

# Care Quality Commission

## Inspection Evidence Table

### Hazeldene Medical Centre (1-485254638)

Inspection date: 4-5 July 2019

Date of data download: 01 July 2019

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18 and relates to The Hazeldene Medical Centre site only as the data predates the merger of the four practices.

## Safe

## Rating: Good

### Safety systems and processes

**The practice had clear 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>The practice proactively tracked all patients on the vulnerable adults and safeguarding registers to ensure that planned review dates and actions were recorded and followed up.</li></ul>	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>The practice's deputy safeguarding GP was responsible for carrying out a rolling review of care planning and ensuring that the safeguarding template was completed for patients at risk.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test:</p> <ul style="list-style-type: none"> <li>Hazeldene Medical Centre: June 2019</li> <li>Crest Medical Centre: September 2018</li> <li>Chamberlayne Road Surgery: September 2018</li> <li>The Eagle Eye Surgery: May 2018</li> </ul>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration:</p> <ul style="list-style-type: none"> <li>Hazeldene Medical Centre: December 2018</li> <li>Crest Medical Centre: June 2019</li> <li>Chamberlayne Road Surgery: June 2019</li> <li>The Eagle Eye Surgery: June 2019</li> </ul>	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check:</p> <ul style="list-style-type: none"> <li>All sites: May 2019</li> </ul>	Yes
	Yes

There was a log of fire drills. Date of last drill: <ul style="list-style-type: none"> <li>All sites: June and July 2019</li> </ul>	
There was a record of fire alarm checks. Date of last check: <ul style="list-style-type: none"> <li>All sites: weekly</li> </ul>	Yes
There was a record of fire training for staff. Date of last training: <ul style="list-style-type: none"> <li>All staff were required to complete annually via access to an online training module. Staff were up to date with this at the time of the inspection.</li> <li>Fire marshals were additionally provided with face-to-face training provided by an external consultant.</li> </ul>	Yes
There were fire marshals. <ul style="list-style-type: none"> <li>Trained fire marshals at each site.</li> </ul>	Yes
A fire risk assessment had been completed. Date of completion: <ul style="list-style-type: none"> <li>Hazeldene Medical Centre: June 2019</li> <li>Crest Medical Centre: June 2019</li> <li>Chamberlayne Road Surgery: June 2019</li> <li>The Eagle Eye Surgery: April 2019</li> </ul>	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: <ul style="list-style-type: none"> <li>All sites: June 2019</li> </ul>	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: <ul style="list-style-type: none"> <li>Hazeldene Medical Centre: April 2019</li> <li>Crest Medical Centre: June 2019</li> <li>Chamberlayne Road Surgery: April 2019</li> <li>The Eagle Eye Surgery: April 2019</li> </ul>	Yes

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: <ul style="list-style-type: none"> <li>• Hazeldene Medical Centre:</li> <li>• Crest Medical Centre:</li> <li>• Chamberlayne Road Surgery: April 2019</li> <li>• The EagleEye Surgery:</li> </ul>	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice had produced site-specific action plans to address all issues identified in the most recent infection prevention and control audits. These actions included a description of the issue and the action to be taken; identified the person responsible for implementation and a target date for completion.</li> <li>• For example, environmental risks had been identified at Hazeldene Medical Centre and included in recent refurbishment works (such as the replacement of wall tiling with single panel splashbacks).</li> <li>• The practice had experienced a significant event in relation to one of the fridges being left unplugged for a period of eight hours which meant the vaccines had to be destroyed. As a result, the practice improved its systems for monitoring the fridge temperatures by installing wireless 'data loggers' at all sites which could be read via the centralised computer system and remotely. The practice also installed socket covers for the fridges.</li> <li>• Since our previous inspection, the practice had improved the arrangements for the disposal of sharps used to administer cytostatic medicines. Appropriately labelled and colour coded sharps bins were available in each of the four sites.</li> </ul>	

## 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes

The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Since our previous inspection, the practice was using a wider range of primary health care professionals to deliver a wider range of services across the four sites.</li> <li>• The clinical team was staffed by GPs, advanced nurse practitioners, physician associates; practice nurses and clinical pharmacists. The practice also employed trained health care assistants and phlebotomists.</li> <li>• These changes had been underpinned by workforce modelling. Recently recruited clinical staff had received a tailored induction tailored to their role. The nursing and clinical pharmacist staff we interviewed were confident of they understood their roles within the practice and confirmed they always acted within their professional competencies.</li> <li>• The practice had simulated an emergency to test its readiness and had made changes to the way it stored emergency medicine and equipment as a result.</li> </ul>	

