

Care Quality Commission

Inspection Evidence Table

Colwall Surgery (1-3929187247)

Inspection date: 26 June 2018

Date of data download: 11 June 2018

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data from external websites has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Safety systems and processes

| Safeguarding | Y/N |
|---|-----|
| There was a lead member(s) of staff for safeguarding processes and procedures. | Yes |
| Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff. | Yes |
| Policies were in place covering adult and child safeguarding. | 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 |
| Explanation of any 'No' answers: | |

| 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 |
| 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: | Yes 30/06/18 |
| There was a record of equipment calibration Date of last calibration: | Yes 30/06/18 |
| 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 01/05/18 |
| Actions were identified and completed. All actions were taken. | Yes |
| Additional observations: Legionella checks were completed in June 2018. | |
| Health and safety Premises/security risk assessment? Date of last assessment: | Yes 22/01/18 |
| Health and safety risk assessment and actions Date of last assessment: | Yes 22/01/18 |
| Additional comments: The last annual fire inspection was completed on 14/05/18. | |

| Infection control | Y/N |
|---|-----------------------|
| <p>Risk assessment and policy in place Date of last infection control audit: Completed by practice manager and HCA in October 2017.</p> <p>The practice acted on any issues identified</p> <p>Detail: Previously identified concerns had all been rectified and there were no outstanding issues.</p> | <p>Yes</p> <p>N/A</p> |
| <p>The arrangements for managing waste and clinical specimens kept people safe?</p> | <p>Yes</p> |

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>Due to significant difficulties with recruiting a permanent GP, the provider regularly reviewed their workforce and staffing levels and assigned staff with dual roles. For example, the practice manager had taken on a part time role of practice nurse and was supported through revalidation. In addition, the practice had secured long term locums, an administrative apprentice and were supported weekly by a clinical pharmacist from the Clinical Commissioning Group (CCG).</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> | |

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) | 1.19 | 0.91 | 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) | 8.4% | 7.7% | 8.9% | Comparison not available |

| 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 |
| 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. | Yes |
| Up to date local prescribing guidelines were in use. | Yes |
| 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 General Medical Council guidance. | 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 |
| 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 | 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. | 18 |
| Number of events that required action | 18 |

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

| Event | Specific action taken |
|---|--|
| Cold chain breach. Vaccine fridge was found to be outside the recommended temperature during the weekend. | NHSE informed, stock suspended, manufacturers contacted, new stock and equipment ordered and discussed in practice meeting. |
| Notes added to incorrect patient record | Reminder to staff discussed in practice meeting to confirm details of patients. Flags added to patients with the same name. |
| A delay in a referral to secondary services that required further action. | The practice reviewed its processes to ensure that referrals were handled in a timely manner. An apology was given to the patient. |

| 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 had a policy and process in place for receiving, reviewing and acting on, recording and monitoring in response to external safety alerts. The practice manager received external safety alerts electronically. Alerts were shared with the GPs, reviewed, actioned where required and shared with clinical staff and in practice meetings. We saw evidence that the practice had taken appropriate action in relation to alerts and had contacted patients and recalled them for review where required.</p> | |

Effective

Quality Outcome Framework (QOF) results for the period 2016/2017 relate to the previous provider.

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) | 1.29 | 0.62 | 0.90 | Comparison not available |

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) | 89.2% | 80.0% | 79.5% | Comparison not available |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 20.1% | 15.7% | 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) | 85.9% | 79.6% | 78.1% | Comparison not available |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 7.9% | 9.9% | 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) | 78.6% | 81.9% | 80.0% | Comparison not available |

| | | | | |
|-----------------------|---|---------------------------|-------------------------------|--|
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 25.9% | 15.9% | 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) | 79.1% | 77.0% | 76.4% | Comparison not available |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 1.0% | 3.2% | 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) | 94.6% | 92.7% | 90.4% | Comparison not available |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 9.8% | 5.5% | 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) | 83.1% | 84.6% | 83.4% | Comparison not available |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 2.5% | 3.7% | 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) | 76.2% | 88.4% | 88.4% | Comparison not available |

| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
|----------------|--|--------------------|------------------------|--|
| | 1.6% | 6.8% | 8.2% | |

Any additional evidence or comments

We reviewed the QOF data and exception reporting rates and were informed that the practice were fully aware of some higher exception reporting rates taken from the previous provider during 2016/2017. The practice showed us evidence of unpublished data for 2017/2018 to demonstrate that the practice was in line with local and national averages for cervical screening and immunisations. Clinicians ensured appropriate recall had taken place and discussed patients prior to exception reporting. The practice provided us with evidence to demonstrate their process was effective and measures were in place.

