

Care Quality Commission

Inspection Evidence Table

Drs Prees, Weldon & Hogg (1-550966092)

Inspection date: 28 June 2018

Date of data download: 01 June 2018

Safe

Safety systems and processes

| Source | Y/N |
|--|---------|
| There was a lead member(s) of staff for safeguarding processes and procedures. | Y |
| Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff. | Y |
| Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff. | Partial |
| Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs) | Y |
| 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. | Y |
| Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients | Y |
| Reports and learning from safeguarding incidents were available to staff. | Y |
| Disclosure and Barring Service (DBS) checks were undertaken where required | Y |
| Staff who acted as chaperones were trained for the role and had a DBS check. | Y |
| Additional Information | |
| <p>In addition to online training all staff had received tailored face to face training from the practices safeguarding lead.</p> <p>There was no system in place to ensure oversight that all policies and procedures were regularly updated and reviewed. We saw that the adult safeguarding policy was last reviewed in November 2015 and for children's policy, February 2016. Post inspection we were sent information which demonstrated that a system to ensure oversight and regular review had been introduced.</p> <p>Nurses had undertaken level 2 children safeguarding</p> <p>All staff had a DBS check.</p> <p>Clinicians and three administrative staff had completed chaperone training.</p> <p>Weekly multi-disciplinary team meetings were held at the practice to ensure collaborative working for those patients who were most vulnerable.</p> | |

| Recruitment Systems | Y/N |
|--|-----|
| The registered person provided assurances that safety was promoted in their recruitment practices. | Y |
| Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers). | Y |
| Staff vaccination was maintained in line with current PHE guidance and if relevant to role. | N |
| Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. | Y |
| Staff who require medical indemnity insurance had it in place | Y |
| Explanation of any 'No' answers: Recruitment policy last updated May 15 Practice had not checked MMR status of staff in line with guidelines | |

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| Safety Records | Y/N |
|---|-----|
| There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 6/6/17 | Y |
| There was a record of equipment calibration Date of last calibration: 15/8/17 | Y |
| Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals | Y |
| Fire procedure in place | Y |
| Fire extinguisher checks | Y |
| Fire drills and logs | Y |
| Fire alarm checks | Y |
| Fire training for staff | Y |
| Fire marshals | Y |
| Fire risk assessment Date of completion 3/5/16 | Y |

| | |
|--|---|
| Actions were identified and completed. These included the adjustment of a fire door that was not shutting properly and additional fire detection equipment being fitted. | Y |
| Health and safety Premises/security risk assessment? Date of last assessment: January 15 th 2018 | Y |
| Health and safety risk assessment and actions Date of last assessment: January 15 th 2018 | Y |
| Additional comments: NA | |

| Infection control | Y/N |
|--|-----|
| Risk assessment and policy in place July 17 Date of last infection control audit: 5/6/2018 The provider acted on any issues identified. Actions had been taken or were in progress. Detail: Policy – no named lead in policy, however the policy contained contact details for those that could be contacted for further advice. All staff had received infection control training and this included hand hygiene. Infection control was included in induction programme for newly recruited staff. | Y |
| The arrangements for managing waste and clinical specimens kept people safe? | Y |
| Additional Comments The infection control lead had not attended additional training but did attend infection control meetings with specialist nurses to ensure knowledge and application of best practice. | |

Risks to patients

| Question | Y/N |
|--|-----|
| The practice had systems in place to monitor and review staffing levels and skill mix. | Y |
| There was an effective approach to managing staff absences and busy periods. | Y |
| Comprehensive risk assessments were carried out for patients and risk management | Y |

| | |
|--|---|
| plans were developed in line with national guidance | |
| Staff knew how to respond to emergency situations. | Y |
| Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond. | Y |
| The practice had equipment available to enable assessment of patients with presumed sepsis. | Y |
| There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance. | Y |
| The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff. | Y |

Information to deliver safe care and treatment

| Question | Y/N |
|---|-----|
| Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation. | Y |
| 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. | Y |
| Referral letters contained specific information to allow appropriate and timely referrals. | Y |
| Referrals to specialist services were documented. | Y |
| The practice had a documented approach to the management of test results and this was managed in a timely manner. | Y |
| The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols. | Y |
| Explanation of any 'No' answers: NA | |

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) | 0.98 | 0.83 | 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) | 14.5% | 12.0% | 8.9% | Variation (negative) |

| Medicine Management | Y/N |
|---|-----|
| The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services. | Y |
| Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs). | Y |
| Prescriptions (pads and computer prescription paper) were kept securely and monitored. | Y |

| | |
|---|---|
| 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. | Y |
| The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength). | |
| There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer. | Y |
| 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. | |
| Up to date local prescribing guidelines were in use. Clinical staff could access a local microbiologist for advice. | Y |
| The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held. | Y |
| The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases | Y |
| There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded. | Y |
| Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use. | Y |
| Explanation of any 'No' answers: NA | |

