

Care Quality Commission

Inspection Evidence Table

OHP-Reservoir Road Surgery (1-4224680731)

Inspection date: 12 July 2018

Date of data download: 28 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: June 2018	Y
There was a record of equipment calibration Date of last calibration: September 2017	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	
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: 1 November 2016	Y
Actions were identified and completed.	Y
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment: Legionella: 13 October 2017	Y
Health and safety risk assessment and actions Date of last assessment: June 2018	Y
Additional comments: Health and safety of the premises was managed through the landlord.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice scored 98% in the May 2018 infection control audit. We discussed changes made as a result of the audit which included the updating of the infection control policy.</p> <p>Other infection control audits undertaken included hand decontaminations sessions with staff.</p>	<p>Y</p> <p>May 2018</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any answers:</p> <p>Clinical specimens were handled by clinical staff only.</p> <p>Waste management was arranged through the health centre landlord. There were safe lockable facilities for clinical waste awaiting collection.</p>	

Any additional evidence
<p>Premises were visibly clean and tidy. Appropriate hand washing facilities and access to personal protective equipment was readily available to staff. Cleaning equipment was organised and cleaning schedules available for the premises. Infection control policies were in the process of being updated by the lead nurse and were available to all staff.</p>

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.	N
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
<p>Explanation of any answers:</p> <p>Staff we spoke with felt the staffing levels were adequate to enable them to keep on top of their work. There were rotas in place and restrictions on the number of reception staff that were off at anyone time to ensure adequate staffing levels were maintained. However, the practice was without a practice manager which they were addressing. In the interim the practice was being supported by the deputy practice manager.</p> <p>All staff groups received training in basic life support and clinical staff had received training in the management of sepsis. Access to NICE guidance in relation to sepsis was shared by the provider through the shared IT clinical governance system. We noticed within the emergency equipment airways that were not sealed to protect them from dust and debris.</p> <p>Non clinical staff had not received any specific guidance on identifying deteriorating or acutely unwell patients although, we were told they would notify the doctor if they were concerned about a patient.</p> <p>*The practice did not hold a child pulse oximeter to help assess patients with presumed sepsis and other conditions but had taken action during the inspection to address this.</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.	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:	

Secretaries kept records of all referrals. Those that were urgent were followed up to ensure appointments had been made.

Staff were up to date with referrals and at the time of inspection had no back logs and for processing patient information such as test results.

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)	0.93	0.97	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)	5.6%	7.7%	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).	N
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	N/A
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.

Explanation of any answers:

There were systems in place for those on high risk medicines to ensure they had appropriate review of their medicines.

There were systems and processes in place to ensure the cold chain was maintained. This was overseen by the nursing staff. Audits were carried out three monthly to ensure the cold chain policy was being followed.

Medicines and prescription stationery was stored securely with appropriate monitoring arrangements.

Medicines management was a local priority area with the CCG and the practice was participating in local initiatives aimed at reducing antimicrobial resistance and costs including annual antibiotic audits. The practice performed well against other practices nationally in relation to antibiotic prescribing. The practice was also participating in local schemes to improve the management of patients on multiple medications.

We saw that Patient Group Directions and Patient Specific Directions were in place, appropriately reviewed and signed.

Emergency medicines and equipment including oxygen were in place and monitored. However, we noted there was no warning signage as to the location of the oxygen.

Hypnotic prescribing was above local and national averages. Staff advised us that this was due to the high levels of poor mental health in the area, The health centre was located next to the Mental Health Trust. However, we found clinical staff did not have a consistent approach or had reviewed how this might be managed.

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	N/A
Access to the dispensary was restricted to authorised staff only.	N/A
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	N/A
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	N/A
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	N/A
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	N/A
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	N/A
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	N/A
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	N/A
Explanation of any answers	
Any other comments on dispensary services:	

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.	18 (March 2017 to March 2018)
Number of events that required action	All were routinely discussed at clinical meetings.

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

Event	Specific action taken
Aggressive patient	A vulnerable patient had been aggressive towards a locum member of staff. This was discussed and lessons learnt were to ensure these patients were seen by a regular doctor.
Computer system break down	Introduction of a system where the reception staff print off clinics for the next day so that they have a back-up copy of all appointments.
Delayed blood results	Blood results had been stored as an unrecognisable code so led to delay in treatment. This was identified when the patient came in to discuss their blood results. The patient was seen and subsequently treated and searches were undertaken to identify any other patients whose results may have been similarly missed..