Families, children and young people

| Indicator | 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) | 94.4% | Practice is below the WHO target of 95% |
| 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) | 100.0% | Practice is above the WHO target of 95% |
| 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) | 100.0% | Practice is above the WHO target of 95% |
| 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) | 100.0% | Practice is above the WHO target of 95% |

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) | 78.7% | 74.0% | 72.1% | Comparison not available |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE) | 68.1% | 73.9% | 72.5% | N/A |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE) | 64.2% | 61.3% | 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) | 69.2% | 79.2% | 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) | 64.7% | 55.6% | 51.0% | Comparison not available |

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) | 100.0% | 92.8% | 90.3% | Comparison not available |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 5.6% | 13.2% | 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) | 100.0% | 92.2% | 90.7% | Comparison not available |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 5.6% | 10.3% | 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) | 89.4% | 86.1% | 83.8% | Comparison not available |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 4.1% | 5.7% | 6.8% | |
| Any additional evidence or comments | | | | |

Monitoring care and treatment

| Indicator | Practice | CCG average | England average |
|--|----------|-------------|-----------------|
| Overall QOF score (out of maximum 559) | 559 | 552 | 534 |
| Overall QOF exception reporting | 9.6% | 9.7% | 9.6% |

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> | 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) <small>(QOF)</small> | 95.7% | 96.2% | 95.3% | Comparison not available |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0.2% | 0.5% | 0.8% | |

Consent to care and treatment

| Description of how the practice monitors that consent is sought appropriately |
|---|
| <p>Consent was obtained through written format which was scanned into the electronic record or obtained verbally and recorded within patient notes.</p> <p>Monthly multi-disciplinary team (MDT) meetings were facilitated to discuss patients receiving palliative care or those with complex long term conditions, patients at risk, or any patient that a MDT member had concerns for.</p> |

Caring

Kindness, respect and compassion

| CQC comments cards | |
|---|---|
| Total comments cards received | 6 |
| Number of CQC comments received which were positive about the service | 4 |
| 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 |
|-----------------------------------|---|
| Comment cards | <p>A number of comment cards noted that staff were friendly, helpful, caring and treated them with respect.</p> <p>One person was concerned about the long hours their GP has to work.</p> <p>One person said it can be difficult to get a routine appointment.</p> <p>One person said there was a delay in a referral to secondary services.</p> |
| Patient discussions | On the day of inspection patients considered staff to be friendly, caring and approachable. |
| NHS Choices | There were nine five star ratings on the NHS Choices review website. |
| Patient Participation Group (PPG) | All four members of the PPG we met with told us their privacy and dignity was always respected. |

National GP Survey results

The National GP survey results for the period 2016/2017 relate to the previous provider.

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 3,135 | 215 | 129 | 60.00% | 6.9% |

| 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) | 83% | 83% | 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) | 95% | 92% | 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) | 97% | 97% | 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) | 89% | 89% | 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) | 96% | 93% | 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) | 97% | 92% | 91% | Comparison not available |

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

| Date of exercise | Summary of results |
|------------------|---|
| May 2018 | We saw evidence that the practice had recently completed their own patient survey and was in the process of collating its results. The PPG was instrumental in supporting the practice on patient feedback to improve patient access in the practice. |

Involvement in decisions about care and treatment

Examples of feedback received:

| Source | Feedback |
|-----------------------------|---|
| Interviews with patients. | Patients told us they felt involved in decision making about the care and treatment they received and had sufficient time during their consultations. |
| Patient Participation Group | The patient participation group had an active role in the practice and their views were listened to, respected and acted upon. |

National GP Survey results

The National GP survey results for the period 2016/2017 relate to the previous provider.