## 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had a system for monitoring fast track cancer referrals across all sites. The referring clinicians completed a 'safety netting template' on the electronic records system which enabled the practice to electronically track the appointment date, attendance and outcome. The practice also recorded any actions staff had taken to follow-up individual cases, for example if a patient did not attend their appointment. The practice had allocated a clinical lead for safety netting with a dedicated member of administrative staff as support.</li> </ul>	

## 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) (01/04/2018 to 31/03/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	0.29	0.58	0.88	Significant Variation (positive)
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). (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	8.1%	10.5%	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 (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	5.46	5.89	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.60	1.06	2.07	Significant Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice had systems in place to promote effective antimicrobial stewardship. These included patient education about the appropriate use of antibiotics and self-management. The practice participated in national antimicrobial campaigns.</li> <li>• A standardised bag containing clearly labelled emergency medicines was available at each of the four surgeries. Staff present were aware of where the emergency medicines and equipment were located.</li> <li>• The practice provided evidence to show that 99% of patients prescribed four or more medicines on repeat prescription had received a medicines review in the previous 12 months.</li> </ul>	



## 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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	12
Number of events that required action:	11
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice had clearly defined criteria for identifying and responding to serious untoward events. There was, in addition, a low threshold for reporting other types of incidents for review and learning. Reported incidents included incidents affecting clinical care; patient experience and the working environment.</li> </ul>	

### Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Cancer review	The practice routinely conducted clinical case reviews following certain clinical events. We reviewed a recent example of a case review where a cancer had been diagnosed at a relatively late stage in a working age adult. The review included a root cause analysis considering patient circumstances and context; any organisational factors and the clinical symptoms and history. There was no concern about the clinical care provided in this case but several learning points were identified leading to revised protocols for safety netting and team communication.
Electrical power loss to Hazeldene Medical Centre	Builders inadvertently cut the mains electricity cable supplying Hazeldene Medical Centre. The practice put the business continuity plan into effect and liaised with staff and patients to provide the service from Crest Medical Centre. The service was able to resume at Hazeldene the following day.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
The clinical lead for safety alerts (one of the GPs) reviewed all incoming alerts and developed an action plan for any that were relevant to the practice. There was a regular agenda item on the monthly practice meeting to discuss any relevant safety alerts received over the previous month. We saw examples of actions taken on recent alerts.	

## 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence:	

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) (01/04/2018 to 31/03/2019) (NHSBSA)	0.15	0.40	0.77	Significant Variation (positive)

## Older people

## Population group rating: Good

### Findings

- The practice provided an enhanced service to provide care planning for patients following an emergency hospital admission.
- The practice worked with community-based teams to coordinate and provide older patients with rehabilitation care.
- The practice worked with the local rapid home response teams to provide older patients with support to manage acute conditions at home where appropriate.

- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

## Population group rating: Good

### Findings

- The practice participated in local initiatives to reduce the risk of unplanned hospital admissions through effective management of long-term conditions in the community.
- Patients diagnosed with long-term conditions were assessed and treated in line with current guidelines.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met.
- The GPs worked with other health and care professionals to deliver a coordinated package of care for patients with the most complex conditions.
- Staff who were responsible for reviews of patients with long-term conditions had the skills and training to carry out their role.

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) <small>(QOF)</small>	87.7%	77.0%	78.8%	Tending towards variation (positive)
Exception rate (number of exceptions).	18.4% (53)	11.4%	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) <small>(QOF)</small>	79.3%	79.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	11.1% (32)	8.1%	9.8%	N/A

	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) <small>(QOF)</small>	80.7%	78.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	4.5% (13)	8.9%	13.5%	N/A

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) <small>(QOF)</small>	78.4%	78.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.9% (4)	2.6%	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) <small>(QOF)</small>	100.0%	93.0%	89.7%	Variation (positive)
Exception rate (number of exceptions).	5.9% (1)	9.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.9%	82.6%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.6% (29)	3.8%	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) <small>(QOF)</small>	77.8%	85.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.3% (1)	10.7%	6.7%	N/A

#### Any additional evidence or comments

The practice was making full use of the extended skills of its practice team including GPs, nurses and clinical pharmacists to manage long-term conditions.

