

Care Quality Commission

Inspection Evidence Table

Apex Medical Centre (1-561358343)

Inspection date: 22 October 2019

Date of data download: 30 September 2019

Overall rating: **Good**

We rated the practice as Good overall because:

- The practice had made improvements to the systems, processes and practices that helped to keep patients safe and safeguarded from abuse. These were now effective.
- The practice had revised and improved their assessment and management of risks to patients, staff and visitors. These were now effective.
- There had been improvements to the arrangements for medicines management in the practice and patients were now being kept safe as a result.
- Quality improvement activity had been effective and was ongoing.
- All staff were now up to date with essential training.
- The practice was now recording, investigating and where possible learning from verbal complaints as well as those received in writing.
- Governance arrangements had been improved and were being effective.
- The practice had completed the registration process with CQC and now had a Registered Manager.
- The practice had established a patient participation group.

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

Safe

Rating: Good

<p>We rated the practice as Good for providing safe services because:</p> <ul style="list-style-type: none">• The practice had made improvements to the systems, processes and practices that helped to keep patients safe and safeguarded from abuse. These were now effective.• The practice had revised and improved their assessment and management of risks to patients, staff and visitors. These were now effective.• There had been improvements to the arrangements for medicines management in the practice and patients were now being kept safe as a result.
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Safety systems and processes
The practice's systems, practices and processes helped to keep people safe.

Safeguarding	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Policies and other documents covering adult and child safeguarding were accessible to all staff. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.	Yes
GPs and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs) and knew how to identify and report concerns.	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
Notices in the practice advised patients that chaperones were available if required.	Yes

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

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

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

Additional evidence or comments

We saw that some clinical wash-hand basins in the practice did not comply with current Department of Health guidance. For example, some clinical wash-hand basins in the practice contained overflows, plugs and did not have mixer taps. However, records showed that the practice planned to replace the clinical wash-hand basins in the practice that did not comply.

Risks to patients, staff and visitors

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

The provider had systems to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Staff knew how to respond to emergency situations.	Yes

All staff were up to date with basic life support training.	Yes
Emergency equipment and emergency medicines were available in the practice including medical oxygen and an automated external defibrillator (AED).	Yes
Records showed that emergency equipment and emergency medicines were checked regularly.	Yes
Emergency equipment and emergency medicines that we checked were within their expiry date.	Yes
There was up to date written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.	Yes
There was written guidance for staff to follow to help them identify and manage patients with severe infections. For example, sepsis.	Yes
Staff were up to date with training in how to identify and manage patients with severe infections. For example, sepsis.	Yes
The practice had systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
There were a variety of health and safety risk assessments that incorporated action plans to address issues identified.	Yes
There was an up to date health and safety policy available with a poster in the practice which identified local health and safety representatives.	Yes
There were up to date legionella risk assessments and an action plan to address issues identified.	Yes

Information to deliver safe care and treatment

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

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

The arrangements for managing medicines helped to keep patients safe.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.85	0.81	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	14.3%	10.4%	8.6%	Variation (negative)
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 (01/01/2019 to 30/06/2019) (NHSBSA)	5.88	5.99	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	1.50	2.39	2.08	No statistical variation
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.				Yes
Blank prescription forms and pads were securely stored and there were systems to monitor their use.				Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with Public Health England guidance to ensure they remained safe and effective in use.				Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions).				Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.				Yes
Up to date local prescribing guidelines were in use.				Yes

Additional evidence or comments

The practice's result for one of the antibiotic prescribing indicators was higher than local and national averages. However, we saw that there was specific patient need which had led to this result by

exception.

Records showed that on 1 August 2019 the temperature of the designated medicine refrigerator went outside of the acceptable temperature limits of between two and eight degrees centigrade. There was written guidance for staff to follow when the temperature of designated medicine refrigerators was recorded as being outside of acceptable limits. There were records to demonstrate that staff had taken the correct action on 1 August 2019 and that medicines stored in the designated refrigerator were safe to use.

Lesson learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events

There was up to date written guidance available for staff to follow to help them identify, report and manage any significant events.	Yes
Staff told us they would inform the practice manager of any incidents and there was a recording form available that supported the recording of notifiable incidents under the duty of candour.	Yes
Number of recorded significant events in the last 12 months.	3
Records showed that the practice had carried out a thorough analysis of reported significant events.	Yes
There was evidence of learning and dissemination of information from significant events	Yes

Safety Alerts

The practice had systems for notifiable safety incidents.	Yes
The practice's systems for notifiable safety incidents ensured this information was shared with staff	Yes
Staff were aware of how to deal with notifiable safety incidents.	Yes
The practice acted on and learned from national patient safety alerts.	Yes
The practice kept records of action taken (or if no action was necessary) in response to receipt of all national patient safety alerts.	Yes

Effective

Rating: Good

<p>We rated the practice as Good for providing effective services because:</p> <ul style="list-style-type: none"> • Quality improvement activity had been effective and was ongoing. • All staff were now up to date with essential training.

