

Care Quality Commission

Inspection Evidence Table

New Bank Health Centre (1-4355317290)

Inspection date: 19 June 2018

Date of data download: 14 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Yes
Other information: All staff had access to safeguarding policies and procedures. Quick access to information and contact telephone numbers was available in the reception area at the practice and staff had access to policies and contact telephone numbers on the practice intranet. Clinicians we spoke with provided examples of recent referrals to the safeguarding teams for children and vulnerable adults. The practice had a comprehensive policy to respond to children and young people who were not brought for appointments in primary and secondary care. This was supported by easy read flow diagrams.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance 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
Other information: Organised comprehensive staff files were maintained electronically for all staff.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 21/03/2018
There was a record of equipment calibration Date of last calibration:	Yes 30/05/2018
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 17/10/2017
Actions were identified and completed.	Yes
Additional observations: The last fire drill (15/01/2018) identified areas for improvement, including fires safety doors not closing properly. This had been addressed.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 01/02/2018
Health and safety risk assessment and actions	Yes

Date of last assessment:	01/02/2018
<p>Additional comments:</p> <p>The management team told us they identified a lack maintenance records and evidence to demonstrate compliance with health and safety legislation upon taking over the practice in October 2017. In addition, there was lack of clarity of who owned the building and who was responsible for undertaking regular maintenance. The new provider resolved this and with the property owner implemented a programme of statutory maintenance including repairing leaks, replacing missing taps and ensuring doors, equipment and furniture were fit for purpose.</p> <p>The provider organisation had a comprehensive health and safety strategy in place that incorporated all three GP practices including New Bank Health Centre. At the practice each staff member was allocated specific areas of health and safety responsibility to monitor at regular intervals. The organisation's business support manager carried out twice yearly periodic health and safety reviews which included assessing the fabric of the building, furnishings, electrics, and housekeeping. Areas requiring action were identified and passed to the responsible staff member for action.</p> <p>The practice used a new cleaning services team as the previous standard of hygiene and cleanliness was poor. One patient we spoke with confirmed that the practice was much cleaner now.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: The organisation's infection control annual statement for period May 2017 -April 2018 identified areas of improvement including a reduction of clutter. The statement identified that clinicians had received an occupational health assessment and vaccinations as required, that there had been no infection transmissible incident and staff had received training in infection control and prevention in October 2017. A comprehensive policy was in place and accessible to staff. There was a lead for infection control and prevention.	Yes May 2018 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes

Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>The practice had introduced training for staff to recognise descriptions of signs and symptoms of possible serious illness. These were designated 'Red Flags'. Reception staff spoken with told us the actions they would take if they suspected a patient was seriously ill and this included interrupting a GP consultation if necessary.</p>	

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.	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
<p>Explanation of any answers:</p> <p>The provider organisation identified very quickly upon taking over the GP practice that patient records had not been maintained to a safe standard. For example, boxes of patient paper records were found to be inadequately indexed and were not filed appropriately and evidence that any electronic summarising had been undertaken was not available. The organisation negotiated with the CCG to partially fund the summarising of this back log.</p> <p>In addition, patient registers for regular health care monitoring were either missing or poorly maintained and records to evidence patients received appropriate and timely referral to secondary care services both for urgent and non-urgent cases were not available. The organisation's management team worked hard to implement a strategy to identify and build registers of patients with different needs and introduced 'failsafe' systems' to monitor and check patients received the required care and treatment. We viewed a number of these different registers and saw good evidence that the failsafe system was effective.</p>	

Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	No data	No data	0.98	Comparison not available
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	No data	No data	8.9%	Comparison not available

The practice provided data from the CCG which showed the practice benchmarked their prescribing practice in line with other GP practices both at neighbourhood and CCG level.

