

# Care Quality Commission

## Inspection Evidence Table

### Highland Medical Practice (1-549056430)

Inspection date: 1 August 2018

Date of data download: 19 July 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
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 February 2018 also branch site
There was a record of equipment calibration Date of last calibration:	Yes March 2018 also branch site
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 November 2017 also branch site
Actions were identified and completed.  Internal doors to be replaced with fire doors	
Additional observations:	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes May 2018 also branch site
Health and safety risk assessment and actions Date of last assessment:	Yes May 2018 also branch site
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place  Date of last infection control audit:  The practice acted on any issues identified</p> <p>Detail:  Undertaken by NHS England,  Actions and risk assessment complete:</p> <ul style="list-style-type: none"> <li>• Drying of mop heads (Branch site)</li> <li>• Clutter in the nurse room (Branch site)</li> <li>• Clinical room carpeting (Branch site)</li> <li>• Carpet on the stairs (Branch site)</li> <li>• Hole in the flooring in upstairs toilet (Branch site)</li> </ul> <p>Saw an infection control, hand hygiene needlestick injury, spillage policy. All staff had undertaken infection control training.</p>	<p>Yes  November  2017</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p> <p>We saw a sample handling/waste management protocol.</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
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.	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
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)	1.34	0.82	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)	4.8%	9.1%	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.	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.	N/A
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.	8
Number of events that required action	8

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

Event	Specific action taken
Missing 2 <sup>nd</sup> fridge thermometer at branch site	Reviewed guidance on best practice, discussed with practice manager and installed a 2 <sup>nd</sup> thermometer.
No bell at main site for patients with accessibility problems	Installed a bell, discussed accessibility for all patients with practice management.
Blank prescriptions not handled in accordance with national guidance	Revised the process for tracking prescriptions, discussed with practice management and staff.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: A system was in place for the management of recording and acting on safety alerts. We saw an alert for Sodium Valproate dated 6 <sup>th</sup> July 2018. When an alert comes in they are printed and given to clinical staff, they are checked and signed off by a GP, then stored in a safety alert folder.	

Any additional evidence
We saw a policy regarding significant events and a reporting form.

# 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)	0.94	0.51	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)	67.2%	78.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (12)	8.6%	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)	84.9%	75.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (3)	7.5%	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)	69.5%	77.0%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	7.9%	(15)	10.6%	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)	75.0%	75.8%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (3)	9.6%	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)	93.5%	92.0%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (1)	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)	86.8%	80.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (8)	3.5%	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)	71.0%	85.2%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (3)	6.3%	8.2%	

**Any additional evidence or comments**

Families, children and young people

<b>Child Immunisation</b>				
<b>Indicator</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Practice %</b>	<b>Comparison to WHO target</b>
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	42	45	93.3%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	26	32	81.3%	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)	26	32	81.3%	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)	25	32	78.1%	80% or below Significant variation (negative)

**Any additional evidence or comments:**

Since last year the practice provided us with unverified data which showed improvements to child immunisation uptake as detailed. The latest figures provided were as of the 1 July 2018.

<b>Quarter</b>	<b>Partnership</b>	<b>Immunisations</b>	<b>Boosters</b>
01.07.2018	8048	0.0 %	0.0 %
01.04.2018	8048	90.18 %	90.2 %
01.01.2018	8048	91.83 %	92.0 %
01.10.2017	8048	92.55 %	91.3 %

The practice told us to address concerns where the practice was not meeting the 90% target they changed their recall system for patients, they offered an additional clinic once a week, they called patients who did not turn up and if they still failed to turn up they contacted the health visitor.