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place: There was a lead clinician for managing safety alerts. Safety alerts and updates were regularly circulated by the lead clinician and then after four weeks checks were undertaken to ensure they had been read and acted on. All staff signed to say they have read and actioned the alert. Staff confirmed this happened and that alerts and action taken were discussed at practice meetings.</p> <p>The practice was able to give several examples of safety alerts that they had acted on such as the risks associated with Sodium Valproate, a glucose strip recall and Ventolin inhaler recall. For example, patients affected by the Ventolin inhaler recall were identified and written to so that they were made aware. This was also discussed at a clinical meeting and clinicians had signed to say they were aware</p>	

of the alert and had acted on it.

Any additional evidence

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)	1.78	0.91	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)	78.9%	80.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.7% (93)	12.5%	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)	77.6%	77.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.1% (96)	10.3%	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)	81.5%	81.0%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	15.3%	(112)	12.3%	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)	86.2%	76.2%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.6% (214)	7.5%	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)	89.1%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.2% (50)	11.9%	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)	81.0%	83.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (16)	4.4%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	84.6%	87.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.5% (32)	11.1%	8.2%	

Any additional evidence or comments

The practice was a high prescriber of hypnotics. Clinical staff explained that they had a high proportion of substance misuse patients and the practice was located next door to a mental health service. However, our conversations with staff identified a lack of consistent and co-ordinated approach for managing hypnotic prescribing across the practice team.

We reviewed some of the high exception reporting for respiratory conditions and discussed these with the practice. The practice identified coding error which had been corrected. The latest (unpublished) data submission for QOF for 2017/18 showed lower overall exclusion rates for COPD at 15% and Asthma at 5%.

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)	187	192	97.4%	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)	172	183	94.0%	Met 90% Minimum (no variation)
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)	173	183	94.5%	Met 90% Minimum (no variation)
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)	170	183	92.9%	Met 90% Minimum (no variation)

Any additional evidence or comments

There was a dedicated member of staff who followed up those who did not attend for childhood immunisations. The practice would let the health visiting team know if there were concerns.

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)	64.0%	68.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.8%	64.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	44.1%	44.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who	65.5%	73.5%	71.2%	N/A

have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)				
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)	55.3%	50.3%	51.6%	Comparable to other practices

Any additional evidence or comments

Since our previous inspection we saw there had been improvements in the uptake of breast cancer screening for the practice. The uptake of breast cancer screening for females, 50-70 in the last 36 months had increased from 65% to 72%.

The practice told us that they had held a health awareness session to promote national screening programmes and planned to repeat the event again this year.

Nursing staff monitored samples taken as part of the cervical screening programme to ensure results were received and for patients with abnormal results to ensure they were followed up.

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)	64.5%	91.3%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (2)	11.2%	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)	67.8%	91.8%	90.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (2)	9.3%	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)	80.8%	84.7%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (2)	6.1%	6.8%	

Any additional evidence or comments

We discussed the results for mental health indicators with practice staff. The practice advised us that they had a high prevalence of mental health and drugs misuse in the area. The prevalence of mental health was 1.9% of the practice population compared to the CCG of 1.1% and the national average of 0.9%. The practice told us they were working with mental health trust located next to the health centre to discuss and share mental health registers so that they could identify who needed follow up. The practice had established biannual meetings with the mental health trust.

Quality Outcome Framework (QOF) data showed a steady improvement in patient outcomes for those with poor mental health. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 28% in 2015/16, 65% in 2016/17 and unpublished data for 2018/19 was 63% in just the first quarter.

There was a similar increase for the percentage of patients whose alcohol consumption had been recorded in the preceding 12 months. The practice had achieved 68% however, this was also an improvement on the 54% achieved in 2015/16. Unpublished QOF data from the practice showed continued improvements with achievement so far for the first quarter of 2018/19 at 69%.

Exception reporting of these indicators by the practice was also significantly lower than CCG and national averages. (Exception reporting is where patients are not reported in the QOF results for example, where medication cannot be prescribed due to a contraindication or side effect or where patients do not attend for their reviews.)

