

Care Quality Commission

Inspection Evidence Table

Westongrove Partnership - Wendover Health Centre (1-584976102)

Inspection date: 23 April 2018

Date of data download: 06 April 2018

Safe

Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs).	Yes
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
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients.	Yes
Reports and learning from safeguarding incidents were available to appropriate staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person. This was completed at different times for each of the three sites throughout 2017.	Yes
There was a record of equipment calibration.	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals and legionella.	Yes
Fire procedure in place.	Yes
Fire extinguisher checks.	Yes
Fire drills and logs.	Yes
Fire alarm checks.	Yes
Fire training for staff.	Yes
Fire marshals at each site.	Yes
Fire risk assessment.	Yes
Actions were identified and completed.	Yes
Additional observations: The site managers at each of the three sites assessed, monitored and managed risks to patient, staff and visitor safety. The Senior Management Team had managerial oversight ensuring completion of recommendations and actions following assessments.	Yes
Health and safety	
Premises/security risk assessment	Yes
Health and safety risk assessment and actions	Yes

Infection control	
Risk assessment and policy in place.	Yes
The provider acted on any issues identified.	Yes
Detail: Infection prevention control across the three different locations was managed by one of the practice nurses, who worked collaboratively with the Infection Prevention Control Lead from the clinical commissioning group. Annual infection control audits were carried out and we saw evidence the findings of the audits had been discussed. For example, one recent audit led to the refurbishment of a nurse treatment room, specifically replacing the carpeted flooring with appropriate seamless, smooth, slip-resistant, easily cleaned hard flooring.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes

Information 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 use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017) (NHSBSA)	0.97	1.02	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	9.1%	8.7%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
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
The practice monitored the prescribing of Controlled Drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
There were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
Medical oxygen available at all sites. All three practices had a defibrillator. Both were checked regularly and this was recorded.	Yes Yes 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

Dispensing practices only	
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
The dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
<p>Any other comments on dispensary services:</p> <p>The practice dispensed to approximately 9% of its patients (2,791 out of 28,600) and dispensed approximately 5,500 items each month.</p> <p>The practice had signed up to the Dispensing Service Quality Scheme (DSQS), which rewarded practices for providing high quality dispensary services to patients.</p> <p>The practice held stocks of controlled drugs (medicines that required extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice and dispensary staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff in the dispensary were aware of how to raise concerns around controlled drugs with the Controlled Drugs Accountable Officer in the area.</p>	

Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events.	Yes
Staff understood how to report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months.	12
Number of events that required action.	9
Additional information: We saw a positive culture in the practice for reporting and learning from significant events, incidents and errors. The practice also celebrated events and incidents that had occurred and on review had been handled correctly. Within the dispensary there was a ' <i>near miss</i> ' folder (a record of dispensing errors that have been identified before medicines have left the dispensary) which demonstrated learning points and discussion after near misses had been identified. These errors were also discussed at frequent meetings with the lead GP for the dispensary. Staff in the dispensary were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in the area. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.	

Examples of significant events recorded and actions by the practice

Event	Specific action taken
Intruder at patients home	The practice revised the standard operating procedure for home visits. The new procedure included an amended process, which included a change to the pre-home visit communication.
Missed diagnosis of Type 1 diabetes	This resulted in a change in protocol for identification of urine results. Furthermore, this event led to an education session for all the nursing team which included refresher training on ketone and glucose results. Ketones are chemicals produced by the body when there is insufficient insulin to help fuel the body's cells. The presence of high levels of ketones in the bloodstream is a common complication of diabetes, which if left untreated can lead to serious complications.
Diagnosis of a rare disorder of diabetes	This event highlighted several commendations to practice staff. For example, there had been timely blood reviews and a rapid response and review by the diabetes team. This event also resulted in an update educational session facilitated by one of the GPs to the Multi-Disciplinary Team. Staff told us this was a useful, discussion which has since raised awareness of rare disorders of diabetes.

