

Care Quality Commission

Inspection Evidence Table

Bitterne Surgery (1-4380212174)

Inspection date: 3 May 2018

Date of data download: 07 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.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 15/07/2017	Y
There was a record of equipment calibration Date of last calibration: 08/03/2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion June 2017	Y
Actions were identified and completed.	Y
Additional observations: Practice has completed a separate Fire risk assessment for the branch surgery January 2018	
Health and safety Premises/security risk assessment? Date of last assessment: September 2017	Y
Health and safety risk assessment and actions Date of last assessment: September 2017	Y
Additional comments:	

Infection control	Y/N
Risk assessment and policy in place September 2017 Date of last infection control audit: 30/08/2017 The practice acted on any issues identified Detail:	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	

Any additional evidence

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers:	

Information to deliver safe care and treatment

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

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)	1.09	0.88	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)	11.06%	9.9%	8.9%	Comparable to other practices

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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and	Y

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any answers:

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	39
Number of events that required action	39

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

Event	Specific action taken
Emergency Medicines not checked for one month.	Practice conducted a review with clinical staff and admin to ensure responsibility in future of checking the emergency box. This was shared with staff and procedures updated to ensure that event did not happen again.
Home visit incorrectly put onto wrong patient	Patient was apologised to and correct patient visited. Reminder to all staff that everyone must check address and date of birth of every patient when writing home visit consultations as per the protocol.
Vaccine fridge malfunction. Fridge temperature 11 degrees.	Fridge temperatures monitored over the following weeks. New internal and external thermometers purchased. Fridge was found to be faulty and replaced.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: Practice worked hard to ensure all safety alerts were dealt with correctly and actioned promptly.	

Any additional evidence
The practice recorded and investigated all types of reported events. They told us that they looked to always improve from any event that may have an impact on patients and actively learnt from events to try and ensure that the event did not happen again that is why records show 39 events required action.

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)	0.53	0.86	0.90	Comparable to other practices

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)	69%	74.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (36)	16.0%	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)	76.6%	75.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (24)	10.9%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	80.3%	79.7%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	7.3%	(48)	13.4%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	74.1%	73.9%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (6)	10.4%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	70.7%	84.4%	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (1)	10.7%	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)	87.2%	80.2%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (15)	4.2%	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)	90.1%	89.6%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.6% (19)	9.2%	8.2%	

Any additional evidence or comments

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)	198	205	96.6%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	247	254	97.2%	Met 95% WHO based target Significant Variation (positive)
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)	247	254	97.2%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	246	254	96.9%	Met 95% WHO based target Significant Variation (positive)
Any additional evidence or comments				

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)	73.2%	68.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	67.9%	69.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	51.8%	54.5%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	78.8%	65.8%	71.2%	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) <small>(PHE)</small>	54.1%	51.7%	51.6%	Comparable to other practices
Any additional evidence or comments				

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)	93.6%	90.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	12.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.5%	91.2%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	14.3%	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)	98%	84.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (2)	7.5%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	526	541	539
Overall QOF exception reporting	2.2%	7.3%	5.7%

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) <small>(QOF)</small>	Y

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) <small>(QOF)</small>	97%	93.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.0% (1)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians recorded verbal consent obtained from the patient in patient records. Also written consent is obtained for minor operations and a leaflet explaining what they are consenting to was given to patient.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	35
Number of CQC comments received which were positive about the service	35
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	All patient feedback was positive. Some of the comments made, praised the practice for excellent treatment. Reception staff were always helpful and approachable, listened to patients and arranged appointments accordingly. Patients reported that they were treated with respect and dignity in a caring environment. GPs and nursing staff were always very good, approachable, caring and listened to patient's needs.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12,800	261	109	41.76%	1%

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)	88.1%	72.4%	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)	88.0%	86.7%	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)	93.1%	94.5%	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)	82.1%	83.2%	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)	92.2%	90.2%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	92.0%	89.1%	90.7%	Comparable to other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
Patient Participation Group Survey April 2018	The results were that patients were very satisfied with the overall performance of the surgery. Results showed 82% would recommend Bitterne Surgery. The other 18% of replies did not know or were neither likely or unlikely.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients spoken with told us that they were very happy with the services received at the practice. Appointments were easy to arrange at times and days that suited the patient.