### Families, children and young people

### Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were generally in line with or exceeded the World Health Organisation (WHO) targets. In 2017/18, all two-year old children registered at Hazeldene surgery had received the MMR booster vaccination.
- The practice contacted the parents or guardians of children due to have childhood immunisations or if they had failed to attend for immunisation.
- The practice had arrangements for following up failed attendances for children's appointments in secondary care and liaised with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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) <small>(NHS England)</small>	27	30	90.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	22	26	84.6%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	26	26	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	26	26	100.0%	Met 95% WHO based target (significant variation positive)

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Any additional evidence or comments

- The practice showed us data suggesting that the immunisation targets were being met for all both the one year old and two year old cohorts had been met in 2018/2019.

### 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 were identified.
- The practice offered telephone consultations. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice provided a travel health service.
- The practice had a trained smoking cessation advisor.

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)	55.4%	63.7%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	64.0%	61.8%	69.9%	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)	36.6%	42.0%	54.4%	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)	14.3%	79.2%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	80.0%	55.2%	51.9%	No statistical variation

### Any additional evidence or comments

The practice had been aware that it had achieved below average uptake for cervical screening in 2017/18. As a result, it had merged the screening lists for all four sites; aligned its systems to a three-yearly recall system; removed out of date records (for example, for patients who had had a total hysterectomy) and sent reminders to patients by text message. The texts included links to videos and other information about the importance of screening. The practice also displayed posters about screening in several languages and increased its nurse capacity. During the inspection, the practice presented data showing that the screening uptake rate had risen to 81% in 2019 (as measured by the QOF system).

### People whose circumstances make them vulnerable

### Population group rating: Good

#### Findings

- The practice held registers of patients living in vulnerable circumstances including those with a learning disability. The practice had set out how it intended to use its registers to tailor the service that these patients received. For example, the practice used its register of patients with learning disabilities to monitor the take up of health checks by this group.
- The practice worked with external agencies to provide effective care to patients whose circumstances make them vulnerable. For example, the practice was working with community

groups to encourage patients with a learning disability to take the bowel screening test.

- The practice had recently tested a revised health check template for carers that prompted the clinician to include depression screening and signposting to carer support services. The test had been judged to be successful and the practice was planning to roll this out to all carers.
- The practice carried out a monthly review of all deaths (expected and unexpected). It was also increasingly recording information such as patients' preferred place of death and actual place of death in its records. As a result of this work, the practice had identified a need for earlier anticipatory care planning, more frequent reviews and earlier input from the palliative care team for certain conditions.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. The practice followed-up patients with newly diagnosed depression.
- 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.
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice had a good awareness of locally available services and the single point of access for specialist mental health support.
- The practice worked closely with the local primary care dementia nurse and other mental health professionals and agencies. The practice produced care plans for patients with dementia with the involvement of patients and their carers.



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>	100.0%	88.6%	89.5%	Variation (positive)
Exception rate (number of exceptions).	3.2% (1)	7.2%	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>	100.0%	90.4%	90.0%	Variation (positive)
Exception rate (number of exceptions).	3.2% (1)	5.8%	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) <small>(QOF)</small>	71.4%	84.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.1%	6.6%	N/A

## 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)	556.0	536.7	537.5
Overall QOF score (as a percentage of maximum)	99.5%	96.0%	96.2%
Overall QOF exception reporting (all domains)	8.9%	5.9%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- The practice had carried out a two-cycle audit of controlled drug prescribing. The results showed that clinicians were generally prescribing controlled drugs in line with guidelines and this performance had been sustained over both cycles. The audit identified one case where a patient had been prescribed a medicine for potentially more than one month and all prescribers were reminded about the importance of minimising the period of prescription to 30 days.
- The practice had carried out a two-cycle audit of prescribing of a medicine which was no longer supported by evidence-based guidelines. One patient was found to be prescribed this medicine and they were invited for a review. Following the review, the prescription was stopped. The second cycle audit found that no patients were being prescribed this medicine. This audit was discussed at a clinical meeting.

**Any additional evidence or comments**

- The practice had a structured approach to quality improvement. There was a programme of audits covering practice policies and procedures (for example, internal workflow processes), clinical topics such as the prescribing of particular medicines and patient surveys and access to the service (for example, an audit of missed telephone calls).
- The programme included audits which were carried out regularly for example, controlled drug prescribing as well as selected topics which had been triggered by changes to guidelines, incidents or clinician interest.