Medicines 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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes

Both were checked regularly and this was recorded.	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
<p>Additional Information:</p> <p>Upon taking over at the practice the management team identified one pharmaceutical fridge used to store vaccines had repeatedly stopped working, putting the viability and safety of vaccines at risk. The practice purchased a new vaccine fridge to maintain the safety of the vaccines.</p> <p>An audit of patient medicine reviews was also undertaken in December 2017, this identified that just 46% of patients had had a medicine review within the last 12 months and only 40% had received the required health care monitoring such as blood tests. The follow up audit in May 2018 identified significant improvements with 72% of patients with a medicine review in place and 98% of patients receiving the required health checks.</p>	

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	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 since October 2017.	12
<p>Number of events that required action.</p> <p>The organisation logged all significant events, these were risk assessed, investigated and action implemented as required. Every third month the staff who identified the significant event were encouraged to deliver a PowerPoint presentation at the practice development meeting. This promoted discussion and ensured learning from the event was shared across the team. Action points identified following a significant event were discussed at the monthly business executive meeting for agreement on actions to be implemented.</p>	12

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

Event	Specific action taken
Mislabelled throat swab	GPs to generate label in the consultation room with the patient and take sample to the collection point.
Optometry referral	A routine sight referral report sent to GP identified suspected papilloedema. GP urgently referred to secondary care. The concerns were identified to opticians and a log made on the

	external reporting system Datix.
Two-week referral for suspected cancer.	Secondary care investigations identified cancer, but no feedback of this sent to the practice. Two-week fail-safe protocol implemented.

Safety Alerts	Y/N
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>The practice received patient safety alerts from the central alerting system. They maintained a log of all safety alerts received, and this identified those that required action and what this action was undertaken. The log also contained links to the alert.</p> <p>The organisation had a process map detailing how the organisation responded to alerts and who was responsible for acting on this. This was undertaken centrally at the provider organisation's main location and the actions required delegated to New Bank Health Centre as appropriate.</p>	

Effective

Effective needs assessment, care and treatment

Data
<p>Please note that this practice has been registered with a new provider within the last 12 months. Therefore, performance data is not available to the CQC intelligence team and CQC Insight for General Practice.</p> <p>However, the data recorded below is available from external sources such as NHS Digital for QOF data, web address https://qof.digital.nhs.uk .</p> <p>Please note the following data reflects patient data collected whilst the practice was registered with the former CQC registered provider.</p>

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)	No data	No data	0.90	Comparison not available

The practice provided data from the CCG which showed they benchmarked their prescribing practice in line with other GP practices both at neighbourhood and CCG level.

People with long-term conditions

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)	78.5%	78.0%	79.5%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.7% (61)	13.2%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on	81.6%	77.7%	78.1%	Comparison

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)				not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.6% (41)	10.8%	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)	87.3%	81.1%	80.1%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.7% (19)	12.7%	13.3%	

Any additional evidence

The practice took over the service in October 2017 and immediately identified gaps in the quality of monitoring and care and treatment of patients with diabetes. An audit was undertaken to identify the scale of the problem and to build a new register of patients with diabetes. A re-audit undertaken in June 2018 identified improvements, for example an increase in the size of the practice register by 9%; a register of patients with pre-diabetes was now established with 65 patients identified and the number of patients who received all eight processes of diabetes care had risen from 3% to 63%.

The organisation had also implemented a system to recall patients for long term condition reviews.

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)	76.4%	77.0%	76.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (3)	8.2%	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)	90.7%	90.1%	90.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (4)	12.2%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	80.8%	81.8%	83.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.1% (22)	5.0%	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)	83.3%	86.8%	88.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (1)	6.6%	8.2%	

Any additional evidence

Upon taking over the practice the provider organisation implemented a comprehensive system to monitor and review the existing registers of patients with a long-term condition to ensure they were accurate and up to date. This work continued at the time of the inspection. The organisation carried out monthly searches of patient electronic records to identify those requiring reviews and health care monitoring such as blood tests.