The practice told us that there were approximately 150 patients on the learning disability register and that annual health reviews were carried out by the nurse. However, the nurse had since retired and the practice had yet to train a new member of staff to undertake these reviews. Data from the practice showed 8 patients on the practices learning disability register had received an annual health review in the last 12 months.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	527	544	539
Overall QOF exception reporting	7.7%	6.5%	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) <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>	91.3%	95.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (5)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff had received Mental Capacity Act and Deprivation of Liberty Safeguard training.

Any additional evidence
An Ears, Nose and Throat (ENT) service was offered at the practice however, the partner responsible was receiving no specific peer review or supervision for this service.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	1
Number of CQC comments received which were positive about the service	1
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>CQC comment card – Although only one comment card was completed this was positive about the service and staff.</p> <p>NHS Choices – the practice had been rated 3.5 out of 5 stars from patients who had left comments on the NHS choices website. These were mostly positive about the care patients received.</p> <p>Friends and Family Test - Between July 2017 and July 2018 the practice had received 213 responses on the Friends and Family test of these 85% said they would be likely or extremely likely to recommend the service to others.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12,160	360	101	28.06%	0.8%

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)	68.3%	74.5%	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)	90.6%	88.3%	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)	96.6%	95.5%	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)	90.1%	85.0%	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)	88.7%	90.1%	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)	88.8%	88.7%	90.7%	Comparable to other practices

Any additional evidence or comments

The results from the Friends and Family test which invites patients to say whether they would recommend the service to others showed better results with 85% of patients (out of 213) in the last 12 months saying they would be likely or extremely likely to recommend the service to others.

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

Date of exercise	Summary of results
N/A	

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with two patients both described the clinicians as good without exception. They felt listened to and never rushed. They were able to discuss more than one issue during the consultation.

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)	94.6%	86.3%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	87.8%	81.2%	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)	89.3%	88.2%	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)	86.4%	84.2%	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.	N
Information leaflets were available in easy read format.	N
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	159 - This was approximately 1.3% of the practice list size. The number of identified carers had increased from 134 since our previous inspection.
How the practice supports carers	<p>Patients on the carers register were offered flu vaccinations. There were plans to also offer health checks. Staff tried to be flexible when offering appointments to carers.</p> <p>Written carers information was also available to give to people who were carers which signposted them to further support and information.</p> <p>Carer events</p>
How the practice supports recently bereaved patients	The practice sent letters to bereaved patients with links to bereavement support services.

Any additional evidence
Practice staff told us that they were restricted by the landlord to how much information they could display in the practice

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>There was a stripe across the floor in the reception area encouraging patients to stand back while others were speaking to reception staff.</p> <p>Glass screens around reception helped reduce the risk of sound travelling.</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 comments	No concerns were raised by patients regarding their privacy and dignity.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 8pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

Appointments available	
Appointments included pre-bookable appointments up to three weeks in advance and same day appointments. Telephone triage appointments were available if all appointments were booked. There was also a sit and wait surgery.	Consulting times were usually between 9am and 11.30am and between 4pm and 5.45pm. Extended consulting hours were between 6.30pm and 7.40pm on a Tuesday and 9am to 11am on a Saturday.
Extended hours opening	
Tuesday evening until 8pm	Saturday morning 8am to 12 noon

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	
The receptionist took the details from the patient requesting a home visit. These were passed on to the doctor on call that day to make the decision whether a home visit was necessary.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12,160	360	101	28.06%	0.8%

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)	76.4%	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)	43.1%	58.7%	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)	64.1%	66.7%	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)	52.9%	66.3%	72.7%	Comparable to other practices
Any additional evidence or comments				
The provider advised us that those identified as frail were given a dedicated telephone line to contact the practice.				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The national patient survey data (published July 2017) showed patient responses to questions about getting through on the telephone and overall experience of making an appointment were lower than local and national averages. At the last inspection in September 2017 the practice had replaced their telephone system which enabled patients to see where they were in the queue, they had also participated in the NHS England Time to Care programme and had put in place additional morning appointments and telephone triage appointments after morning surgery. However, the practice had not undertaken any evaluation of the changes previously made in order to ensure action taken had improved satisfaction.

