

Care Quality Commission

Inspection Evidence Table

Falmouth Road Group Practice (1-3253726908)

Inspection date: 26 April 2018

Date of data download: 19 April 2018

Safe

Safety systems and processes

Source	
There was a lead member(s) 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 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
Explanation of any 'No' answers:	

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 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
Explanation of any 'No' answers:	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 22/2/2018
There was a record of equipment calibration Date of last calibration:	Yes 22/2/2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	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	Yes
Fire risk assessment Date of completion	Yes May 2017
Actions were identified and completed. Yes. The practice cleared loose cardboard that was a fire risk and but warning signs around the practice regarding the location of compressed gases	Yes
Additional observations: None	No
Health and safety Premises/security risk assessment? Included within health and safety risk assessment Date of last assessment:	Yes January 2017
Health and safety risk assessment and actions Date of last assessment:	Yes January 2017
Additional comments: N/A	

<p>Infection control</p> <p>Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified</p> <p>Detail: Some of the issues raised by the audit were related to the premises (general wear and tear and practice sinks). The practice has applied to NHSE for funding but there was uncertainty around the provider operating the practice long term as the current caretaking contract expires in September 2018. The contract will go out to tender and the provider intends to submit a tender and, if successful, will make the necessary improvements.</p> <p>Other minor issues raised in the audit which were addressed: there needed to be clarification of who the deputy member of staff responsible for receiving vaccines was. A deputy has since been appointed. Staff at the practice were not documenting the temperature reading on the second vaccine fridge thermometer. The temperature is now being documented.</p>	<p>Yes January 2018 Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers: Add commentary here</p>	

Any additional evidence

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
Explanation of any 'No' answers:	

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
Explanation of any 'No' answers: N/A	

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)	0.60	0.63	0.98	Variation (low prescribing)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) _(NHSBSA)	8.8%	8.3%	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 PGDS or PSDs).	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 CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
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 GMC guidance.	N/A
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
There was medical oxygen on site The practice 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 PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	

N/A

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.	20
Number of events that required action	20

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

Event	Specific action taken
Sharps bin found overflowing in clinical room	Staff reminded of the practice's sharps policy at the next practice meeting. Regular checks of sharps bins were undertaken by staff.
Needle stick injury	Practice policy was updated to ensure guidance on follow up care for staff members with needle stick injuries was clarified in respect of the appropriate testing intervals when the source is unknown
Delayed opening – 2.5 hours as no staff members working had a key to the building	All reception members given keys to access the building All staff provided with copies of business plan Keys left at neighbouring AT Medics practice 10 minutes away from the surgery. Breach of contract reported to CCG

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Alerts are reviewed by one of the directors and the clinical lead at the practice. Relevant alerts are sent to the practice manager who will cascade to the remaining clinical staff for action. Any action that is taken is recorded on a spreadsheet.</p>	

Any additional evidence
N/A

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)	0.33	0.42	0.90	Variation (positive)

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)	68.8%	75.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 7.6% (29)	CCG Exception rate 6.6%	England Exception rate 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)	72.5%	77.8%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 1.8% (7)	CCG Exception rate 5.7%	England Exception rate 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)	68.1%	82.1%	80.1%	Variation (negative)
QOF Exceptions	3.9% (15)	7.0%	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)	75.6%	77.0%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (5)	2.1%	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)	90.8%	92.0%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (5)	5.1%	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)	78.8%	83.6%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (6)	2.5%	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)	93.0%	89.1%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (2)	8.6%	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)	51	61	83.6%	Below 90% Minimum (variation negative)
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)	62	75	82.7%	Below 90% Minimum (variation negative)
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)	62	75	82.7%	Below 90% Minimum (variation negative)
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)	61	75	81.3%	Below 90% Minimum (variation negative)

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)	61.7%	66.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	58.1%	61.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	32.2%	41.7%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	41.7%	74.1%	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)	90.8%	93.2%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (3)	7.4%	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)	90.0%	91.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (8)	6.6%	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)	81.8%	84.9%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (1)	5.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	536	532	539
Overall QOF exception reporting	4.7%	4.2%	5.7%

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. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>N/A</p> <p>Any further comments or notable training.</p> <ul style="list-style-type: none"> • AT medics provided staff with regular internal clinical update training. For example they offered a fortnightly consultant led web based training on specialist areas, quarterly faced to face training for nursing staff. In addition web based training was offered to enable administrative staff to develop their skills. • Non-clinical staff received monthly reviews with the practice manager during the first three months of their probation period. The practice manager used these meetings to assess staff member's progress in the induction and identify any additional training and learning needs. • All Pharmacists working for the organisation were required to undergo objective structured clinical examination (OSCE) provided through AT Medics. This involved eight stations covering various prescribing areas including depression, contraception and pre diabetes. Each station had an actor and an examiner. Following the exam all pharmacists received individual and collective feedback. If a pharmacist has scored particularly poorly in an area, they would undergo remedial training or focused observation to see if they are safe to continue in that particular area. 	