Families, children and young people

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)	69	75	92.0%	Met 90% Minimum (no variation)
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)	86	100	86.0%	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)	86	100	86.0%	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)	88	100	88.0%	Below 90% Minimum (variation negative)

Any additional evidence or comments

The provider organisation upon taking over the surgery, had recognised that children's immunisations was an area requiring improvement. The practice had implemented a strategy of following up non-attendance of children and established a catch-up programme for immunisations. The practice nurse also told us they contacted parents and carers directly to encourage their child's attendance for the vaccinations. The nurse told us parents had said that the previous providers of the GP service kept cancelling childhood immunisation appointments because the vaccines fridge kept breaking down. The practice nurse also stated that many parents she had spoken with were resistant to vaccinating their children because of their fears regarding side effects. The nurse stated she tried to discuss these fears and signpost parents to information, including YouTube to provide them with a clearer understanding of the risks of not vaccinating.

Working age people (including those recently retired and students)

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)	55.6%	64.7%	72.1%	Comparison not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	47.1%	61.1%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	30.0%	45.6%	57.4%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	75.0%	76.6%	70.3%	N/A
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)	100.0%	51.3%	51.0%	Comparison not available
Any additional evidence or comments				
<p>The provider organisation was aware that data for cervical and other cancer screening required improvement. The practice implemented a recall system to remind and encourage patients to attend for this screening.</p> <p>The practice worked with a charity Jo's Cervical Cancer Trust and undertook a programme in 2017 trying to engage with and encourage hard to reach patients to have cervical screening. The practice recognised the different cultural understanding of this screening and the community worker spoke Urdu and Punjabi to enable a better communication with patients.</p>				

People experiencing poor mental health (including people with dementia)

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)	91.1%	89.6%	90.3%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (5)	12.5%	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)	96.3%	90.7%	90.7%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (2)	9.8%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	83.3%	82.6%	83.7%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (1)	6.9%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548.5 (98.1%)	533.8	533.8
Overall QOF exception reporting	15.1%	10.8%	9.9%

Any additional evidence

The practice manager confirmed that the practice had achieved 559 (unverified) points out of 559 for period April 2017 until March 2018. This equates to 100% of the points available.

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
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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)	97.0%	94.8%	95.3%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (8)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

The practice ensured staff were trained appropriately for their role and responsibilities for example clinicians had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice implemented a system of clinical governance to ensure consent was sought appropriately. This included reviewing patient records when investigating significant events and complaints.

The practice maintained data safely in accordance with the data protection act and were aware of the imminent changes in legislation to tighten people's personal data and privacy laws (General Data Protection Regulation (GDPR)).

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	6
Number of CQC comments received which were positive about the service	6
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
Comments cards.	All six CQC comment cards described the service, GPs and the reception team positively. Comments included 'welcoming', 'helpful' and 'caring'. Comments referred to staff by name and one comment card stated the practice had improved significantly.
Patient feedback (telephone)	We spoke with two patients on the telephone. Both spoke positively about the quality of care received. Patients told us of the improvements made since the new provider took over at the practice. One patient stated the practice was now lovely and clean and another patient told us that the reception team were now welcoming and staff smiled.
NHS Choices	Comments left on NHS choices show a historical trend of negative comments relating to the period when services were delivered by the previous provider and this has continued with the new provider organisation. Since October 2017 the practice has received ten ratings, seven of which rated the practice one star. There was also one three star rating, one two star and more recently a five star rating. The practice responded to each comment and requested that the person raising the concern contacted the practice so that this could be discussed further.