Safety Alerts

There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: The Operations and Development Manager, Site Managers and Pharmacist received the safety alerts, reviewed the details of the alerts and if required shared the required actions to the relevant members of staff including the dispensary. When alerts concerned medicines the relevant clinician or the pharmacist carried out patient searches to determine whether there were any potential risks to patients.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.77	0.61	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.3%	79.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.5% (188)	8.9%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	77.8%	73.2%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.8% (205)	7.6%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	80.7%	77.5%	80.1%	Comparable to other practices
QOF Exceptions	20.6% (266)	12.4%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QoF)	78.7%	71.1%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (175)	4.4%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	94.4%	88.4%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.5% (90)	8.2%	11.4%	
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 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	81.6%	81.3%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (178)	3.1%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QoF)	87.0%	89.6%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (47)	8.2%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	313	320	97.8%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	298	316	94.3%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	301	316	95.3%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	301	316	95.3%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	79.5%	75.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	82.6%	76.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	63.4%	59.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	68.8%	75.5%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.5%	88.3%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.1% (51)	12.1%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.3%	87.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.2% (38)	9.8%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.0%	81.7%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.4% (39)	6.8%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	538	539
Overall QOF exception reporting	6.3%	4.2%	5.7%

Additional information	<p>We saw the practice had a comprehensive understanding of their clinical performance, including the level of exception reporting. We saw appropriate systems in place for inviting patients to attend for their appropriate reviews and documenting when patients have been repeatedly invited verbally, by letter, or by text message.</p> <p>We also saw evidence that due to the older population, there was a greater proportion of patients who were removed from QOF calculations for clinically appropriate reasons, for example frail elderly and End of Life care. Furthermore, we saw the practice was working with the CCG and introduced a care and support approach for the care of many long term conditions. As part of this plan, the practice had trained clinical members of staff in care and support planning and was a significant shift away from QOF reporting. This was reflected in the most recent QOF and exception reporting performance.</p>
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Effective staffing

Question	Y/N
The registered person provided assurances that 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 provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, 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 and pharmacists.	Yes

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.2%	94.1%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (67)	0.6%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	45.3%	50.7%	51.6%	Comparable to other practices

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	84 (collected across all three sites)
Number of CQC comments received which were positive about the service	75
Number of comments cards received which were mixed about the service	7
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Recent NHS Choices feedback was overwhelmingly positive.</p> <p>Recent NHS Friends and Family Test results were positive.</p> <p>We also received positive feedback from external stakeholders which accessed GP services from the practice. For example, we spoke to three care and nursing homes, they highlighted practice staff, and specifically the GPs were good at listening and commented the GPs were respectful, supportive, compassionate and caring.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
28,600	230	0.8%	115	50.00%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	79.6%	79.8%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	93.2%	89.9%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	96.0%	96.9%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	85.4%	86.0%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	88.3%	91.6%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	87.9%	92.0%	90.7%	Comparable to other practices

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>We spoke with eight patients during the inspection and four members of the patient groups ('Friends of the Surgery' group and Patient Participation Group). Verbal feedback aligned to the high level of satisfaction which was highlighted in the national GP patient survey and the written feedback we received. All eight patients and members of the patient groups praised the care they received and thought staff were approachable, committed and caring.</p> <p>Patients expressed gratitude towards staff and stated how fortunate they felt to have such an excellent service locally.</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 the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	87.3%	88.3%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	86.3%	84.7%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	86.4%	90.3%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	85.5%	86.2%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	<p>In April 2018, the practice patient population list was 28,600.</p> <p>The practice had identified 676 patients, who were also a carer; this amounted to 2.4% of the practice list.</p>
How the practice supports carers	<p>Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer.</p> <p>We saw the practice was working with an independent local charity which supported unpaid, family carers in Buckinghamshire. The aim of this project was to increase the avenues of support that the practice could provide to people with caring responsibilities. For example, the practice had appointed a dedicated Care Coordinators (as part of The Weston Service), increased the numbers on the carers register, ensured practice staff had attended a carer awareness training session, and demonstrating an understanding of the challenges faced by carers, for example, the provision of flu vaccinations and flexible appointments where possible.</p>
How the practice supports recently bereaved patients	<p>Staff told us that if families had suffered bereavement, their usual GP contacted them. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.</p> <p>One of the practice GPs had a special interest and additional qualifications in palliative care. This GP was also actively involved in a community group based in Buckinghamshire whose main aim was to encourage people to consider and talk around all issues concerning end of life, death and bereavement.</p> <p>Patient feedback received during the inspection highlighted the compassion of practice staff, specifically this GP when supporting patients and carers at vulnerable stages within their lives for example, the prospect of surgery, a difficult diagnosis or bereavement.</p>

Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	Reception and dispensary staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times (Core opening hours)	
Day	Time
Monday	8.30am - 6.30pm
Tuesday	8.30am - 6.30pm
Wednesday	8.30am - 6.30pm
Thursday	8.30am - 6.30pm
Friday	8.30am - 6.30pm
Saturday	See below

Extended hours:

Each week extended hours for pre-bookable appointments were available at the following time:

Wendover Health Centre – Early morning appointments were available with appointments starting at 7.30am, Monday to Friday. Evening appointments were available every Tuesday evening until 8pm and weekend appointments were available on Saturday mornings between 8.15am and 11.30am.