Track record on safety and lessons learned and improvements made

| Significant events | Y/N |
|--|---------|
| There was a system for recording and acting on significant events | Y |
| Staff understood how to report incidents both internally and externally | Y |
| There was evidence of learning and dissemination of information | Partial |
| Number of events recorded in last 12 months. | 11 |
| Number of events that required action | 10 |
| Additional Comment Learns-Learning from significant events whilst documented and shared with staff who were involved in the event, they were not shared widely between other staff groups. | |

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

| Event | Specific action taken |
|--|---|
| A patient diagnosed with diabetes was initiated on a medicine that had an adverse effect on the control of their blood sugars. | Patients with a diagnosis of diabetes who were started on this medicine, would have blood sugars tested two months after initiation and additional measurements as appropriate. Patients to be were warned of potential side effects upon initiation of medicine. |
| Adult travel vaccine instead of child vaccine given in error. | Duty of candour satisfied in conversation with <u>the</u> mother of <u>the</u> child. Template on computer system improved to include both child and adult vaccine. Improved storage and labelling of vaccines in the fridge. |

| Safety Alerts | Y/N |
|---|-----|
| There was a system for recording and acting on safety alerts | Y |
| Staff understand how to deal with alerts | Y |
| <p>Comments on systems in place: Alerts arewere sent to the practice manager and the secretaries. They were briefly assessed and then passed to an individual GP who took appropriate actions, including patient searches if necessary. Additional actions such as writing to patients were actioned by the practice manager. We saw that appropriate actions had been taken and that documentation was maintained for recent alerts received.</p> | |

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) | 0.73 | 0.90 | 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) | 85.2% | 83.0% | 79.5% | Comparable to other practices |
| QoF Exceptions | Practice Exception rate (number of exceptions) 11.4% (26) | CCG Exception rate 14.7% | 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) | 64.6% | 81.6% | 78.1% | Comparable to other practices |
| QoF Exceptions | Practice Exception rate (number of exceptions) 13.5% (31) | CCG Exception rate 12.5% | 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) | 82.9% | 83.5% | 80.1% | Comparable to other practices |
| QoF Exceptions | Practice Exception rate (number of exceptions) 18.3% (42) | CCG Exception rate 16.4% | England Exception rate 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) | 83.8% | 78.0% | 76.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) 3.8% (12) | CCG Exception rate 8.2% | England Exception rate 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) | 95.6% | 93.9% | 90.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) 6.2% (6) | CCG Exception rate 12.2% | England Exception rate 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) | 85.0% | 85.1% | 83.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) 4.3% (31) | CCG Exception rate 4.8% | England Exception rate 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) | 75.9% | 90.8% | 88.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) 13.8% (18) | CCG Exception rate 8.2% | England Exception rate 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) | 55 | 56 | 98.2% | 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) | 62 | 65 | 95.4% | Met 95% WHO based target Significant Variation (positive) |
| The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England) | 62 | 65 | 95.4% | 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) | 62 | 65 | 95.4% | 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) | 74.9% | 75.7% | 72.1% | Comparable to other practices |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE) | 73.4% | 72.9% | 70.3% | N/A |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE) | 62.1% | 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) | 69.4% | 69.6% | 71.2% | N/A |
| Additional Comment The practice was working to improve the uptake of cytology screening of eligible women by: Ensuring alerts were on patient notes to promote opportunistic invitations. Health promotion messages delivered to patients via the television screen in the waiting room <u>which</u> had been tailored, to include advising women of the benefits of attending for cervical screening. | | | | |

| 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) | 94.7% | 95.5% | 90.3% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) 13.6% (6) | CCG Exception rate 11.8% | England Exception rate 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) | 91.7% | 92.8% | 90.7% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) 18.2% (8) | CCG Exception rate 11.7% | England Exception rate 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) | 79.2% | 89.0% | 83.7% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) 10.2% (6) | CCG Exception rate 7.3% | England Exception rate 6.8% | |