## Effective staffing

**The practice was able to demonstrate that 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: The practice had recently appointed a qualified GP as the clinical improvement lead for the practice. We saw evidence of recent clinical learning events that this person had led. For example, they had led recent sessions for the clinicians on risk scoring symptoms of liver disease and a refresher session on consent and younger patients. The presentations included links to resources such as current guidelines and tools.	

## 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) <sup>(QOF)</sup>	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received 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.

	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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	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, tackling obesity.	Yes
Explanation of any answers and additional evidence: The practice had identified low uptake of bowel screening as an area for improvement (37% uptake compared to the national uptake of 58%). The practice had worked with a local community organisation to increase patient awareness of the test. As a result, 60% of eligible patients had been contacted of which 75% had requested a screening kit.	

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) <small>(QOF)</small>	96.3%	95.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (5)	0.6%	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 consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

## 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.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: The practice population was predominantly made up of patients who originated from the Indian subcontinent. The staff understood the cultural needs of the population and supported them to make informed decisions and choices. For example, the practice had successfully worked to address cultural factors affecting childhood immunisation uptake.	

CQC comments cards	
Total comments cards received.	41
Number of CQC comments received which were positive about the service.	41
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Patients told us that reception and clinical staff were caring and helpful. The majority of patients mentioned this when commenting about the service.
Comment cards	Several patients positively identified recent improvements to the service, for example the impact of the refurbishment at the Hazeldene surgery.

## 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 population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13803	415	96	23.1%	0.70%

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)	86.2%	85.6%	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)	81.6%	82.8%	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)	86.0%	93.1%	95.6%	Tending towards variation (negative)
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)	74.0%	78.2%	83.8%	No statistical variation

### Any additional evidence or comments

The practice reviewed the national patient survey results and supplemented this with additional patient surveys and feedback from the patient participation group. The practice accounted for mixed patient feedback on the national survey in 2018 and 2019 as due to the reorganisation of the booking and appointment systems and lack of clinical capacity in early 2019.

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

### 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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• A substantial proportion of patients spoke Gujarati as their first language. The practice employed Gujarati-speaking staff and clinicians and provided written information for patients in Gujarati.</li> <li>• The practice worked with community groups and stakeholders to promote awareness of health services and healthy lifestyles.</li> </ul>	

Source	Feedback
CQC Comment Cards	<p>We received positive comments from patients about being involved in decisions.</p> <ul style="list-style-type: none"> <li>• One person commented that it was helpful health videos included signing for people with hearing difficulties.</li> <li>• A consistent theme from the comments we received was that the staff were good at listening to patients and explaining things.</li> </ul>
Patient interview	<p>We spoke with one patient who was critical about the changes since the merger had taken place. In particular, this patient had valued the continuity of care they experienced when their surgery was an independent practice run by an individual GP. They said continuity of care was particularly important for patients with long-term conditions.</p>

### 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)	93.1%	89.9%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting areas which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice had installed information screens in the four surgeries. These could be programmed to include useful information. For example, the practice had used them to communicate information about screening programmes, sepsis awareness and how to access primary care or urgent care out of hours.	

Carers	Narrative
Percentage and number of carers identified.	294 (2%)
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> <li>The practice provided information at all surgeries in the form of leaflets for carers and young carers, poster displays and on the information screens.</li> <li>Carers received priority for appointments and longer appointments.</li> <li>Carers were offered health checks and flu vaccination and referral to Brent Carers support where they can receive support and advice in relation to benefits, legal advice and respite care or short breaks.</li> <li>Patient comments we received included positive comments about the support available to carers and the willingness of the clinicians to see family members quickly.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>Bereaved patients were contacted and referred to bereavement support services if appropriate. Counselling services for children were available. The practice offered its condolences when contacting bereaved patients.</li> </ul>

## 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.	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
There were arrangements to ensure confidentiality at the reception desks.	Yes