<p>Effective needs assessment, care and treatment</p> <p>Patients' needs were assessed. Care and treatment were delivered in line with current legislation, standards and evidence-based guidance.</p>
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The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Staff had access to guidance from NICE and used this information to deliver care and treatment that met patients' needs.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)	0.23	0.86	0.75	Variation (positive)

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	529.8	535.4	537.5
Overall QOF score (as a percentage of maximum)	94.8%	95.8%	96.2%
Overall QOF exception reporting (all domains)	5.6%	6.2%	5.8%

Older people

Population group rating: **Good**

Findings

The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions

Population group rating: **Good**

Findings

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

Specific staff had lead roles in chronic disease management. For example, nursing staff were leads in the care of patients with asthma and diabetes.

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

Performance for diabetes, asthma, COPD and atrial fibrillation related indicators was in line with local and national averages.

Performance for hypertension indicators was below local and national averages. However, unverified data showed that the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHG or less had improved by 10.4% and was to date 80%.

During our inspection we saw that there was a ramp to the front entrance of the practice to facilitate access for patients with mobility issues. The door at the front entrance did not open automatically and people who required assistance to open the door relied on attracting attention of staff on the ground floor of the building for help when necessary. However, staff told us the practice was in the process of applying for funding to install a door that opened automatically but that a disability risk assessment had not been carried out.

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)	82.7%	77.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.4% (62)	16.3%	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)	68.4%	76.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.7% (27)	10.6%	9.8%	N/A

The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	75.0%	77.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.7% (39)	14.7%	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) (QOF)	77.2%	75.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (4)	12.0%	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)	92.2%	90.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.2% (10)	14.9%	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) (QOF)	69.6%	81.1%	82.6%	Significant Variation (negative)
Exception rate (number of exceptions).	3.0% (28)	5.6%	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)	83.5%	90.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.4% (3)	5.6%	6.7%	N/A

Families, children and young people

Population group rating: **Good**

Findings

Childhood immunisation uptake rates were carried out in line with the national childhood vaccination programme. NHS England published results showed that uptake rates for the vaccines given met the target percentage of 90% or above in three indicators and exceeded the WHO based target of 95% in one indicator.

Young people could access services for sexual health and contraception.

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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	70	72	97.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	86	91	94.5%	Met 90% minimum
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) (01/04/2018 to 31/03/2019) (NHS England)	86	91	94.5%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	86	91	94.5%	Met 90% minimum

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>

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

The practice's uptake for cervical screening in 2017 / 2018 was below the 80% coverage target for the national screening programme. Unverified data showed that the practice achievement rate for eligible patients who had attended for cervical screening had increased by 0.7% to 74% to date. The practice had developed an action plan to help increase uptake of cervical screening by eligible patients. The practice was in the process of implementing the action plan and were monitoring results on a quarterly basis.

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

The percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within six months of the date of diagnosis was in below local and national averages. Unverified data showed that for this group of patients the practice had achieved 9.62 points out of 11 to date. This equated to a result of 87.5%.

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

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

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	73.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	72.3%	71.7%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	56.2%	55.4%	57.3%	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)	50.0%	74.1%	69.3%	N/A

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	48.0%	50.9%	51.9%	No statistical variation
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People whose circumstances make them vulnerable

Population group rating: **Good**

Findings
<p>The practice held registers of patients living in vulnerable circumstances including homeless people and those with a learning disability to help ensure they received the care they needed.</p> <p>The practice regularly worked with other health care professionals in the case management of vulnerable patients.</p> <p>Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff we spoke with were aware of responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.</p> <p>End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</p> <p>The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.</p>

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings
<p>Performance for mental health related indicators was in line with local and national averages.</p> <p>Performance for the dementia related indicator was in line with local and national averages.</p> <p>The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.</p>

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	87.5%	84.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	17.9% (7)	15.7%	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) (QOF)	90.6%	87.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	17.9% (7)	13.5%	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)	71.7%	81.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.1% (3)	7.9%	6.6%	N/A

Effective staffing

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

The practice had an induction programme for all newly appointed staff.	Yes
The learning and development needs of staff were assessed.	Yes
All staff were up to date with essential training.	Yes
Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.	Yes
Staff had relevant access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation.	Yes
Clinical staff were supported to meet the requirements of professional revalidation.	Yes
There was a clear approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

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

Indicator	
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assist as well as plan ongoing care and treatment.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.3%	94.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (15)	1.0%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Good

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

CQC comments cards	
Total comments cards received	8
Number of CQC comments received which were positive about the service	6
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received	Source
<ul style="list-style-type: none">Most patients stated staff were friendly, helpful and caring.	Patient interviews, CQC comments cards, reviews left on the NHS Choices website and experience shared with CQC directly via our website.

National GP Patient Survey Results published in July 2019
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
6953.0	400.0	139.0	34.8%	2.00%

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 (01/01/2019 to 31/03/2019)	79.3%	84.9%	88.9%	Tending towards variation (negative)
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 (01/01/2019 to 31/03/2019)	78.9%	83.0%	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 (01/01/2019 to 31/03/2019)	94.8%	94.1%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	71.8%	75.3%	82.9%	No statistical variation

Involvement in decisions about care and treatment

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

Facilities to help patients be involved in decisions about their care

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

Examples of feedback received	Source
<ul style="list-style-type: none"> Feedback we received from patients about their experience of being involved in decision about care and treatment was positive. 	Patient interviews, CQC comments cards, reviews left on the NHS Choices website and experience shared with CQC directly via our website.