Monitoring care and treatment

| Indicator | Practice | CCG average | England average |
|--|----------|-------------|-----------------|
| Overall QOF score (out of maximum 559) | 554 | 552 | 539 |
| Overall QOF exception reporting | 5.1% | 6.2% | 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. | Y |
| The learning and development needs of staff were assessed | Y |
| The provider had a programme of learning and development. | Y |
| There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015. | Y |
| 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. | Y |
| The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates. | Y |
| <p data-bbox="53 1003 324 1031">If no please explain below:</p> <p data-bbox="53 1052 94 1079">NA</p> <p data-bbox="53 1100 472 1127">Any further comments or notable training:</p> <p data-bbox="53 1148 1016 1176">Nursing staff had undertaken specific training in the management of long term chronic diseases.</p> <p data-bbox="53 1197 1076 1278">Diabetes virtual clinics were held with a local consultant and a specialist diabetes nurse to improve the management of patients with complex needs and to improve the knowledge and skills of staff delivering diabetes care within the practice</p> <p data-bbox="53 1299 1049 1352">Dementia awareness training had been undertaken by all staff and the practice was registered as a dementia friendly practice.</p> <p data-bbox="53 1373 1068 1428">IRIS <u>training</u> (Identification and referral to improve safety in Domestic Violence) had been undertaken by the whole practice.</p> | |

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) | 95.2% | 95.6% | 95.3% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0.3% (4) | 1.3% | 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) | 54.5% | 48.3% | 51.6% | Comparable to other practices |

Caring

Kindness, respect and compassion

| CQC comments cards | |
|---|----|
| Total comments cards received | 35 |
| Number of CQC comments received which were positive about the service | 35 |
| Number of comments cards received which were mixed about the service | 0 |
| Number of CQC comments received which were negative about the service | 0 |

Examples of feedback received:

| Source | Feedback |
|--|--|
| For example, Comments cards, NHS Choices | There were three comments on NHS choices all of which awarded the practice five stars and included comments about the professionalism of all staff and positive comments about reception staff. Comment cards received commented on the ease with which appointments could be made and the exceptional service provided by the practice which was both professional and friendly. The practices Facebook page contained many messages that provided positive feedback. |

National GP Survey results

| Practice population size | Surveys sent out | % of practice population | Surveys returned | Survey Response rate% |
|--------------------------|------------------|--------------------------|------------------|-----------------------|
| 6,734 | 222 | 3% | 120 | 54.05% |

| 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) | 98.3% | 89.2% | 78.9% | Variation (positive) |
| 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) | 98.5% | 92.4% | 88.8% | Variation (positive) |
| The percentage of respondents to the GP patient survey who answered positively to question 22 | 100.0% | 98.0% | 95.5% | Variation (positive) |

| | | | | |
|---|-------|-------|-------|-------------------------------|
| "Did you have confidence and trust in the GP you saw or spoke to?" (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 GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS) | 97.9% | 89.3% | 85.5% | Variation (positive) |
| 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) | 95.4% | 92.2% | 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) | 95.4% | 90.7% | 90.7% | Comparable to other practices |

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

Involvement in decisions about care and treatment

Examples of feedback received:

| Source | Feedback |
|--------------------------|--|
| Interviews with patients | Patients commented that the GPs listened to their views and explained things well to them. One patient commented that all options for treatment were not always fully explained. |

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) | 96.3% | 89.7% | 86.4% | Variation (positive) |
| 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) | 97.0% | 86.8% | 82.0% | Variation (positive) |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or | 94.6% | 92.3% | 89.9% | Comparable to other practices |

| | | | | |
|--|-------|-------|-------|-------------------------------|
| 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) | 87.4% | 85.6% | 85.4% | Comparable to other practices |

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

| Carers | Narrative |
|--|---|
| Percentage and number of carers identified | 160 2% |
| How the practice supports carers | Television in waiting room with information. Work with Carers Support organisation. Flexible appointments |
| How the practice supports recently bereaved patients | GP provided with details of patient and contact numbers for close relatives of bereaved. An appointment or a visit was allocated for ten days post bereavement. Patients are signposted to support organisations. |

Privacy and dignity

| Question | Y/N |
|--|-----|
| Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. | Y |

| | Narrative |
|--|---|
| Arrangements to ensure confidentiality at the reception desk | A notice is displayed offering a private room to hold conversations if a patient wished. Telephone calls <u>were</u> answered away from reception desk Waiting room was an enclosed space away from <u>reception</u> desk. Computer screen not visible to patients at reception desk |

| Question | Y/N |
|---|-----|
| Consultation and treatment room doors were closed during consultations. | Y |
| A private room was available if patients were distressed or wanted to discuss sensitive issues. | Y |
| Examples of specific feedback received: | |

| Source | Feedback |
|----------|--|
| Patients | Staff were approachable and responsive to requests Patients commented that they felt fortunate to be a patient at the practice, that there was excellent access, usually with the GP of choice. |