Working age people (including those recently retired and students)

<b>Cancer Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	65.8%	73.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.8%	74.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	41.4%	54.2%	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)	62.5%	71.8%	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) (PHE)	40.0%	58.7%	51.6%	Comparable to other practices
<b>Any additional evidence or comments</b>				

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)	94.7%	85.4%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5% (2)	9.5%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	89.5%	85.3%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5% (2)	8.1%	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)	89.7%	81.7%	83.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (1)	6.2%	6.8%	
<b>Any additional evidence or comments</b>				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	536	537	539
Overall QOF exception reporting	4.2%	4.5%	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) (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.2%	94.7%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (4)	0.4%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice had a process for obtaining consent. They would obtain verbal consent for immunisations, they would check parents were married, if parents were not married they would send a letter or call the mother and obtain consent and record on the patients notes.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	41
Number of CQC comments received which were positive about the service	38
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback												
For example, comments cards.	Patients said they felt the practice provided a good service, reception staff were helpful, friendly, doctors were good at listening, kind, caring and treated them with dignity and respect.												
Example from speaking with patients	<p>We spoke with five members of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt the practice listened, and the doctors were very caring and supportive and responsive to their needs.</p> <p>They gave examples us of where they felt doctors had gone beyond their duties for example seeing a patient in hospital, seeing a patient's gran child who was not registered with the practice due to the child not being able to be seen at their own GP.</p> <p>How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment?</p>												
Friends and Family Patient survey Feedback January 18 – April 18	<table border="1"> <thead> <tr> <th>Extremely likely</th> <th>Likely</th> <th>Neither likely or unlikely</th> <th>Unlikely</th> <th>Extremely unlikely</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>99</td> <td>25</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know	99	25	0	1	0	0
Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know								
99	25	0	1	0	0								

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,097	281	110	39.15%	2.6%

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)	68.5%	78.9%	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)	68.1%	88.2%	88.8%	Variation (negative)
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)	88.8%	95.4%	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)	63.8%	84.4%	85.5%	Variation (negative)
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)	71.7%	90.7%	91.4%	Variation (negative)
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)	71.4%	90.2%	90.7%	Variation (negative)

## Any additional evidence or comments

The practice discussed the results of the GP patient survey with the PPG, and agreed an action plan. The practice told us they were concerned the number of respondents to the GP patient survey was low and not representative of the practice. The practice and the PPG put an action plan together and decided to run their own survey for two weeks to gain a better insight in the lower scoring areas of the survey for improvement for example – involving patients more in decisions about their care, treating them with care and concern.

The practice told us the survey was also reviewed individually by doctors and nurses as part of reflective practice and discussed by the practice team to see how consultations could be more patient-centred and improve patient experience.

- The practice undertook their survey based on the underperforming areas- involving patients more in decisions about their care, treating them with care and concern.
- The survey was run for two weeks from 18/09/2017 there was 74 respondents in total.

## Results from their own survey were as follows.

1. Please rate your consultation today with your healthcare professional (Excellent 5, Good 4, Average 3, Poor 2, Not at all Satisfied 1)?

Response Doctor      Excellent 40, Good 8, Average 1, Poor 0, Not at all Satisfied 0

Response Nurse      Excellent 25, Good 0, Average 0, Poor 0, Not at all Satisfied 0

2. Please rate your healthcare professional at **involving you** in decisions about your care (Excellent 5, Good 4, Average 3, Poor 2, Not at all Satisfied 1)?

Response Doctor      Excellent 32, Good 16, Average 1, Poor 0, Not at all Satisfied 0

Response Nurse      Excellent 23, Good 2, Average 0, Poor 0, Not at all Satisfied 0

3. Please rate your healthcare professional at **treating you with care and concern** (Excellent 5, Good 4, Average 3, Poor 2, Not at all Satisfied 1)?

Response Doctor      Excellent 36, Good 11, Average 2, Poor 0, Not at all Satisfied 0

Response Nurse      Excellent 24, Good 1, Average 0, Poor 0, Not at all Satisfied 0

- The results demonstrated an improvement in consultation experience for patients.

Results from the national GP Patient Survey 2018

**71%** of respondents say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment  
 Local (CCG) average: **89%** National average: **89%**

**69%** of respondents say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment  
 Local (CCG) average: **87%** National average: **87%**

**70%** say the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment  
 Local (CCG) average: **87%** National average: **87%**

**77%** were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment  
 Local (CCG) average: **94%** National average: **93%**

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

Date of exercise	Summary of results
January 2018 – April 18	Friends and Family Patient Survey Feedback
18 September 2017	Ran an independent survey for 2 weeks to see if the practice could get a better insight on the underperforming areas in the GP patient survey.

