

Care Quality Commission

Inspection Evidence Table

The Osmaston Surgery (1-562693686)

Inspection date: 24 May 2018

Date of data download: 11 May 2018

Safe

Safety systems and processes

Source	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. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

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

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 August 17
There was a record of equipment calibration Date of last calibration:	Yes July – Sept 17
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 Dec17
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes July 17
Health and safety risk assessment and actions Date of last assessment:	Yes July 17
Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit:	Yes September 2017
The provider acted on any issues identified Detail: Where issues were identified an action plan was developed and implemented.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists had guidance to follow to assist with recognising the rapidly deteriorating patient and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes

Information to deliver safe care and treatment

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

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) _(NHSBSA)	0.75	0.85	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)	6.5%	7.1%	8.9%	Comparable to other practices

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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength). There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	NA
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Explanation of any 'No' answers:

The practice stocked the majority of the suggested emergency medicines. The list of suggested emergency medicines had been updated to include a medicine to treat croup in children, which the practice did not stock. The practice advised that they would carry out a risk assessment to assess whether they needed to keep this medicine in stock.

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 in last 12 months.	6
Number of events that required action	5

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

Event	Specific action taken
A newborn baby was placed on child protection register and alerts added on to the practice patient electronic record by an appropriate health care professional outside of the practice without informing the practice.	On filing an out of hours report for a baby the GP noted that an electronic 'child protection' alert had been added. The practice had not been formally notified of the child protection alert by the appropriate healthcare professional. On investigation a copy of the child protection case conference notes had been saved in the electronic record by the health visitor and the child protection electronic code added to the system. The health visitor had not notified the practice regarding this. The practice had decided to continue to routinely search patient the electronic records to identify relevant read codes that may be added by other professionals without informing the practice. The regular safeguarding meetings held with health visitors and midwives including cross referencing child protection registers. The practice concerns were raised through the practice safeguarding lead to other health and social care professional regarding inadequate information sharing, coding and communication.
New diagnosis of type 1 diabetes	A patient presented with vague symptoms, similar to gastroenteritis although without bowel symptoms. There were known cases of gastroenteritis with the practice population at the time. The clinician requested a urine sample, which tested

	positive for glucose and ketones, which indicated a potential diagnosis of diabetes. The patient was admitted to hospital for assessment and treatment. The practice used this case review as a clinical incident reminder to all clinicians that acute onset of diabetes can present with vague symptoms and to consider the diagnosis in similar situations.

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>Alerts were received through the generic administration email and practice pharmacist email addresses. The practice pharmacist took the lead for receiving, compiling and managing alerts, including maintaining an electronic register detailing the alert, date received and action taken. Where appropriate, the practice pharmacist carried out patient searches and made any changes to medicines after agreeing this with a patient's 'usual' GP and after discussion with the patient.</p>	

Any additional evidence
<p>The outcome and learning points from significant events were not shared effectively with the wider staff team. Significant events that occurred were discussed at clinical meetings and a significant event review meeting was held every six months. All staff were invited to these meetings but did not engage in the process. Consequently these meetings were only attended by the GPs and the management team.</p> <p>The nurse lead received copies of the safety alerts from the pharmacist. Staff were not fully aware of the process in place for the management of safety alerts.</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)	0.62	0.64	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)	75.2%	82.3%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.5% (148)	16.3%	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)	65.7%	77.6%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.3% (166)	11.1%	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)	82.5%	80.3%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.2% (145)	17.6%	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)	71.6%	78.4%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.6% (122)	8.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	94.1%	91.0%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.0% (91)	13.0%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	78.7%	84.2%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (59)	4.4%	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)	90.5%	89.3%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (17)	9.6%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	167	191	87.4%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	175	198	88.4%	Below 90% Minimum (variation negative)
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)	175	198	88.4%	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)	177	198	89.4%	Below 90% Minimum (variation negative)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	63.8%	76.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.4%	76.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	48.2%	59.0%	54.5%	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)	65.4%	66.4%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	91.2%	91.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.2% (26)	19.8%	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)	88.2%	90.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.5% (24)	15.8%	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)	77.7%	83.7%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (11)	8.6%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	526	545	539
Overall QOF exception reporting	7.2%	6.1%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	No
<p>If no please explain below:</p> <p>One of the practice nurse was an independent prescriber. The practice had not ensured the competence of this member of staff by audit of their clinical decision making, including non-medical prescribing.</p> <p>Any further comments or notable training:</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)	89.7%	94.8%	95.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (19)	0.8%	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)	46.5%	47.5%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Clinical staff were aware of Gillick competences when dealing with consent for children and considered the mental capacity of patients who may lack capacity. Consent forms were completed for patients receiving minor surgery, joint injections, ear syringing and insertion of intrauterine contraceptive devices. The electronic patient record was used for recording consent for childhood immunisations and this was also recorded in the immunisation 'red book' held by the parent/guardian.