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)	86.3%	85.0%	82.4	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)	80.8%	79.6%	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)	88.4%	87.9%	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)	88.1%	84.0%	85.4%	Comparable to other practices
Any additional evidence or comments				

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

Carers	Narrative
Percentage and number of carers identified	The practice had around 100 carers registered which represents about 1% of the practice population. This figure was increasing monthly as we were told that at present the practice population is increasing by 200 new patients a month.
How the practice supports carers	The practice had a carers pack which contained a large amount of information about support available in Southampton, with useful telephone contact numbers and the practice was working to increase the numbers of carers registered.
How the practice supports recently bereaved patients	GPs contacted or visited the relatives and offered support for bereaved families. The practice held a bereavement log to ensure that administration after a bereavement took place to ensure any appointments and prescription notifications were removed.

Any additional evidence

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>The practice has signs displayed asking patients to give respect and privacy in the reception area. If required the practice could put into place a queuing system to give patients more privacy when talking to reception staff.</p> <p>All patient records have been moved from behind the reception area to a secure part of the building.</p>

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Examples of specific feedback received:

Source	Feedback
Patient	"Very good appointment system, Practice had been very supportive of patient's son who had a complex condition."
Patient	"Been registered for 20 years, good care and service. Always helpful and approachable doctors are very good and caring."

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	07.30-18.30
Tuesday	07.30-18.30
Wednesday	07.30-18.30
Thursday	07.30-18.30
Friday	07.30-18.30

Appointments available	
<p>On the day. The practice offered same day routine access to all patients.</p> <p>The practice offered on-line services for those who prefer this for appointment booking and prescribing. All patients were offered same day routine appointments and the practice offered pre-bookable early morning appointments every day. The practice had recently put into place telephone consultations for those who preferred them. The practice could book appointments on Saturdays or early evening if a patient required this through an extended access to GP Hubs scheme in Southampton. Patients were offered longer appointments for patients with complex needs (mental health or dementia) problems, more complex dressings etc.</p>	
<p>Extended hours opening: Extended hours 7.30 – 8.00 am could be booked for the entire week ahead. The first hour of normal surgery could be booked for a week ahead where necessary</p>	
Practice opens every day for appointments with GP.	07.30-8.00 am

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	Y
If yes, describe how this was done	
<p>The practice had arrangements in place to pro-actively see/visit over 75 years old and housebound patients including those in rest homes. The practice had two visiting nurses who conduct home visits and held clinics in surgery. They could assist the GPs with the more vulnerable patients that needed longer appointments and extra input and assistance.</p>	

Patients who requested a home visit were assessed by a GP who decided if a home visit was required or directed the patient to another health care service or arranged an appointment at the practice.

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12,700	261	109	41.76%	1%

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)	80.2%	77.0%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	84.2	65.5%	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)	78.9%	75.3%	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)	86%	69.3%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	<p>a patient had been at this surgery for about three months. They were a family of five and had a few trips with a son's breathing difficulties and just recently a health issue for a parent. They could not fault the system that this practice was using- the practice would see a patient for emergency issues on the same day. For more routine things they were able to get an appointment easily booked in so this had been a refreshing and reassuring change.</p> <p>The team of health care professionals and receptionists are brilliant. Patient had to take their three small children with them. The nurses that took some bloods were brilliant. The GPs were very thorough, listened to the patient and explain things. The reception team were very professional and efficient!</p>

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	25
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The practice recorded all concerns and complaints either verbal, telephone or written. Complaint logs were comprehensive and completed in a timely manner. We saw that 16 of the 25 complaints were verbal complaints which were resulted immediately.</p> <p>For example: A patient was given a prescription for medicines. They became very anxious after they went to the pharmacy and thought that the wrong dose had been issued. The patient questioned this with the pharmacy but was told that this was what the doctor had prescribed. The practice spoke with the pharmacy who agreed that they had made a mistake. The patient went back to pharmacy and the correct dose was issued immediately.</p>	

Example of how quality has improved in response to complaints
<p>A patient was very unhappy with a flu clinic arrangement. The patient felt that as an open clinic it took away all their dignity and confidentiality.</p> <p>The practice spoke with patient and explained the reasoning behind why clinics were conducted under open door practice. Apologies were offered more than once to the patient.</p> <p>The complaint was discussed at a staff meeting. To improve the confidentiality and dignity of patients the injections were now given behind a screen. The practice also explained on booking that this was an open clinic and therefore an open-door policy for patients to attend when they want to and for no other reason than for a flu jab.</p>

Any additional evidence

Well-led

Leadership capacity and capability

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

Patient access –The practice wanted patients to be confident they could get an appointment when needed. They met this by offering many routine on the day appointments, adjusting clinic times to cater for demand. The practice produced figures showing that the average number appointments per week was 868 GP and 565 nursing.