National GP Survey results

DATA

Please note that this practice has been registered with a new provider within the last 12 months. Therefore, be advised that the following data reflects patient data collected whilst the practice was registered with the former CQC registered provider.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,819	380	66	17.37%	6.5%

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)	55%	75%	77%	Comparison not available
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)	77%	89%	89%	Comparison not available
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)	86%	95%	95%	Comparison not available
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)	71%	86%	86%	Comparison not available
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)	79%	91%	91%	Comparison not available
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)	80%	90%	91%	Comparison not available

Any additional evidence or comments

The GP patient survey data was collected between January and March 2017 when the former GP provider delivered services. The new GP provider organisation had reviewed the GP patient survey to identify themes and implement action to improve the patient experience. In response to the above comments about patients' interactions with clinicians the practice had recruited a new team of clinicians. This included a clinical lead GP, supported by a permanent salaried GP and a practice nurse and a health care assistant. In addition, all staff employed by the organisation received comprehensive training and support to ensure they had the skills and abilities to deliver a patient friendly service.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence

The practice confirmed they had not yet undertaken their own patient survey. They did however monitor Friend and Family test feedback. They stated that patient responses in this had shown an increase in satisfaction with 80% of respondents stating they were likely or extremely likely to recommend the practice compared with results in 2017 which showed 55% of patients would do this.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with two patients. Both provided positive commentary about how the practice supported them to be involved with decisions about care and treatment.

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)	74%	86%	86%	Comparison not available
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)	67%	82%	82%	Comparison not available
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	78%	90%	90%	Comparison not available

good at explaining tests and treatments (01/01/2017 to 31/03/2017)				
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)	77%	86%	85%	Comparison not available
Any additional evidence or comments				
The practice implemented a comprehensive action plan to improve its service delivery and this included recruiting a new clinical team				

Question	Y/N
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	The practice had identified 17 patients who were carers. This equates to less than 1% (0.29%) of the patient population.
How the practice supports carers	The practice was aware that this was an area that needed improving and this was part of the development plan for the practice. The practice encouraged new patients at the point of registration to identify themselves as a carer. Alerts were placed on the patient's electronic patient record to flag to staff the patient's status Carers were signposted to avenues of available support and the practice offered an annual health check and flu vaccination.
How the practice supports recently bereaved patients	Bereavement cards were sent to patients and individual support was offered to patients as required, including home visits.

Privacy and dignity

Question	Y/N
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	<p>The practice had introduced a self-check in which was situated away from the main desk. This reduced the number of people waiting at the desk.</p> <p>The practice had a designated space for people to queue which was set back from the reception counter. One patient we spoke with said this had been beneficial and helped increase the privacy of patient conversations</p> <p>Telephones were situated away behind the reception counter to provide privacy during telephone calls.</p> <p>The office manager confirmed that patients were offered a private room to discuss issues if required.</p>

Question	Y/N
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
Interviews with patients.	Both patients told us they felt their privacy was respected and if they needed to discuss something privately with reception, staff would do this quietly and professionally.
Staff interviews	Staff told us they responded to patients according to their needs. They had a good understanding of promoting patient privacy and responding to people with consideration 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	
Monday to Friday	The practice offers a morning and an afternoon surgery.
Extended hours opening	
Saturday	9:00 -12:00 (Pre-booked appointments)

Home visits	Y/N
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	
<p>The practice team logged all requests for home visits and these were tasked to the designated duty doctor for that day. The duty doctor assessed the patient request and this could include a telephone call before undertaking a home visit.</p> <p>All staff were trained in recognising 'Red Flag' symptoms and reception staff confirmed if they were concerned by a patient's description of symptoms they would interrupt a clinician to obtain immediate support.</p>	

Timely access to the service

National GP Survey results

DATA
Please note that this practice has been registered with a new provider within the last 12 months. Therefore, be advised that the following data reflects patient data collected whilst the practice was registered with the former CQC registered provider

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,819	380	66	17.37%	6.5%

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)	73%	76%	76%	Comparison not available
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)	39%	69%	71%	Comparison not available
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)	76%	81%	84%	Comparison not available
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)	48%	70%	73%	Comparison not available

Any additional evidence or comments

The new provider organisation upon taking over the GP practice had reviewed the above data to identify themes and implement action to improve the quality of service. The provider organisation identified a principal concern for patients was telephone access to the practice. The practice had just two telephone lines for patients to ring in and this was insufficient to meet patient demand. Since October 2017 the provider organisation had negotiated with three different suppliers of telephony platforms to increase the number of telephone lines, but the negotiations had proven difficult. At the time of our inspection a new supplier had been identified and contract negotiation was underway. The provider confirmed they anticipated installation of the new system by October 2018.