| 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) | 89% | 90% | 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) | 90% | 86% | 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 good at explaining tests and treatments (01/01/2017 to 31/03/2017) | 98% | 91% | 90% | 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 involving them in decisions about their care (01/01/2017 to 31/03/2017) | 89% | 88% | 85% | Comparison not available |
| Any additional evidence or comments | | | | |

| 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 76 patients as carers (2% of the practice list). |
| How the practice supports carers | The practice is part of the Herefordshire carers charter and has a carers lead in place. Patients and their carers had access to a range of information in relation to advice and support on a dedicated carers board within the practice. The practice website also included a link to a video on carers support groups in addition to other advice on finance and law. We were told that carers were offered an annual health check and flu vaccination. |
| How the practice supports recently bereaved patients | Leaflets about bereavement and support groups offering guidance and advice were available in the practice and on the practice website. The practice contacted patients who had been recently bereaved and offered them an appointment, if required, at a time to suit them. They also referred patients to local bereavement groups upon request. In addition, the practice sent out condolence cards to bereaved patients at the time and on their one year anniversary. |

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 | We saw that the waiting area was separate to the reception desk to protect confidentiality to patients. Receptionist we spoke with recognised the importance of patients' dignity and respect and knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. |

| 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 |
|---------------------------|--|
| Discussions with patients | Patients told us they felt their privacy was respected and staff were professional in their approach to adhere to confidentiality. |
| Patient comment cards | Patients commented on the respectful approach of the staff and they felt at ease during their consultation. |

Responsive

Responding to and meeting people's needs

| Practice Opening Times | |
|------------------------|---------|
| Day | Time |
| Monday | 8am-6pm |
| Tuesday | 8am-6pm |
| Wednesday | 8am-6pm |
| Thursday | 8am-6pm |
| Friday | 8am-6pm |

| | |
|------------------------|--|
| Telephone Triage | |
| Monday to Friday | 8:30am – 9:30am and 12:30pm and 12:45pm |
| Appointments available | |
| Monday to Friday | 9:30am – 12pm and 3:30pm – 5.30pm |
| Extended hours opening | |
| | Extended hours appointments are not available directly at the practice but the practice's patients have access to the local out of hours provider Primecare via NHS 111. |

| 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>All reception staff had completed the care navigation training so that patients could be directed to the most appropriate service without the need to wait to see a GP.</p> <p>Requests for home visits come through to staff who record requests for home visits in the visit book and on the online appointment system. Requests for home visits were triaged by the GPs, and if clinically appropriate, a home visit was completed.</p> | |

Timely access to the service

National GP Survey results

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| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 3,135 | 215 | 129 | 60.00% | 6.9% |

| 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) | 70% | 78% | 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) | 77% | 81% | 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) | 89% | 87% | 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) | 68% | 80% | 73% | Comparison not available |

Examples of feedback received from patients:

| Source | Feedback |
|-------------------|---|
| Comment Cards | Patients were generally satisfied with booking routine appointments. Some patients found difficulty in accessing appointments, however the practice continued to review this and had put in additional telephone lines to ease pressure during peak times of the day. |
| Patient Interview | We spoke with a patient on the day of inspection who told us that on occasions they |

| | |
|-------------|---|
| | waited a long time to be seen but were overall satisfied with accessing appointments. |
| NHS Choices | Recent reviews were favourable about access to appointments. |

Listening and learning from complaints received

| Complaints | Y/N |
|--|-----|
| Number of complaints received in the last year. | 4 |
| Number of complaints we examined | 4 |
| Number of complaints we examined that were satisfactorily handled in a timely way | 4 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman | 0 |
| Additional comments: | |
| We saw evidence that complaints were regularly discussed in practice meetings and responses were timely and appropriate. | |

Example of how quality has improved in response to complaints

Following a complaint regarding a request for a home visit for a care home patient, the practice conducted its own investigation, reviewed its internal processes and improved communication with external providers to ensure that quality improved.

Any additional evidence

Information regarding how to complain was on the reception desk together with leaflets and forms for completing suggestions and comments to the practice.