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)	93.9%	95.0%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (9)	0.5%	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)	45.0%	53.4%	51.6%	Comparable to other practices

Any additional evidence

The practice began operating at the premises from January 2017 therefore QOF data for 2016/17 was only partly attributable to the practice. The practice contributed to 27% of the achievement for this year.

The practice provided unverified QOF and Public Health England performance data for 2017/18. Data showed that performance had improved from 2016/17 figures. Overall QOF achievement was 552.31 compared with 535.6 in the previous year

For example:

Diabetes - 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 was 83% against a target of 75%.

The practice told us that they had completed eight care processes for 86% of their diabetic patients compared with 60% in 2016/17 and the London average of 48%.

Childhood immunisations – the practice provided details of their performance to January 2018. The practice had 91% for childhood immunisations and 97% for pre-school boosters.

Learning disability health checks – the practice had completed checks for 82% of patients in 2017/18 compared with 67% in 2016/17 with each patient assessed receiving a personalised hand held care plan. Three patients did not have their assessment in 2017/18.

Cervical screening – the practice provided evidence that they had achieved the 80% target set by Public Health England in 2017/18.

Bowel screening – in response to the below average uptake among practice patients in 2016/17 the practice informed us that they were now proactively read coding and contacting patients periodically who failed to return their bowel screening kit or did not attend their appointment by text message or letter. This had been operational for the previous six months but the practice did not have access to any data which would show if uptake had improved as this was not available.

Breast screening – the practice were aware that breast screening uptake was comparatively low compared to local and national averages and were planning to roll out the same system that they had implemented for bowel screening.

The practice had also either reduced areas where exception reporting was above average in 2016/17 or were able to explain why the rate of exception rate was above local and national averages. For example:

Stroke and transient ischaemic attack – 20.5% compared with 11% CCG and 10.5% nationally. The rate in 2017/18 was 15.7%. 16 patients were exception reported for receiving the flu vaccine as this was contraindicated.

Chronic obstructive pulmonary disease – 11.7% compared with 9.1% CCG and 12.8% nationally. This had reduced to 8.5% in 2017/18.

Cancer was 58.3% in 2016/17 compared with 22.6% CCG and 24.9% nationally. This was 55.6% in 2017/18 with five patients have been exception reported due to the date of the cancer malignancy diagnosis being prior to the current QOF period.

Dementia – 18.8% compared with 11.9% CCG and 10.1% nationally. The rate of exception reporting was 20% in 2017/18. Two patients were exception reported and one of these patients was due to the patient having registered within three months of the end of the QOF payment period.

Depression – 51.7% compared with 26.4% CCG and 22.9% the rate of exception reporting was 18.7% in 2017/18. Nine patients had been exception reported due to these patients being diagnosed within three months of the end of the QOF payment period.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	10
Number of CQC comments received which were positive about the service	8
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	Feedback
For example, Comments cards, NHS Choices	<p>Patient interview – Patients said that they were pleased with the direction the practice was heading in. They said that the service provided by the reception team had improved.</p> <p>Comment cards – Positive feedback from patients saying that the practice provided a friendly service and that staff were helpful and supportive.</p> <p>NHS choices – Comments were mixed. Some were positive about the care provided by the practice. Other comments expressed dissatisfaction with the attitude of the reception team.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
6,270	389	6.2%	86	1.3%

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)	39.9%	75.6%	78.9%	Significant Variation (negative)
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)	70.3%	86.0%	88.8%	Variation (negative)
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)	91.3%	94.9%	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)	69.9%	82.5%	85.5%	Variation (negative)
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)	82.7%	85.3%	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)	87.8%	85.7%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises: Yes