Any additional evidence

The practice had reviewed its QOF, childhood immunisation and cervical cytology data and identified areas where improvements were required. Action plans had been developed for each area. The practice shared unverified end of year QOF data for 2017/18 with us. It showed the practice had achieved an overall QOF score of 509 out of a maximum of 559. This was lower than for 2016/17. The practice told us this was partly due to the long term sickness of the nurse manager and QOF lead. However the unverified data demonstrated improvements in those areas where the practice results were lower than average: for example the percentage of patients with diabetes whose last blood

pressure reading was 140/80 mmHg or less. The practice had also reduced the level of exception reporting in areas where the practice rate was higher than average.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	13
Number of CQC comments received which were positive about the service	11
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Patient interviews	We spoke with four patients on the day of our inspection. They told us they were treated with kindness and respect and that their dignity and privacy was always maintained.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
15,199	371	2.4%	125	33.69%

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)	67.2%	81.1%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	88.7%	89.9%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	91.7%	95.7%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	78.4%	86.4%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	93.0%	91.9%	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)	88.7%	91.1%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
August 2017	Patients were asked questions around three main areas: online access to patient records, electronic prescription service (EPS) and the practice website. The results showed 65% of patients were aware of the availability of online access to their summary medical record, 81% of patients were aware of the Electronic Prescribing Service, and 68% of all respondents using this service, 68% of patients were aware of the practice website and 38% were using the service. These results demonstrated an improvement on the results obtained from the same survey carried out during July 2015.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with four patients during our inspection and they told us they felt involved in decisions about their care and treatment.
Comment cards	One patient commented that a specific doctor really listened to them during consultations. Another patient commented they had struggled to find a doctor within the practice as caring and as good at listening as a GP that had left the service.

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)	84.7%	87.1%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	74.5%	83.1%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	89.4%	91.3%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	85.0%	86.7%	85.4%	Comparable to other practices

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	There were 445 patients registered as carers with the practice which was equivalent to approximately 2.9% of the practice population.
How the practice supports carers	The practice offered annual flu immunisations for carers. The care co-ordinator engaged with carers and signposted them to relevant services.
How the practice supports recently bereaved patients	The practice told us that the usual GP contacted patient's relatives to check on any support needs. Staff also told us there were plans to start sending sympathy cards to bereaved patients / relatives.

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 seating area for patients was set back from the reception desk, and a sign asked patients to stand back from the desk. Background music was played and telephone calls were fielded in a separate room to the reception desk and therefore could not be overheard.</p> <p>Staff had access to a privacy and dignity policy, which was reviewed on an annual basis.</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
Comment Cards	One patient commented that they were always treated with dignity and respect.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	07:30-20:00
Tuesday	07:30-20:00
Wednesday	07:30-17:00
Thursday	07:30-20:00
Friday	07:30-20:00
Saturday	08:00-12:00

Appointments available	
	The practice offered a range of appointments, including pre bookable up to two weeks in advance. These appointments were released in a staggered way. The practice also offered a drop in clinic for on the day appointments. These are available 8am to 4.30pm every day except Wednesday and 8am to 10.30 am on Wednesdays. Drop in clinics were organised into hourly slots and patients were seen in order of arrival time. Patients booked into these clinics were told which hourly clinic they were booked into. Telephone consultations were available.
Extended hours opening	
	Five mornings, four evenings and on Saturday mornings.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Reception staff followed a template to identify patients in urgent need of treatment, such as patients with chest pain. Receptionists recorded the details of patients and care homes requesting a home visit and these were triaged by a GP at the daily midday meeting.	

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)	91.0%	83.0%	80.0%	Variation (positive)
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	51.2%	67.1%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	61.7%	73.5%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	60.8%	71.8%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Interview with patients	We spoke with four patients during our inspection and they all told us they could get an appointment when they needed one.
Comments cards	One patient commented that the drop in clinics always take longer than expected and patients were not always seen within the hour time slot.

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

Complaints	Y/N
Number of complaints received in the last year.	10
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:	
The practice complaints leaflet provided patients with information on to make a complaint and any next steps they may choose to taking following a complaint investigation.	

Well-led

Leadership capacity and capability

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

The practice had recently reviewed the management structure and appointed a business services manager and a clinical services manager and assistant clinical services manager. An organisational chart was in place. The GP Partners had been allocated lead roles, for example: safeguarding lead, palliative care lead and nurse lead.

Vision and strategy

Practice Vision and values

The practice had a vision to provide the best possible family medical care within the resources available; to provide a safe and supportive environment for our staff and patients and to continually improve. However, when asked staff were not aware of the practice's vision.