--	--

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	8
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>Complaints reviewed included one in which patient felt the GP gave them insufficient time during their consultation and the second was a prescribing error.</p> <p>There was a lead member of staff for managing complaints in the absence of the practice manager. All complaints were recorded (verbal and written). Complaints were discussed at partners meeting to identify any action required.</p>	

Example of how quality has improved in response to complaints
<p>We saw that complaints were discussed at the partners meeting. For example, a patient had raised an issue about delays in the telephone being answered, the reception manager followed this up.</p>

Any additional evidence
<p>The practice joined a new provider Our Health Partnership (OHP) in September 2017. As part of OHP the practice are now submitting complaints information enabling OHP to look at any themes and trends across all member practices.</p>

Well-led

Leadership capacity and capability

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

The practice had joined Our Health Partnership to support with governance and back office functions. They participated in CCG led initiatives such as Aspiring to Clinical Excellence which identified key local priorities.

The practice was aware of the challenges it faced with regard to succession planning and issues relating to the current practice manager vacancy. There were interim arrangements in place.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice aligned their vision and strategy to those of Our Health Partnership. Their main focus and challenges had been around the limitations of the premises and succession planning.

Culture

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

Practice staff we spoke with told us that they found the culture of the practice as positive and supportive. Practice staff spoke of how the partners actively encouraged staff well being for example, taking breaks away from the desk.

The practice had a duty of candour policy in place dated January 2018. The policy required patients to be contacted should apology be required but did not have any recent examples of such cases.

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

Source	Feedback
Policies and procedures	Clinical staff were involved in the development and approval of practice based policies and procedures before they were distributed to the team.
Staff feedback	Staff spoke about suggestions they had made to improve the service and implemented. For example, in relation to the recall of children for immunisations where parents had previously refused. A refused code meant no further recalls would be sent to the parent so additional wording was added to the form signed by the parents to make them aware and that they could get in touch if they changed their mind in the future so their child could be given a catch-up schedule.

Any additional evidence

Staff told us that communication within the practice had previously been an issue but felt this was

improving.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Staff had access to a range of policies and procedures which were kept up to date. These were shared via their computers.
Staff Meetings	Regular staff meetings took place for the different staff groups where staff had opportunities to raise any issues or concerns. Staff said that they occasionally had joint staff meeting however, not all staff felt involved in regular meetings.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
Clinical staff each had lead areas to oversee the Quality Outcome Framework areas. Nursing staff were given time for non-direct patient duties for example stock.

Managing risks, issues and performance

Major incident planning	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
Power failure	The practice had been affected by loss of power and telephones which they had managed through reverting to paper records. Management of the disruption was discussed including areas for improvement. The practice now has a practice mobile phone as a back up
Two week wait referrals	The practice had introduced safety netting systems to follow up and ensure patients received timely appointments

Any additional evidence

Appropriate and accurate information

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

Any additional evidence
<p>As part of Our Health Partnership a new shared IT clinical governance system had been introduced which the practice was migrating to. This provided member practices with information to help improve governance as well as sharing learning.</p> <p>The practice used QOF data to drive performance and were demonstrating improvement in relation to mental health outcomes.</p>

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>We spoke with members of the practice's Patient Participation Group (PPG). They were positive about the practice and the clinical care that they received. They were positive about the current practice management but explained that getting through by telephone could be difficult.</p> <p>We reviewed minutes from the latest PPG meetings in which various issues affecting the practice were discussed but no specific actions were identified.</p>

Any additional evidence
<p>Staff we spoke with told us that communication had previously been a challenge within the service but felt this was something that was improving.</p> <p>Patient participation group meetings were held quarterly issued discussed related to future extended access, appointments and the electronic prescription service. No specific actions identified in minutes shared.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Atrial Fibrillation Audit (two cycle audit)	This was a CCG led audit. Information provided for the inspection had yet to be analysed.
Antibiotic audit	Information provided in relation showed internal breakdown of prescribing for example, by consultant. Staff told us that this audit was due to be discussed at a clinical meeting.
Safeguarding audit (two cycle)	This was a CCG led audit which looked at systems and processes in

audit)	place. The results had not been analysed however, we found appropriate safeguarding arrangements in place at the practice.
Coeliac screening audit (two cycle audit)	There was little evidence of improvement between the first and second audit cycles
Minor Surgery / ENT audit	There was no analysis of the data provided.

Any additional evidence

Although, the practice had participated in a number of clinical audits the impact of these was not always clearly demonstrated. Some of the audits seen had not been analysed and appeared as data collection exercises while others had not shown improvement (Coeliac screening audit).

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](#)).