In addition, the provider had ensured staff at New Bank Health Centre had received training and support to undertake their job roles effectively and this included customer satisfaction training.

The action plan for further improvements at the practice included implementing a capacity/demand survey to establish a more appropriate appointment system for the patients registered at the practice.

Examples of feedback received from patients:

Source	Feedback
Telephone conversation	The two patients we spoke with stated they had had trouble getting through to the practice on the telephone. One patient said they usually walked over to the

	practice to book an appointment. Both patients said they usually got an appointment quickly once they got through on the phone.
CQC Comment cards	None of the feedback recorded on the six comment cards indicated patients had experienced problems booking appointments. All comments cards referred positively to the service provided by the practice.
NHS Choices website	One out of the ten feedback comments posted on the NHS Patients Choices indicated there were issues telephone access.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received since October 2017	5
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The provider organisation had systems in place to undertake an annual analysis of complaints from all its registered locations. The report given to us showed that themes and trends were identified and the actions implemented following each complaint investigation.</p> <p>Complaints received regarding service delivery at New Bank Health Centre had been analysed in this format and were scheduled to be presented on 26 June 2018.</p>	

Example of how quality has improved in response to complaints
The examples we viewed showed complainants were provided with an apology and action was taken to improve practices.

Well-led

Leadership capacity and capability

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

The Robert Darbishire Practice Limited took over New Bank Health Centre in October 2017. The management team for the organisation quickly identified significant gaps in the infrastructure of the service and environment and implemented an action plan to make sure patients received safe effective care in a safe clean environment.

The new provider organisation implemented a comprehensive improvement plan which was monitored and reviewed. The improvement plan included areas of further development.

Vision and strategy

Practice Vision and values

The practice's mission statement, 'To provide the best possible medical care and the highest quality of service, that is efficient, courteous and without discrimination' was underpinned by the values of 'excellence', 'improvement', 'respect', 'kindness', 'inclusion' and 'partnership'. The practice vision was shared with all staff at regular practice development meetings where opportunities to share learning was a standing agenda item.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The provider organisation was a well established service provider, providing GP services from three registered locations. Its business plan was supported with a range of performance objectives at organisation, location, team and individual level.

The provider organisation quickly recognised the whole infrastructure at New Bank Health Centre required improvement and initiated a range of improvement plans to ensure the service provided was safe and effective. The improvement plans were monitored at regular intervals and the organisation's Quality Improvement Programme Manager reported progress regularly to the board of directors on the quality improvement programme being implemented at the practice.

Systems implemented at New Bank Health Centre fostered a culture of openness and honesty in responding to complaints, incidents and patient feedback. Patient and stakeholder feedback were viewed as opportunities to learn, develop and improve.

Patient care was a priority and systems to ensure patients received the right care at the right time were introduced and these included establishing a system of call and recall and establishing failsafe monitoring to ensure patients did not miss critical appointments.

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

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

Source	Feedback
Interviews with staff	<p>Staff we spoke with were motivated and enthusiastic about their role and responsibilities at the practice.</p> <p>Staff told us the organisation had provided them with opportunities to develop their skills and abilities and working at New Bank Health Centre had been challenging because so much of the infrastructure needed to be built up.</p> <p>Staff said the organisation was supportive and inclusive. Staff employed at the practice under the former GP provider stated things were much improved, they said they felt settled and were supported.</p> <p>Staff said the practice was open in its approach and friendly and they were aware of the ongoing challenges to provide an accessible service to patients.</p> <p>The office manager told us about how they tried to support patients with their different needs.</p>
Practice meeting agendas and records	<p>A planned programme of weekly practice development meetings was established and this identified the different subject areas to be reviewed at each meeting.</p> <p>Records of meetings demonstrated that information about the practice including learning from incidents and complaints was shared. For example, significant events were presented in PowerPoint format and this promoted discussion, awareness and supported staff development</p>