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 |
| Saturday | 08:00-11:30 |
| Appointments available | |
| | 08.30 – 11.00 and 15.00 – 17.10 |
| Extended hours opening | |
| Saturday | 8.30 – 11.30 |
| Any additional evidence | |
| <p>Morning appointments were split between pre-bookable appointments and book on the day appointments. The practice operated a system whereby all patients who wished to be seen could see a GP the same day. The GPs offered unlimited extra appointments for this purpose.</p> | |

| 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 | Y |
| If yes, describe how this was done | |
| <p>Detail:</p> <p>Home visits were passed by reception staff to GPs for assessment and triage. The practice collaborated with other practices to offer an early home visiting service to ensure those patients with urgent needs were visited in a timely manner.</p> | |

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) | 92.7% | 85.7% | 80.0% | Variation (positive) |
| The percentage of respondents to the GP patient | 97.7% | 90.0% | 70.9% | Variation |

| | | | | |
|---|-------|-------|-------|----------------------|
| 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) | | | | (positive) |
| 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) | 94.5% | 87.7% | 75.5% | Variation (positive) |
| 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) | 97.4% | 85.6% | 72.7% | Variation (positive) |

Any additional evidence

The practice had recognised from the previous year's survey that the score was low for satisfaction of opening hours. Extended hours had been offered on evenings and some Saturdays. The practice followed this up and responding to patient preference by offering an extended hours surgery every Saturday. The latest published results demonstrate that the responses were better than local and national figures for this area.

The practice had analysed demand on services over the week and responded to this by planning services to meet the need. For example, the practice ensured that ten GP sessions were provided on a Monday when demand was highest and additional appointments were offered early in the day when demand was greatest.

Listening and learning from complaints received

| Question | Y/N |
|--|-----|
| The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>) | Y |
| Information was available to help patients understand the complaints system. | Y |

| Complaints | Y/N |
|---|-----|
| Number of complaints received in the last year. | 5 |
| Number of complaints we examined | 2 |
| Number of complaints we examined that were satisfactorily handled in a timely way | 2 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman | 1 |

Additional comments:

We looked at two of the complaints and saw that both had been handled in an appropriate way in line with national guidelines.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice

There was a visible leadership team who were cohesive, caring and enthusiastic.

Vision and strategy

Practice Vision and values

The practice had a clear vision to ensure the highest standard of family care and to offer patients appropriate access to health care professionals.

Culture

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

| Source | Feedback |
|--------|--|
| Staff | Hard working, supportive and caring team If there <u>was</u> a problem it <u>was</u> easy to talk to any member of the team. <u>Staff stated they felt</u> valued as individuals |

Examples of changes made by the practice because of feedback from staff

| Source | Example |
|--------|---|
| Staff | Request was acted upon to improve the processes for checking the intended destinations of electronic prescriptions. |

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

| Source | Example |
|---------------------------------|--|
| IT alert | Information governance breach. GP noticed alert that a patient's notes had been accessed fraudulently. Full investigation involving appropriate bodies. Full information disclosed to affected patient. Data security procedures were reviewed and updated to minimise the risk of future occurrences. |
| Child vaccine given incorrectly | Parent of child immediately notified. |

Examples of concerns raised by staff and addressed by the practice

| Source | Example |
|---|---|
| Staff | Filing system of patient paper notes had become difficult to navigate and the reception area was cramped because of this. Staff suggested a secondary storage area was created elsewhere. The leadership team acknowledged this and purchased additional storage cupboards and improved the layout within the reception area. |
| The practice's speaking up policies are in line with the NHSI National Raising Issues Policy. | Y |

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

| Source | Example |
|----------------------------|---|
| Staff and practice manager | No lone working Installed CCTV for outside of building following an incident New chair purchased for member of staff with a back problem. |

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

| Source | Example |
|----------|---|
| Practice | GP care line – mental health support line shared with staff |

Examples of actions to improve quality in past 2 years

| Area | Impact |
|---------------|---|
| Home Visiting | Worked in collaboration with local practices to pilot a scheme, where a paramedic was employed to undertake urgent home visits which had been triaged by a GP. The pilot was a success and supported efforts to prevent hospital admission and reduced the burden on GP home visits. The project has had since been rolled out across the clinical commissioning group and has been extended to include some late afternoon visits. |
| Sepsis | Quality improvement work to improve awareness and recognition of sepsis by all staff groups and patients. This included; tailored training for administrative staff, introduction and proactive recommendation to parents of mobile phone app smartphone application that helps parents, carers and healthcare professionals to assess illness in young people using national and local guidelines to determine what action was appropriate for a wide range of clinical presentations. As well as providing reassurance and sign-posting for minor illness, it aided identification of the early signs of sepsis to ensure that these patients received early assessment and treatment. |