Well-led

Leadership capacity and capability

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

The GP and practice manager provided an inclusive style of leadership. There was active planning in place to ensure staffing and skill mix. There was a culture of staff development with some staff members having dual roles in the practice.

Staff said they enjoyed working at the practice and they felt valued, listened to and respected. Staff said all the GPs and managers were approachable, kind, supportive and responsive to new ideas, feedback and suggestions.

The GP and practice manager provided a visible presence by involving informal discussions with staff and demonstrating an openness and supportive approach to its staff.

The GP and the practice manager demonstrated effective working relationships and had built positive relationships with multidisciplinary teams who supported the practice and were very complimentary about the leadership style and culture of the practice.

Vision and strategy

Practice Vision and values

The leadership worked to 'put the patient first' and provide a high quality, professional service within a confidential and safe environment. These vision and values were agreed by the wider staff team. Staff said there was mutual sense of respect shared within the practice.

Culture

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

The practice kept a log of complaints and significant events which were discussed in practice meetings and used to aid learning amongst staff. All staff felt able to raise a significant event. Policies were available on the practice intranet which was accessible to all staff. These were kept under regular review. Staff were able to describe the governance arrangements and were clear on their roles and responsibilities.

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

| Source | Feedback |
|-------------------|---|
| Staff discussions | <p>Staff we spoke with told us leaders were visible and approachable and encouraged them to raise any issues. They felt there was a positive culture and felt well supported by their colleagues and managers.</p> <p>The staff were encouraged and supported to develop within their roles. For example, a healthcare assistant (HCA) had recognised to screen all patients with a</p> |

body mass index (BMI) of 35 and over for further investigation. The practice had implemented this process and supported the HCA to offer this service to all patients in the practice.

The practice manager was also providing the role of practice nurse on a part time basis.

Governance arrangements

| Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care. | |
|--|---|
| Practice specific policies | Policies were available on the practice intranet and in paper format which was accessible to all staff. These were kept under review. |
| Other examples | Staff were able to give examples of practice policies and procedures adhered to in the practice. |
| | Y/N |
| Staff were able to describe the governance arrangements | Yes |
| Staff were clear on their roles and responsibilities | Yes |

Managing risks, issues and performance

| Complaints | Y/N |
|---|-----|
| Major incident plan in place | Yes |
| 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 |
|------------------------|--|
| A risk to staff safety | The practice introduced keypads on doors to prevent patients accessing staff only parts of the building. |

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

Feedback from Patient Participation Group;

| Feedback |
|--|
| <p>The practice had a well-established PPG group who met quarterly. There were 8 active members who attended each meeting. The leadership team valued the input from the PPG and the members said the practice manager and GP listened to and acted on feedback.</p> <p>The PPG said they had had been involved in many aspects of the practice and community events. These included:</p> <ul style="list-style-type: none"> • Providing a book library sale in the practice reception • Supporting the practice in its annual flu vaccinations held at The Parish Church • Providing feedback from patients on telephone access resulting in additional telephone lines. • Supporting the practice in its patient survey • Completing a monthly newsletter for patients and the local community • Completing fundraising events for example, community fete and The Colwall Ale Festival • Assisting in signposting patients to local community services, for example lunch clubs and Age Concern. |

Continuous improvement and innovation

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

| Audit area | Improvement |
|--|--|
| Warfarin monitoring. This medicine is used for the treatment of blood clots. Patients on this medicine require regular monitoring. | The audit included a search of patients on this medicine to look at maintaining warfarin control within the appropriate clinical recommended target. 39 patients were identified and being treated. The practice focused on warfarin management with patients during clinical reviews. A repeat audit was scheduled for three months' time which demonstrated an improvement in warfarin levels. |
| Identification of patients with dementia. | The audit included a search of patients who are at risk of dementia. A further 25 patients were identified. A monthly dementia clinic was created and patients recoded on the system. A repeat audit was scheduled in 12 months and awareness raised of the need to monitor these patients. |

Any additional evidence

| |
|---|
| Due to the rural location the PPG and practice were currently reviewing the process for emergency planning to have an additional PPG member to act as a key holder in the event of an emergency for bad |
|---|

weather conditions.

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](#)).