Date of exercise	Summary of results
January to March 2018	<p>The practice had undertaken its own patient survey. All patients who provided an email address were emailed a link to an independent website where they were asked the questions where patient feedback had been poor in the national GP patient survey.</p> <p>105 responses were received.</p> <p>When asked how likely would you be to recommend the practice to a friend or family member 84% said likely or extremely likely.</p> <p>When asked how good was the GP at listening to you? 94% said good or very good.</p> <p>When asked how good was the GP at giving you enough time? 93% said good or very good.</p> <p>How good was the GP at treating you with care and concern? 91% said good or very good.</p> <p>The practice had also undertaken a similar survey in respect of nurse consultations.</p> <p>41 responses were received</p> <p>When asked How likely are you to recommend us to friends and family? 84% of respondents said likely or extremely likely.</p> <p>When asked how good was the Nurse at giving you enough time? 100% said good or very good.</p> <p>When asked how good was the Nurse at listening to you? 97% said good or very good.</p> <p>When asked how good was the Nurse at giving you confidence in her? 94% said good or very good.</p> <p>When asked how good was the Nurse at treating you with care and concern? 97% said good or very good.</p>

Any additional evidence

It should be noted that the currently published national patient survey data was collected in 1 January 2017 and 31 March 2017. The provider took over operating the practice in January 2017. Consequently the currently published patient survey data is not fully representative of the time the

provider operated the service.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>Patients said that they were involved in care and treatment.</p> <p>There were no signs for translation services in reception although we saw a leaflet with information about cervical screening available in other languages.</p> <p>Patients provided anecdotal evidence about other patients not being able to access translation services.</p>
Internal survey	<p>105 responses were received about GP consultations. Those responses showed:</p> <p>When asked how good was the GP at involving you in decisions about your care? 89% said good or very good.</p> <p>When asked how good was the GP at explaining tests & treatments? 88% said good or very good.</p> <p>41 responses were received about nurse consultations. Those responses showed:</p> <p>When asked how good was the Nurse at explaining tests & treatments? 94% said good or very good.</p> <p>When asked how good was the Nurse at involving you in decisions about your care? 85% said good or very good.</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)	68.3%	83.2%	86.4%	Variation (negative)
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)	72.0%	77.4%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient	81.0%	84.7%	89.9%	Comparable to other practices

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)				
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)	74.4%	79.5%	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	106 patients 1.7% of the patient list
How the practice supports carers	The practice offers annual health checks and flu immunisations for carers. The practice has hosted three carers events in the last 12 months. We saw information for carers regarding local support services. All patients who inform the practice they are a carer information pack from Southwark carers.
How the practice supports recently bereaved patients	There was no information about bereavement in reception. However the practice had produced a bereavement pack which was sent to patients together with a sympathy card. The bereavement pack contained comprehensive information, including about registering a death, as well as information about local support services. Clinicians would also call patients to ask what support they could offer.

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	The reception area looks onto a large open plan waiting area. We did not hear any confidential information being discussed by reception staff. Reception could take patients to another area of the practice if they wanted to discuss something in private.

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

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients we spoke with said that their privacy and dignity was respected.
Comment cards	None of the feedback provided raised concerns with privacy, dignity and respect

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments available	
GPs	Nurses
09:00 – 12:15 & 14:30 – 17:15	08:30 – 12:30 & 14:00 – 17:00
09:00 – 12:15 & 14:30 – 17:15	09:00 – 12:45 & 14:00 – 17:45
09:00 – 12:15 & 14:30 – 17:15	N/A
09:00 – 12:15 & 14:30 – 17:15	09:00 – 12:30 & 13:00 – 17:30
09:00 – 12:15 & 14:30 – 17:15	09:00 – 12:30 & 13:00 – 17:15
Extended hours opening	
The current care contract does not allow the provider to provide extended hours services. However the practice can book patients into the local extended hours access hub which offers appointments from 8 am to 8 pm seven days per week.	

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	
Reception will take information from patients and put details into an urgent slot in the duty doctor's diary. The duty doctor will then call the patient back to ascertain if a home visit is clinically necessary.	