Examples of service developments implemented in past 2 years

| Development area | Impact |
|-------------------|---|
| Home visit triage | Following a significant event, the practice recognised that improvements should be made in the processes used for triaging home visit requests. It was decided that the duty doctor would be allocated time to call each patient who had requested a home visit and receptionists would inform patients of this at the time of the request. This had led to patients receiving the most appropriate pathway forward, improved utilisation of the early home visiting service and improved utilisation of GP time as the number of home visits that needed to be done by them had reduced. |

Governance arrangements

| Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care. | |
|--|--|
| Learning from complaints and significant events | Learns-Lessons were acted upon and documented, however these were not shared widely to all staff groups |
| Practice specific policies | Policies were in place however, not all had been regularly reviewed and updated in line with the practices own policies. For example, the recruitment and safeguarding policies. |
| Staff were able to describe the governance arrangements | Y |
| Staff were clear on their roles and responsibilities | Y |

Managing risks, issues and performance

| | |
|---|---|
| Major incident plan in place | Y |
| Staff trained in preparation for major incident | Y |

Examples of actions taken to address risks identified within the practice

| Risk | Example of risk management activities |
|-------------|---|
| Fire safety | Additional fire detection equipment was installed in the electrical switch gear room and boiler room to ensure the risks from fire were reduced in areas of the building that were in frequent use. |

Appropriate and accurate information

| Question | Y/N |
|---|-----|
| Staff whose responsibilities include making statutory notifications understand what this entails. | Y |

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

| | Method | Impact |
|----------|----------|--|
| Patients | Survey | To understand patient perception of what can could be achieved in a 10-minute appointment and support patients to improve their consultation experience |
| Public | Training | First aid and defibrillator use training for the |

| | | |
|-------------------|--------------------|--|
| | | community. |
| Staff | Meetings | Staff felt that they could raise issues easily and that they were listened to and valued. |
| External partners | Health Improvement | The practice hosted several services to ensure patients who lived on the outskirts of the city had access. For example, podiatry, physiotherapy, retinal screening and counselling. They also worked with the clinical commissioning group (CCG) funded Well Being College to support, guide and encourage people to manage their own physical and mental health to prevent them from developing long term conditions in the future. |

Feedback from Patient Participation Group;

Feedback

We were told that the group met regularly and that it was well led by the practice manager. Minutes were distributed to all members. Members were invited to participate in new practice initiatives and the practice were very receptive to suggestions made by the group.

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

| Examples | Impact |
|--|---|
| The group felt that lack of privacy at the reception desk was an issue and that a notice asking for consideration of the privacy of others was insufficient. | The practice ensured a private room was available for patients to talk with staff privately |
| The group asked that drinking water was made available in the waiting room | A water cooler was purchased by the practice. |

Continuous improvement and innovation

| Examples of innovation and improvements | Impact on patients |
|---|--|
| IT | The practice was changing the clinical system they used to be in line with other local practices. This would improve the sharing of information and the ability to work collaboratively on future projects. |
| Diabetes multi-disciplinary team meetings | Virtual clinics were held at the practice with a local consultant and a diabetes specialist nurse to improve the care of registered patients with complex diabetes. This provided learning opportunities for practice staff that could be applied to other patients and improved the management of those patients discussed. The patients discussed were followed up over a six-month period and an average improvement in blood sugar readings of 10.3 units was demonstrated which would reduce the likelihood of complications associated with the disease. |

Examples of improvements demonstrated as a result of clinical audits in past 2 years

| Audit area | Impact |
|----------------|--|
| Renal Function | Following advice from a local specialist that all patients with specific |

| | |
|----------|--|
| | identified risks should receive early referral for specialist care, the practice audited their patients to identify if they were referring appropriately. An initial audit demonstrated that out of 22 patients 64% of these were under the care of renal specialists. The practice implemented actions to improve this and the follow up audit demonstrated that 94% were receiving care from the specialist team. |
| Asthma | Audit to identify how many patients diagnosed with asthma had a written action plan to support them in self- management of their condition. Evidence from asthma UK showed that patients were four times less likely to be admitted to hospital if they had received a written action plan. An initial audit showed that 12% of patients had a written action plan. Interventions saw this rise to 23% within 6months. |
| Diabetes | An audit identified that 63% of patients diagnosed with diabetes had a blood pressure reading that was higher than that recommended by guidelines. Actions were taken and implemented to improve this. A follow up audit demonstrated that the measures had been effective in improving patient care as the numbers of patients outside of target range had reduced from 63% to 18%. |

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>