National GP Patient Survey Results published in July 2019

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 (01/01/2019 to 31/03/2019)	90.4%	91.1%	93.4%	No statistical variation

Carers	Narrative
Number and percentage of carers identified	Records showed that the practice had identified 89 patients on the practice list who were carers (1.3% of the practice list).
How the practice supports carers	The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted staff if a patient was also known to be a carer.

Privacy and dignity

The practice respected patients' privacy and dignity.

Curtains or private areas were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues	Yes
Written guidance was available for staff to follow that helped to maintain patient confidentiality.	Yes

Responsive

Rating: Good

Responsive to and meeting people's needs	
The practice organised services to meet patients' needs.	

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

Older people

Population group rating: Good

Findings
<p>The practice was responsive to the needs of older people in its population and offered longer appointments and urgent appointments for those with enhanced needs.</p> <p>All patients over 75 years of age were allocated a named GP to oversee their care to help ensure their needs were being met.</p> <p>Home visits were available for all patients who were not able to travel to the practice.</p> <p>Eligible older patients were offered shingles vaccination in line with national programmes.</p>

People with long-term conditions

Population group rating: **Good**

Findings

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

All patients with a long-term condition were allocated a named GP to oversee their care to help ensure their needs were being met.

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

Families, children and young people

Population group rating: **Good**

Findings

There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, the system that monitored children and young people who had a high number of accident and emergency attendances.

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

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

Appointments were available outside of normal working hours.

Online access to appointments and repeat prescriptions were available.

Telephone consultations were available.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

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

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

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

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings
Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

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

Practice Opening Times	
Stonecross Surgery	
Day	Time
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
There were arrangements with other providers to deliver services to patients outside of the practice's working hours.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes

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

National GP Patient Survey Results published in July 2019				
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 (01/01/2019 to 31/03/2019)	94.4%	93.2%	94.5%	No statistical variation

The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	34.8%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	34.2%	57.8%	67.4%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	41.8%	56.8%	64.7%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	50.6%	68.1%	73.6%	Variation (negative)

Additional evidence or comments

Where national GP patient survey results were below average the practice had taken action to address some of the findings and improve patient satisfaction. For example, the practice manager was establishing if additional telephone lines could be installed in the practice and all staff were now answering telephones at 8.30am. Also, appointment availability had been increased through the practice's access to local improved access hubs.

The practice had conducted their own patient survey which demonstrated an improvement in patient satisfaction regarding access to services. For example, 72% of respondents to the practice's own patient survey responded positively to the overall experience of making an appointment. 56% of respondents to the practice's own patient survey indicated they found it easy to get through to the practice by telephone

Records showed that the practice was continuing to take action and monitor improvements to patient satisfaction.

We looked at the practice's booking system and saw that there were urgent appointments available with a GP on the day of our inspection. The next available routine appointment with a nurse was 23 October 2019. The next available routine appointment with a GP was 7 November 2019.

Examples of feedback received	Source
<ul style="list-style-type: none"> Feedback regarding access to services at Apex Medical Centre was mixed. Some patients indicated they found it difficult to get through to the practice by telephone at times and were not always able to book appointments that suited their needs. However, some patients indicated that they did not find it difficult to get through to the practice by telephone or book an appointment that suited their needs. 	Patient interviews, CQC comments cards, reviews left on the NHS Choices website and experience shared with CQC directly via our website.

Listening and learning from concerns and complaints

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

Listening and learning from complaints received

The practice had a system for handling complaints and concerns.	Yes
The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.	Yes
Information was available to help patients understand the complaints system.	Yes
Number of complaints received in the last 12 months.	20

Well-led

Rating: Good

We rated the practice as Good Improvement for providing well-led services because:	
<ul style="list-style-type: none">• Governance arrangements had been improved and were being effective.• The practice had completed the registration process with CQC and now had a Registered Manager.• The practice had established a patient participation group.	

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

Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
Leaders had identified the action necessary to address challenges to quality and sustainability.	Yes
There was a clear leadership structure and staff felt supported by the GP partners and practice management.	Yes
Additional evidence or comments	
Staff told us that the GP partners and practice management were approachable and always took time to listen to all members of staff.	
Staff said that leadership at the practice was open, transparent and inclusive.	

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

The practice had a statement of purpose which reflected their vision.	Yes
Most staff we spoke with were aware of the practice's vision.	Yes
The practice planned services to meet the needs of their patient population.	Yes

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

Staff told us there was an open culture within the practice and they felt confident and supported to raise any issues.	Yes
Openness, honesty and transparency were demonstrated when responding to incidents.	Yes

The provider complied with the requirements of the duty of candour.	Yes
Additional evidence or comments	
Staff told us they felt respected, valued and supported by the practice and by their colleagues.	

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

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

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

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

Appropriate and accurate information
The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

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

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

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

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a “z-score” (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

Variation 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. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.