Bedgrove Surgery – Early morning appointments were available with appointments starting at 8am, Monday to Friday. Evening appointments were available every Wednesday evening until 8.30pm.

Aston Clinton Surgery – Early morning appointments were available with appointments starting at 8am, Monday to Thursday and 7.30am each Friday. Evening appointments were available every Wednesday evening until 8pm.

Dispensary Opening Times (Wendover Health Centre)	
Day	Time
Monday	8.30am - 6.30pm
Tuesday	8.30am - 8pm
Wednesday	8.30am - 6.30pm
Thursday	8.30am - 6.30pm
Friday	8.30am - 6.30pm
Saturday	9am – 11am

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
The reception staff logged all requests for home visits on the computer record system. They alerted the patient's GP of urgent requests. The duty GP reviewed all requests and contacted the patient by telephone to determine if a home visit was required.	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	78.5%	75.9%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	73.3%	73.7%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	82.1%	78.5%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	81.8%	74.0%	72.7%	Comparable to other practices

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	56 (across all three sites)
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>We looked at a random sample of complaints received in the last 12 months and found all the complaints were satisfactorily handled and dealt with in a timely way. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with the site managers, one of the GP Partners or Senior Management Team.</p> <p>Each site used the same complaint recording system; we saw lessons were learnt from individual concerns and complaints. We also saw the practice analysed trends of feedback received across the sites to and when necessary action was taken to as a result to improve the quality of care.</p> <p>We also noted the practice recorded accolades, compliments and positive feedback received. This feedback was shared when appropriate with individual staff members and teams. We saw in the last 12 months, the practice (the three sites) recorded 67 items of feedback praising the practice and staff.</p>	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The strategy and objectives were challenging and innovative, whilst remaining achievable and focused on ensuring patients' needs were met. In particular those patients in vulnerable groups including patients over 75, which aligned to the changing demographics within the patient population. We saw another key component within the vision was improving the work life of practice staff including support and development.

The strategy was in line with health and social priorities across the local community. The practice planned its services to meet the needs of the practice population.

The practice captured and monitored progress against delivery of the strategy through annual reports and a live document known as the high impact action plan.

Culture

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

Source	Feedback
Long serving staff (written and verbal feedback)	<p>There were high levels of satisfaction across all staff. Staff stated they felt respected, supported and valued. We received written and verbal feedback from staff which indicated high levels of job satisfaction. All staff told us they were proud to work in the practice.</p> <p>Throughout the inspection, staff consistently told us that they were listened to and supported to develop. For example, the practice had implemented two monthly staff awards, one award for 'hero of the month' and one award for 'best new idea'. Social events were regularly organised to promote team building and cross site working was in place for all staff.</p>
Newly recruited staff (written and verbal feedback)	<p>The practice was a GP training practice; we received extensive written feedback from one of the GP Registrars who spoke of the quality of culture, leadership and support received at the practice.</p> <p>We also spoke with a recently recruited member of staff who praised the culture of the practice.</p>

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Team	Staff spoke highly of their involvement in the running of the practice. Staff told us recent changes to uniforms and name badges had further increased the team spirit within the practice.
Appraisal records	Following staff feedback, a new appraisal system was being implemented. We spoke with the Human Resources Manager who discussed the new feedback tool, similar to a 360 degree appraisal tool, with a view to help individuals identify where their strengths and development needs lie regardless of job role. The new process includes getting confidential feedback from line managers, peers and direct reports (if applicable).

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Complaint and then significant event analysis	Patients concern of time taken from referral to diagnosis. The practice acknowledged and managed the complaint in line with recognised guidance. Following the investigation into the complaint, the practice analysed the complaint through the significant event analysis tool kit. The practice demonstrated they applied duty of candour by contacting all the patients seen by the nurse on that day and offered an apology and a further consultation with a GP.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Significant event	Medical emergency within the local community. On review, the team involved in managing the emergency agreed to add additional items to the emergency kit.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
Yes	
Additional comments:	
The practice had appointed a designated Freedom to Speak Up Guardian as part of their commitment to deal with concerns openly, responsibly and professionally.	