Culture

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

Source	Feedback
Interviews with staff	Staff told us they felt able to raise any concerns or issues with the management team and that management were approachable and supportive.

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

Source	Example
Interviews with staff	Staff were unable to see all of the required information for immunisations on the computer screen. Larger computer monitors were purchased and the font size altered to enable the full screen to be viewed.
Interviews with staff	Staff did not have access to clear guidance for follow up / referral to the GP when monitoring patients' blood pressure. As a result new guidance had been developed, with a clear flowchart for staff to follow. This ensured consistency of follow up and referral.

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

Source	Example
Significant event summary	The practice gave a full explanation to patient and their relative regarding an incorrect diagnosis as the patient had presented with symptoms similar to type 2 diabetes when they actually had a much rarer type of diabetes.

Examples of concerns raised by staff and addressed by the practice

Source	Example
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

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

Source	Example
Staff training matrix	The practice made safety training for staff part of its mandatory training, both on induction and ongoing. For example, fire safety training, infection prevention and control and manual handling procedures.
Policies and Procedures	Lone working policy was in place. Panic buttons in reception / consulting rooms and alarm system on the computers.

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

Source	Example
Staff training matrix	All staff had received equality and diversity training.

Examples of actions to improve quality in past 2 years

Area	Impact
Continuity	Each GP Partner had roughly 2,000 patients for whom they served as the 'usual GP' this provided a high degree of clinical continuity. The practice found patients valued continuity of care and a 'buddy' type system was employed where possible when the patients usual GP was on holiday.
QOF performance	Although the overall QOF score had reduced, unverified data demonstrated that the practice had improved performance in specific areas that were below average in 2106/17. For example the percentage of patients with diabetes whose last blood pressure reading was 140/80 mmHg or less. The practice had also improved performance in exception reporting in specific areas. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychosis who have a comprehensive, agreed care plan documented in the record had decreased from exceptions of 22% to 13%.

Examples of service developments implemented in past 2 years

Development area	Impact
Appointment system	The practice had introduced and reviewed patient access following the introduction of 'drop in' clinics. These clinics provided 324 same day appointments per week, which could be booked without the need for patients to explain why they needed a same day appointment. The system provided dedicated time for late emergency home visits and dedicated time for call backs and triage for home visits, as well as administrative time to review result and out of hours results.
Staff skill mix	The practice had continued to provide training placements for teaching GP trainees. The practice had made changes in the practice leadership structure that included the appointed roles of a clinical service manager, business

	service manager and assistant clinical service manager and staff being allocated specific roles and responsibilities.
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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	Complaints and significant events were seen to have been reviewed and discussed although the findings had not been shared with the whole staff team.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

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	Demonstrated an improvement in the number of patients aware of and using the on line booking and electronic prescribing systems, and knowledge about and use of the practice website. Action plan developed to further improve use of these systems.
Staff	Staff meetings	Open and transparent communication. Staff felt able to raise concerns and involved in service development.
External partners	Meetings	Regular meetings with the health visitor and midwife lead enabled the practice to discuss any safeguarding issues and ensure the registers were up to date. Regular meetings with the community health and social care team enabled the practice to discuss the care and support needs of frail and vulnerable patients.

Feedback from Patient Participation Group;

Feedback

The practice was in the process of relaunching the PPG and the first meeting was planned for 14 June 2018. Information regarding the meeting was on the practice website.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice worked collaborative with other services in the locality	The practice actively engaged with Livewell Derby to achieve the local health and well being objectives. Patients who wanted to support and guidance with smoking cessation, weight loss or exercise programmes were referred by the clinicians to Livewell Derby. Livewell Derby is a healthy lifestyle service run by the city council and offers free 12 month programmes.

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

Audit area	Impact
Medicines used for treating urinary incontinence in frail, older women to assess their performance against NICE guidance.	The practice completed an audit with two cycles regarding a medicine used for treating urinary incontinence in frail, older women to assess their performance against NICE guidance. The first audit stage identified 14 patients who were taking the medicine, of which only one was on the recommended 'modified release' form and a plan was proposed to switch all remaining patients to the recommended form. In the first audit cycle, 12 patients were identified as being on the medicine and 11 were on the recommended 'modified release' form. In the second audit cycle, all 10 patients taking the medicine were prescribed the recommended 'modified release' form.
An audit on high risk medicine prescribing had been carried out within the last 12 months.	An audit on high risk medicine prescribing had been carried out within the last 12 months, identifying 66 patients on high risk medicines (excluding lithium). There were two medicines where the practice was not meeting the 90% standard around blood test monitoring. Appropriate action was taken and in the first audit cycle, the standard was met for all medicines. Other actions from this audit included GP only repeat prescribing for these medicines and reminders on patient prescriptions.

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>