# Responsive

Rating: Good

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
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.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>At the time of the inspection, Hazeldene Medical Centre was undergoing major building improvements to expand the clinical space and services available at this location. The practice had taken steps to minimise the risks associated with the building works by informing patients of the changes; increasing the frequency of cleaning to remove any build-up of dust and by restricting patient access to safe areas of the premises. Several patients commented that the improvements were already making a positive difference, for example enabling patients with mobility difficulties to access the service more easily.</li> <li>The practice had invited the local Healthwatch to carry out an independent review against the requirements of the Accessible Information Standard. As a result of the recommendations, the practice had painted the consultation rooms in contrasting colours and used high contrast visuals on the website and texting service. The practice had installed hearing loops at all surgery sites and information screens with subtitles and sign language.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times: All sites	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available: All sites	
Monday	Morning and afternoon
Tuesday	Morning and afternoon
Wednesday	Morning and afternoon
Thursday	Morning and afternoon
Friday	Morning and afternoon
Appointment times vary by site and clinician	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13803	415	96	23.1%	0.70%

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)	86.7%	91.3%	94.8%	Tending towards variation (negative)

### 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.
- The practice provided effective care coordination to enable older patients to access appropriate services.

### People with long-term conditions

Population group rating: Good

#### Findings

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- 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**

- GP, clinical pharmacist and practice nurse appointments were available outside school hours.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice ran an MMR catch-up vaccination programme for older children and young adults who had not previously been vaccinated.
- The practice offered appropriate vaccinations to pregnant women.
- Young people could access services for sexual health and contraception. The practice offered screening for chlamydia infection.

## **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 and flexible.
- The practice offered face to face and telephone appointments and was participating in a scheme providing online consultations to patients seeking medical advice.
- Pre-bookable appointments were also available to all patients at additional locations within the area.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- The practice offered health checks for patients who were carers.
- 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 maintained registers of patients whose circumstances make them vulnerable and worked closely with the local health and social care coordinators to support these patients when appropriate.
- Practice policy was to ensure that people with no fixed address were able to register at the practice. Not all reception staff we interviewed were aware of this however, and when we gave this as a scenario, they told us they would inform people that without proof of address they could not register at the practice. When we raised this with the senior GP, we were told that all staff would be reminded of the policy and process for registering homeless patients.

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

**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice 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.	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
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice had written protocols underpinning home visiting and call handling. Staff were aware of these processes. Clinicians were involved in making these decisions.</li> <li>• The practice used integral templates within the electronic records system to ensure that clinical safety-netting was completed when appropriate.</li> </ul>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	65.0%	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)	49.1%	63.3%	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	54.9%	65.0%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	57.2%	67.4%	74.4%	Tending towards variation (negative)

#### Any additional evidence or comments

- The practice had undergone major change in 2018 when four previously separate practices had merged into one organisation and the appointments system had been centralised across all four sites.
- The practice was using multiple methods to keep patients up to date with changes, for example using posters, texts, its website, messages printed on prescriptions and making sure all staff were also up to date and could answer any questions.
- The practice was able to provide evidence that appointments were available within 48 hours at all four of the local sites. Emergency appointments with a GP were available daily. In total, the practice provided 108 clinical appointments (face to face, telephone and online) per 1000 patients per week across the four surgeries.
- However, the practice was the heaviest user of all GP practices in Brent (accounting for practice list size) of the local primary care hub service which provided GP and practice nurse appointments for patients registered in Brent in the evening and at weekends. This suggested there might remain some difference between patient demand and the provision of appointments by type and location.
- The practice was participating in a scheme to offer patients online consultations if they were seeking advice. Evaluation showed that patients who used this service were positive about the service and would recommend it to others (94%). The practice estimated that 175 face to face appointments had been saved as a result.

Source	Feedback
For example, NHS Choices	Patient comment cards we received did not include many comments specifically about access to the service. Several patients noted that the telephone system had recently improved. In particular they said they valued being able to talk to receptionists at their preferred surgery.

## 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.	34
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had experienced a spike in complaints following the merger of Hazeldene Medical Centre with Crest Medical Centre, The Eagle Eye Surgery and Chamberlayne Road Surgery in 2018.</li> <li>The practice had carried out an audit of complaints received in 2018. The most common themes from patient complaints were difficulty navigating the practice's combined appointment booking; cases of miscommunication and complaints about reception staff.</li> <li>As a result, the practice had decided to revert to a telephone booking system whereby patients could indicate at the outset which surgery they wanted to attend and talk to dedicated staff for that surgery. We received several comments from patients noting this change and saying it was helpful.</li> <li>The practice had also adjusted its staffing in response to patient demand. It had increased clinical staffing and telephone call handling on Monday mornings. It had also increased its capacity in the mornings more generally. The average telephone queue time in May 2019 had been reduced to four minutes 20 seconds.</li> </ul>	