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)	65.9%	77.5%	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)	51.5%	75.3%	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)	58.7%	73.4%	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)	47.6%	70.1%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Interview with patients	Interviews with patients – Patients spoken to said that there generally was no issue getting appointments though two patients we spoke with said that it was sometimes hard to get appointments using the online system. The practice had increased the percentage of patients using online from 0% when they took over the practice to 13%. It was one of the practice's aims to increase the percentage in accordance with the national target of approximately 30%.
NHS choices	Poor access was mentioned in several comments on NHS choices.
You said we did poster in waiting area	The practice had taken action in response to patient feedback around access: No appointments available online – all advance appointments are bookable online four weeks in advance. Patient reported not being able to get appointments before 10 am. The practice provided additional appointments between 8.30 and 9 am. Patient reported being unclear on staff roles The practice put up a poster in the waiting area which explained what each member of staff did.
Internal survey	The practice collected survey data between January 2018 and March 2018. Patients were sent links to an independent survey provider. The feedback from the 105 patients who completed the survey showed an improvement in respect of

	<p>patient satisfaction with access.</p> <p>For example:</p> <p>In response to the question Generally, how easy is it to get through to someone on the phone? 85% said it was very easy or fairly easy.</p> <p>In response to the question Last time you wanted to book an appointment, were you able to get one? 69% said yes and another 23% said yes but they were asked to call back closer to the time that they wanted the appointment</p> <p>In response to the question Overall, how would you rate your experience of making an appointment? 89% said very good or fairly good.</p>
Comment cards	<p>9 out of 10 comment cards did not mention concerns with access. One comment card said that it was difficult to see a GP but that an appointment was always available with a different clinician including nurse practitioners or pharmacist.</p>

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

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

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Complaints we reviewed were dealt with in a timely manner. Patients were always offered an apology and, where appropriate, were provided with a detailed explanation of what had gone wrong and what corrective action the practice would take to prevent reoccurrence in the future.	

Any additional evidence
N/A

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
<p>The practice aimed to provide high quality accessible healthcare by:</p> <ul style="list-style-type: none"> - Use of innovating solutions to respond to patient needs. - Investing in staff through structured coaching, leadership and training. - working in a multi-professional team to ensure the best care - ensure all our staff embody our values of kindness, flexibility and excellence <p>Practice staff had an awareness of this vision.</p>

Culture

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

Source	Feedback
Staff interviews	Staff reported that they were happy working at the practice and they felt supported.

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

Source	Example
Practice manager and GP interview	<p>We were told that the administrative staff had contributed the following ideas for practice goals for 2018/19:</p> <ul style="list-style-type: none"> - Increasing the numbers of patients who have online access. - increasing the number of patients with multiple long term conditions who are seen in a single appointment and increasing the proportion of long term condition reviews that are undertaken early in the QOF year - Increasing the percentage of carers on the practice's patient list.
Significant event	<p>In response to a significant event, where staff were not able to access the premises, a member of the reception team suggested that a key to the site be left at another AT Medics surgery that was 10 minutes' walk from the practice. This suggestion was implemented.</p>

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

Source	Example
Significant event	The prescription box was not emptied of all prescriptions on a particular day meaning that there was a risk that prescriptions would not be issued within the

	advertised 48 hour window. Staff at the practice contacted the patients involved to inform them that there might be a possible delay in their prescriptions being ready for collection.
--	---

Examples of concerns raised by staff and addressed by the practice

Source	Example
Healthcare assistant interview	Previously the healthcare assistant only provided 10 minute appointments for all issues. The healthcare assistant fed back that it was difficult to deal with all tasks within a 10 minute timeframe. The practice now books longer slots for certain healthcare assistant tasks.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

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

Source	Example
Training and development – interviews with staff	AT Medics provided staff at all levels with in-depth training relevant to their role. This gave staff the opportunity to not only keep up to date with current best practice but possibly upskill and develop.

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

Source	Example
Recruitment policy	Equality of opportunity was embedded within the practice's recruitment procedure
Staff	Staff were diverse in terms of age, gender and ethnicity
Training	Staff whose files we reviewed had completed training in equality and diversity.