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	<p>Practice specific policies were available and these were reviewed at regular intervals.</p> <p>Clinical leads were responsible for ensuring the relevant policies and protocols were reviewed at least annually and updated in accordance with changing best practice guidance or in response to patient safety alerts.</p>
Other examples	<p>The organisation implemented a system of quality assurance and improvement. This included a twice yearly health and safety audit and review and a dedicated quality improvement plan for New Bank Health Centre.</p>
	Y/N
Staff could describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

	Y/N
<p>Major incident plan in place</p> <p>The practice had a comprehensive easy read folder detailing actions to be taken in the event of a range of potential incidents.</p> <p>In addition, the practice had a 'doomsday' box with a range of paper documents that</p>	Yes

would enable the practice to function if the IT services stopped working.	
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Systems and processes to respond to potential risks to patients.	Systems to respond to patient safety alerts, significant incidents and complaints were established and embedded. Appropriate action in response to potential risks was implemented and systems to look back and analyse these were in place.
Quality Improvement	The quality improvement/assurance cycle ensured all aspects of practice activity was monitored and reviewed. This helped to understand risks and gave a clear, accurate and current picture that led to safety improvements. The provider organisation had undertaken a retrospective review of significant events logged in the previous 11 years. This identified some similar themes such continuity of GP care, prescribing issues and delayed diagnosis in cancer care.
Staffing	Performance of all staff was monitored supportively within a culture of learning and development.
Clinical audit	Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. A clinical audit plan was in place.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Friends and Family Test	The practice monitored feedback received from patients through this medium. They reported that patients had begun to respond more positively about the service they received when compared with data from before October 2017.
Public	Practice website.	The practice had introduced a new website. The website provided information about the practice which improved flow of information to and from the practice. It signposted patients to local services

		and gave information on responding to common ailments.
Staff	Open door policy. Staff meetings and minutes.	There was a culture of open and transparent communication. Staff felt able to raise concerns and involved in service development.
External partners	Regular programme of meetings.	The practice participated in the Manchester Primary Care Neighbourhood development scheme and they liaised with the Clinical Commissioning Group. The practice participation at these meetings enabled them to contribute to mapping out service provision and plan for future developments.

Feedback from Patient Participation Group

Feedback

The practice did not currently have a patient participation group (PPG). The practice recognised that this was important and the establishment of this group was part of the practice development plan

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Improvements in the practice physical environment	The provider organisation had implemented a programme of repair maintenance upon acquiring the GP practice. This included ensuring all aspects of health and safety and infection control were implemented to a safe standard.
Improvement to clinical record systems	The provider organisation had introduced systems to ensure patient information was accurately recorded and responded to quickly with efficiency.
Future plans	The development plan for the practice included improving the telephony system, undertaking a capacity/demand assessment, developing a patient participation group and introducing teaching for medical undergraduates.

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

Audit area	Impact
Diabetes Management	The provider organisation implemented an audit of patients with a diagnosis of diabetes because there were concerns that many patients had not received the level of care, monitoring and treatment they required. The audit and the following re-audit demonstrated improvements in care to these patients. For example, the practice register of patients with diabetes increased by 9%; a register of 65 patients with pre-diabetes was now established and the number of patients who received all eight processes of diabetes care had risen from 3% to 63%.
Medication reviews	An audit of patient medicine reviews was undertaken in December 2017, this identified that just 46% of patients had had a medicine

	review with the last 12 months and only 40% had received the required health care monitoring such as blood tests. The follow up audit in May 2018 identified significant improvements with 72% of patients with a medicine review in place and 98% of patients receiving the required health checks.
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DO NOT DELETE THE NOTES BELOW

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).