#### Examples of learning from complaints.

Complaint	Specific action taken
Patient complained that they were unable to book an appointment system at their preferred surgery and were told they must attend one of the branch sites instead.	Staff were reminded of the need to explain the new system carefully to patients and to ensure that appointments offered at alternative locations were done so on an optional basis. The practice has also promoted online appointment booking which enables patients to book into the surgery of their choice. Twenty per cent of patients were registered to use the online booking system.
Family member complained about the management of a patient prescribed a higher risk medicine to their parent.	Treated as a significant event and shared as such with the hospital responsible for the patient's medicine adjustments. Discussed with family. No further action required.

## Well-led

Rating: Good

### 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>All the staff members we interviewed (clinical and administrative staff at multiple sites) told us they had full confidence in the leadership. Staff members pointed to the work the leaders had done to successfully build a cohesive team across the four previously independent surgeries. Staff also provided examples of the positive impact on patient care, for example, in terms of the extended range of services now being provided for patients within the practice.</p>	

### 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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice was ambitious to improve the model of primary care for the benefit of patients across the four surgeries. The practice was able to demonstrate progress in realising its strategy and priorities. For example, planned premises improvements at the Hazeldene practice were in progress. The practice had also established a centralised call handling system and a clinical team with extended professional skills in line with its strategy since the merger of practices in October 2018 and recruited a senior member of the team with responsibility for quality improvement.</li> <li>The practice evaluated the impact of these changes and adjusted its plans when necessary.</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes

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

Source	Feedback

## 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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<p>Monthly practice meetings included a standard agenda covering any updates; deaths; new cancer diagnoses; any health campaigns; safety alerts; incidents; risk management; complaints and compliments and audits; training; CQC-related assurance; safeguarding and vulnerable; and training.</p>	



## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
The practice maintained a risk register which was regularly reviewed and risks were rated (traffic light system).	

## 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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
<p>There was a strong focus on using accurate information to monitor and improve performance. For example, the practice carried out a programme of audit including regular audit of internal workflows and processes and had adjusted staffing levels and recruited more staff as a result.</p>	

## 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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Explanation of any answers and additional evidence:

- The practice encouraged patients to return feedback about their experience, for example by texting the NHS Friends and family questionnaire to patients after they had used the service in English and Gujarati. The practice analysed and monitored these comments.
- Patients had initially not been able to talk to dedicated reception staff for their preferred surgery when contacting the call handling centre. The practice had not anticipated that this would be an issue when designing the service. The practice responded to negative patient feedback by re-instating this link and reminding call handling staff that patients should routinely be offered a choice of appointments including at their preferred surgery. Patient feedback had been positive about this change.
- A critical theme from patient comments and the patient participation group was dissatisfaction with the patient experience of reception. The practice provided customer service training which included an active role play component. Staff told us they had found this helpful and had been able to put this learning into practice in the way they spoke with patients.
- The practice leadership was keen to promote staff development and satisfaction at work. There was a scheme in place to recognise staff achievement. The practice had also recently assigned a member of leadership team as the lead for promoting 'joy' at work.
- Staff told us they were able to express their views, and these were taken seriously. For example, staff told us that any initial concerns about working in a clinical team with extended skills were listened to. Clinical staff told us they had been supported to work within their professional skills and competencies and develop these for the benefit of patients.
- The practice carried out annual staff appraisals which included '360 degree' feedback for the practice leaders, that is, anonymised comments from staff at all levels about their performance.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

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

### Examples of continuous learning and improvement

- The practice had recruited a GP with a track record in quality improvement as the practice lead for improvement.
- The practice routinely used audit to improve. For example, the practice had carried out a two-cycle audit of childhood immunisations. Following the first cycle, the practice introduced mobile alerts to remind parents about the importance of vaccinating their children. (The practice posted information to parents without a mobile phone.) The practice also actively followed up any families who had missed their vaccination appointment. All staff were made aware of the importance of opportunistically discussing the issue with parents. As a result, the practice had improved uptake and was meeting the national target (90%) for MMR vaccination in 2019.
- The practice planning to use the facility to send text messages to send a short text message to patients who were carers with an online link to the practice they could use if they wanted to discuss any concerns.
- The practice was participating in the Royal College of GPs and UK Cancer Research national cancer diagnosis audit in 2019/20.

## 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 Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.