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Well-being exercise	There was a strong emphasis on the safety and well-being of all staff. For example, there had been a recent all practice training session which focused on resilience, well-being and mindfulness.
Training records	All staff had received essential training appropriate to their role.
Governance	Policies and procedures were in place to govern activity within the practice. They were accessible to all staff at both sites. All staff had a job description and a staff handbook that outlined their roles and responsibilities.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Policies and procedures	The practice had an equality and human rights policy and procedure. The recruitment policy incorporated equality and diversity monitoring.

Examples of actions to improve quality in past 2 years

Area	Impact
Review of skill mix within the practice.	The practice had added new health care professionals to the clinical team to cope with an ever changing and ever increasing demand.
Patient outcomes	The practice used the information collected for the Quality Outcome Framework (QOF), local performance scheme (known as Primary Care Development Scheme) and performance against national screening programmes to monitor outcomes for patients. The most recent published Quality Outcome Framework (QOF) results showed 100% of the total number of points available had been achieved, compared with the CCG average (96%) and the national average (98%). We saw the PCDS performance data for March 2018 showed (with four weeks left to collect and cleanse data) the practice was above many targets and on track to achieve the other remaining targets.
Clinical audit	There was a programme of clinical audits which had a positive impact on quality of care and outcomes for patients. The audit programme was designed and themed to reflect and review the specific needs of the population to improve quality.

Examples of service developments implemented in past 2 years

Development area	Impact
The Weston Service	<p>The practice continued to grow and expand the service specifically for older people; this service was known as The Weston Service. The focus was to support patients (aged over 75) and their carers with a GP led nurse team to oversee and co-ordinate their health and social needs. We saw the practice reviewed and audited the efficiency of the service; we saw recent data which indicated the service had made 70 new diagnoses and reduced hospital admissions by 33% (101 avoided admissions) which was a saving of approximately £252,000.</p> <p>The Weston Service used mobile technology when in patient's homes including a mobile printer. As a result all patients using the service had a personalised folder containing their medical record, list of important contact numbers and a clear personal plan of their wishes should their condition deteriorate.</p>
Management	<p>The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. Staff had attended various management and leadership courses, one recent course was a course titled "Lead, Manage and Thrive".</p>
Project work	<p>The practice was a member of local and national dementia groups, these alliances enabled the practice to share best practice and ensure people with dementia received a responsive service.</p> <p>A small number of patients from a local travelling community were registered with the practice. The practice recognised that some of these patients had literacy difficulties and verbal communication was used to support these patients' access services.</p> <p>The practice had identified that there were a number of military veterans in their patient population and had taken action to help ensure this group of patients received suitable support in line with the government's armed forces covenant.</p>

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Patient groups	<p>There was a virtual patient participation group with plans to progress to a coordinated group which would meet at regular intervals. Recent topics discussed with the group have included feedback about flu clinics, a review of the use of web based GP services and the development of the practice website.</p> <p>There was also an active 'friends of the practice' group. These groups of volunteers were supported by the practice to influence change and improve services for patients at the practice. We saw this group also provided transportation services to all patients or carers - especially those who were lonely or isolated. We also saw the group was involved in raising funds for the practice.</p>
Public	Social media	The practice also regularly monitored online comments and reviews and responded to these and they were shared in staff meetings. For example, feedback and comments on the practices social media accounts were regularly reviewed.
Staff	Feedback (written & verbal)	Throughout the inspection, staff consistently told us that they were listened to and supported to develop. For example, the practice had implemented two monthly staff awards, one award for 'hero of the month' and one award for 'best new idea'.
External partners	Feedback (verbal)	<p>Feedback from external stakeholders was positive about the practice performance and engagement. For example, we spoke with the representatives from three of the care homes which the practice provides GP services for.</p> <p>They advised the practice was highly responsive. Regular meetings were held at the care and nursing homes with the focus of the meetings to support and educate to ensure the most appropriate care pathway was followed to ensure the best outcomes for patients.</p>

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Training practice	As a GP training practice, the practice supported surgery swaps, openness of e-portfolio amongst trainers and peer to peer support for trainers. These steps were designed to support the continuous learning of the trainees.
The Herbert Protocol	An initiative introduced by national and local police forces, the Alzheimer's Society, health trusts and Dementia Action Alliances to provide police officers with early access to information when dealing with missing people living with dementia.

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>