Examples of actions to improve quality in past 2 years

Area	Impact
QOF	The practice improved QOF performance from achievement of 535.6 in 2016/17 (predominantly reflective of achievement by previous provider) to 552.3 in 2018/17
Childhood immunisations	Childhood immunisations – the practice provided details of their performance to January 2018. The practice had 91% for childhood immunisations and 97% for pre-school boosters this compared with the performance under the previous provider which was 77% for primary immunisation and 82% for pre-school boosters.
Audits	<p>The practice had completed three two cycle and one single cycle audit within the past two years each indicated improvement in quality. For example the practice audited of patient prescribed warfarin in the previous two months to see if the all relevant information was record in the patient notes.</p> <p>Twenty three patient's notes were reviewed in September 2017 and the results were</p> <ol style="list-style-type: none"> 1. INR recorded within the previous 3 months – 20 compliant 3 non-compliant 2. Target INR - 16 compliant 7 non-compliant 3. Next Due date - 0 compliant 23 non-compliant 4. Dose of warfarin - 18 compliant 5 non-compliant <p>In response to the results the practice developed a new software template to make it easier for staff to record this information in patient's clinical record. Guidance was given to staff on using the new template.</p> <p>At the next audit in April 2018 only one patient's notes were not compliant with all four indicators. This consultation was done by a non-regular locum who was not aware of how to use the new template.</p>

Examples of service developments implemented in past 2 years

Development area	Impact
------------------	--------

Staffing	The practice has changed the staffing structure within the practice since taking over in January 2017. In addition to new GPs the practice had employed an advanced nurse practitioner, an additional nurse, an additional healthcare assistant and pharmacists. Reception staff were provided with clear protocols of what each clinician did. Additional staff had not only freed up more GP time for patients who required more intensive clinical support but, according to the practice's internal survey, had improved patient satisfaction with access. It was hoped that now permanent staff were in post continuity of care would also continue to improve.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
--	-----

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	You said we did poster in waiting area	<p>The practice had taken action in response to patient feedback around access:</p> <p>No appointments available online – all advance appointments are bookable online four weeks in advance.</p> <p>Patient reported not being able to get appointments before 10 am. The practice provided additional appointments between 8.30 and 9 am.</p> <p>Patient reported being unclear on staff roles The practice put up a poster in the waiting area which explained what each member of staff did.</p>
Staff	Meetings	<p>The practice held regular meetings both clinical and others inclusive of non-clinical staff.</p> <p>HCA will add patients to clinical meeting agenda as they do not work the day of the clinical meeting patients are reviewed and discussed and she receives feedback.</p>

	Appraisal	All staff files we reviewed had evidence of an appraisal within the last 12 months.
External partners	Multidisciplinary working	The practice holds regular meetings with community nurses, health visitors and the local palliative care team. The practice participates in virtual clinics (clinics where consultant advice is provided to support the management of patients with complex long term conditions)
	CCG	The practice had worked to improve uptake of online services in line with CCG targets. The target for prescriptions sent via the electronic prescribing service was 60%. When the practice took over the service in January 2017 the uptake was 20%. This increased to 96% in March 2018.

Feedback from Patient Participation Group;

Feedback

Members of the Patient Participation Group (PPG) told us they met with the practice every four months. The practice said that the meetings were split with some time being allocated for staff telling members what is happening in the practice and time for PPG members to ask questions. The PPG were able to tell us of ways in which they have provided input into the operation of the practice. For example: the PPG had suggested better promotion of online services. The practice had worked to improve uptake of online services for appointments from 0% when the provider took over the service in January 2017 to 13% in April 2018.

Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
Patient were unhappy that they could not get early appointments	Practice changed staffing availability so that appointments now start at 8.30 am with both GP and nurses.
Patients were unclear about the scope of e.g. role within the practice e.g. advanced nurse practitioner and pharmacist	Poster put in the waiting area clarifying staff roles.
Patients complained that prescriptions had gone missing	The practice logged each prescription in a book so that they could keep track of when prescription requests received and when prescriptions issued.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
---	--------------------

Training for pharmacists	All Pharmacists working for the organisation were required to undergo objective structured clinical examination (OSCE) provided through AT Medics. This involved eight stations covering various prescribing areas including depression, contraception and pre diabetes. Each station had an actor and an examiner. Following the exam all pharmacists received individual and collective feedback. If a pharmacist has scored particularly poorly in an area, they would undergo remedial training or focused observation to see if they are safe to continue in that particular area.
Shingles	The practice noted that uptake of shingles vaccines among their population was low and the issue of low uptake had been raised by NHS England and Public Health England. In response the practice worked to promote and encouraged uptake. As a result uptake had increased from 28% in August 2017 to 56% in April 2018. From this exercise the practice established that the criteria for patients being eligible was very specific and narrow. They felt that this may have been a barrier to uptake and were in the process of feeding this information back to NHS England.
Diabetes	The practice told us that they had completed eight care processes for 86% of their diabetic patients compared with 60% in 2016/17 and the London average of 48%.

Any additional evidence

N/A

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>