Any additional evidence
<p><b>Results from you said we did:</b></p> <p>You said we did</p> <p>You said you wanted more Practice Nurse Appointments on a Thursday and Friday</p> <p>We have added an additional nurse appointment session on a Thursday at Tubbenden</p> <p>You said employ more Doctors</p> <p>We said we have sufficient Drs as part of our medical team but we agreed that it would be beneficial to patients to understand the roles of our nurses and local pharmacists more clearly as sometimes inappropriate appointments are booked with the Doctor taking unnecessary appointments</p> <p>You said Diabetic Nurse appointments are not always available</p>

We said Diabetes is a specialist area. The Diabetes Nurse provides one session a week at the practice and one of the lead GPs has a specialist Diabetes qualification is available 2 days a week to further support our Diabetic patients with more complex needs.

You said It would be great if the GP could provide us with an appointment straight away whenever we call

We said we need to schedule appointments so that patients can be seen at the right time and where possible at a time that suits them. We therefore provide a mixture of book in advance, routine and telephone consultations. We are also able to book patients into the local hub at evenings or weekends if that is more convenient to them.

Introduced a text messaging service to remind patients of forthcoming appointments

You said Medication to be ordered and delivered quicker

We said provided we have your prescription 72 hours in advance for routine items your prescription will be processed promptly. Unfortunately, we have no control over the deliveries of the pharmacy. We are happy to receive prescriptions 2 weeks in advance of the medication needing to be reissued.

You said we want to always be seen at our slot time

We said unfortunately sometimes a consultation can be more complex and over run. We will ask our receptionists to advise patients if there is a delay of more than 15 minutes. We also encourage patients with complex or multiple problems to request a double appointment.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with 10 patients who with were extremely happy with the service they received and all comments received were positive. Patients said that they felt that staff were approachable so they felt that if they needed to give feedback they would be confident to speak directly to staff.

## 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)	65.1%	84.6%	86.4%	Variation (negative)
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)	54.2%	79.8%	82.0%	Variation (negative)
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)	69.1%	89.2%	89.9%	Variation (negative)
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)	55.4%	84.1%	85.4%	Significant Variation (negative)

## Any additional evidence or comments

### Results from their own survey were as follows.

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Response Nurse      Excellent 24, Good 1, Average 0, Poor 0, Not at all Satisfied 0

- The results demonstrated an improvement in consultation experience for patients.

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 67 patients as carers, 1.6% of the practice list.
How the practice supports carers	<ul style="list-style-type: none"> <li>• One of the lead GPs was a carers Champion for Kent, he told us he championed staff to identify carers at the point of new patient registration and opportunistically or when patients care needs change.</li> <li>• The practice codes carers on their register.</li> <li>• Carers are referred to Carers Centre for further support and help.</li> <li>• The practice told us they were flexible with appointment times to support carers and their own health needs.</li> <li>• Offer flu immunisation.</li> </ul>
How the practice supports recently bereaved patients	The practice has a bereavement pack and help sheets, we saw copies of these.

## 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>Staff recognised the importance of patients' dignity and respect.</p> <p>Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.</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

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-20:00 (Main site) 08:00-18:30 (Branch)
Tuesday	08:00-18:30
Wednesday	08:00-18:30 (No surgery pm/reception open) 08:00-13:00(Branch)
Thursday	08:00-18:30
Friday	08:00-18:30

Appointments available	
	<b>Monday: 9am-11am, 3.30pm-4.30pm (last appointment at the branch site is at 5pm), 5.30pm-8pm (late opening applies to the main site only).</b> <b>Tuesday: 9am-11.30am, 3.15pm-5pm.</b> <b>Wednesday: 9am-12pm.</b> <b>Thursday: 9am-11am, 3pm-5pm.</b> <b>Friday: 9am-12.30pm, 3.30pm-5pm.</b>
Extended hours opening	
	<b>Monday 6:30 pm-20:00pm</b>

