and instead sent a request round prior to the meeting to see if staff wanted to add anything to the agenda. The practice advised this change saved 15 to 30 minutes at the end of meetings.	

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.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: Following patient feedback, the pharmacist would put a note on the patient records if their repeat prescription request was rejected. This meant that the receptionists were able to give an explanation to patients.	

Feedback from Patient Participation Group.

Feedback

The practice was in the process of setting up a patient participation group but at the time of inspection, this had not been fully formed.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as 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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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.