Any additional evidence

Vision and strategy

Practice Vision and values

The focus of the practice was to offer good evidence based clinical care for all patients. Access was adjusted daily according to demand. All staff were trained to ensure the best service, by the most appropriate clinician was offered to each patient.

Culture

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

The practice did not run traditional clinics at set times, e.g. Immunisation, child development checks or long-term conditions such as Diabetes etc. They felt that this could be difficult for patients and therefore they could book in for these at their convenience in the normal sessions. This had reduced the did not attend rate considerably. The practice offered a 'one-stop' service such as the international normalized ratio (INR). The patient had a sample taken, it was dosed by a GP and a follow-up was organised during the same appointment. If tests were required once a patient has been seen by a doctor, there was often the ability to be able to offer this on the same day. The nursing team see many patients for various dressings; all patients had an initial care plan set up by one of the registered nurses and were then directed to the most appropriately trained clinician to carry this out.

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

Source	Feedback
Member of Staff	It is a breath of fresh air working in a team that is supported by wonderful management
Member of Staff	All staff are friendly management and doctors are helpful supportive it is such a nice place to work.

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Examples	We saw that governance understanding had been included in the Bitterne Practice update publication in February 2018. This included details of two audits for Information Governance Tool Kit compliance levels. It also gave information about Information Governance understanding and consent to share.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

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Managing risks, issues and performance

Complaints	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Major Incident Plan	The plan was activated in the recent snow storms. The practice ensured that staff and patients were kept safe outside the practice and inside and that patients could attend appointments if they could.

Any additional evidence

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Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The active Patient Participation Group had feedback to the practice the need for extended appointments in the morning which was adopted by the practice and this gave better access to patients. Patients reported that they were very happy with the practice and this was reflected in the numbers of new patients asking to register at the practice.

Any additional evidence
<p>After a Critical Friends visit from the local Care Commissioning Group, it was advised that the practice should operate a queuing system at the reception area at Bitterne Surgery.</p> <p>The practice felt that the area was quite small to do this, and that it might interfere with the walk-through of traffic between the waiting area and the consulting rooms.</p> <p>It was decided to put this system into place as a trial. Signs indicating how and where to queue were placed in the only obvious/available place. It was found that many patients were missing the sign and still walking straight up to the window, which caused some minor problems with those that had noticed the queuing sign, or had been directed back to it by the receptionist.</p> <p>The practice purchased a line marker, to try to make the queue more obvious to the eye on entering the building. It does take more space, and its intention is still often missed.</p> <p>After running the system for a month, Practice conducted a survey throughout a week (also shared with the Patient Participation Group members) to establish what our patients feel about the system.</p> <p>The practice will re-run the survey in six months to compare the results, as some people had not yet had to use it.</p>

Continuous improvement and innovation

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

Audit area	Improvement
A re-audit was carried out to identify patients who were overdue a diabetic annual	Results showed that three patients had old diary dates but this was because they had not attended despite several calls. Practice identified learning outcomes and will develop a more robust re-call pathway.

review, or had missing indicators.	

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

Audit area	Impact
A re- audit was carried out to identify patients who were overdue a diabetic annual review, or had missing indicators.	Impact on patients was that more effort was made by the practice to encourage patients to attend annual reviews and have their diabetes checks completed.

Any additional evidence
<p>The practice also completed numerous non- clinical audits:</p> <p>For Example: The practice continually audited a bereavement log and discussed with staff and GPs to ensure that the practice did call patient's relative after being informed of a death but was not previously well documented. GPs agreed that the log helped them to follow-up a relative with a telephone call or letter.</p>

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](#)).