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	
Home visits are managed by call back, a GP will assess a patient and decide if a home visit is necessary.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,097	281	110	39.15%	2.6%

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)	70.2%	77.1%	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)	96.4%	71.7%	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)	85.9%	77.0%	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)	82.8%	71.6%	72.7%	Comparable to other practices
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Patients said that they felt the practice cared about their health and gave them support to improve their wellbeing. They described examples where they were listened to and treated with respect, dignity and kindness. Patients also commented on the professionalism of staff.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	5
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:	
The complaints procedure was clear, with timely responses and evidence of the whole practice team learning from investigations. We reviewed three complaints in detail and noted that they were acknowledged and investigated appropriately, and responded to in a timely manner. Duty of candour was demonstrated in all complaints that we reviewed. Learning was shared amongst all staff members (minutes of meetings seen).	

# Well-led

## Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice	
<p>There was a designated lead for each clinical and non-clinical area. For example, there was a lead for safeguarding adult and children, complaints, infection control, information governance and a health and safety lead.</p> <p>The practice held clinical meetings, nurse meetings, palliative care meetings all staff meetings, integrated care meetings and PPG meetings.</p> <p>We saw that all meetings were appropriately minuted and actions were logged.</p>	

Any additional evidence	
<p>One of the lead GPs had completed the Merit Diabetes Course to support the practice in enhancing their patient centred diabetes care at the practice and moving forward to support Level 2 Diabetic insulin initiation once the revisions to the Enhanced Diabetes Service had been published for 2018/19.</p> <p>The practice won a star award life time certificate of achievement 2008-2017 in recognition of successful Chlamydia screening from Bromley sexual health department.</p>	

## Vision and strategy

Practice Vision and values	
<p>There was a clear vision to provide patients with high quality, patient-centred, holistic care, in a safe, responsive and courteous manner. The practice strived to preserve the traditional values of Primary Care Medicine, whilst empowering patients to fully participate in their own care. All staff were aware of the vision and we saw that this translated into the action of the practice.</p>	

## Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care	
Patient interview	There is a really nice atmosphere when you come in and you are always made to feel welcome.
Comments cards	Patients commented that the staff at the practice were very friendly.

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

Source	Feedback
Staff	Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.
	Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically. Staff said they felt

	confident that managers would address their concerns and issues raised.
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## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a range of polices including: Complaints policy Significant events policy Safety alert policy Safeguarding policy Medicines management policy Chaperone policy Fire safety policy Waste management policy Sample handling
Other examples	
	<b>Y/N</b>
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 planning	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
Fire	Fire risk assessment was undertaken November 2017
Health and Safety	Health and safety risk assessment was under taken May 2018
Emergency Medicines	Emergency medicines had been risk assessed July 2018
Legionella	Legionella risk assessment August 2018

## 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
On the day of the inspection, we spoke to five patients, who told us that the group meets approximately every three months. They stated that the doctors were always professional, made them feel comfortable and kept them involved in all health-related decisions. All said that staff were amazing and they were all impressed with the service.

## Continuous improvement and innovation

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

Audit area	Improvement
<b>Diabetics on ACE/ ARB for microalbuminuria</b>	Reviewed recall systems and subsequently implemented a quality search tool to review diabetic patients and their care processes of which microalbuminuria monitoring and subsequent management according to the aforementioned guideline targets are adhered to. This is done on a periodic 3 monthly bases. As part of the ongoing basis, the tool enables the practice to monitor compliance of ACE-I/ARB in diabetic patients with microalbuminuria.
<b>Undiagnosed COPD</b>	Three patients were found that had FEV1/FVC of less than 70% without any corresponding code. Where the data appears to have been recorded incorrectly spirometry result were reviewed and spirometry was normal.  2 patients have been entered in to the COPD register for ongoing monitoring and recall.  Going Forward  The audit will be run in six monthly.
Chlamydia screening	In the first quarter the practice showed us figures demonstrating they were the second highest practice for under taking Chlamydia screening in Bromley.

## 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](#) ).