

Care Quality Commission

Inspection Evidence Table

The Gadhvi Practice (1-549945959)

Inspection date: 5 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(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

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
<p>Explanation of any answers:</p> <p>The evidence of vaccinations for clinical staff was kept on file and checked on an annual basis to ensure they were still current. Copies of professional registration and indemnity insurance were also kept on file.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:</p>	<p>Yes November 17</p>
<p>There was a record of equipment calibration Date of last calibration:</p>	<p>Yes November 17</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes (weekly)</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment Date of completion</p>	<p>Yes Feb 18</p>
<p>Actions were identified and completed.</p> <p>Following the fire risk assessment completed in February 2018 an issue in relation to the safety of some of the plug sockets was identified. The building maintenance team changed the sockets in question to ensure compliance with the report.</p> <p>An issue with swing back door brackets was also identified. The practice risk assessed this and it was agreed that they would not be needed as the doors close automatically without them.</p>	
<p>Additional observations:</p> <p>There were five appointed fire marshals within the building. This included two fire marshals appointed from the staff at the Gadhi practice. There were always at least two fire marshals on site at all times. There was a lead fire marshal to coordinate any activity.</p> <p>Fire safety checks were undertaken and kept by the caretaker of the building but the practice had access to these.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment:</p>	<p>Yes June 18</p>
<p>Health and safety risk assessment and actions Date of last assessment:</p>	<p>Yes June 18</p>
<p>Additional comments:</p>	

The practice undertook monthly H&S risk audits as well as daily checks each morning to ensure that the practice is fit for opening. Any actions from this were either dealt with at the time or reported to the building management for follow up.

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: No issues identified.</p>	<p>Yes March 18</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p> <p>The practice had an infection prevention and control visit by NHS England in December 2017 and scored 98%</p> <p>It was identified through the visit that a sink was not suitable as it had an overflow and tiles around it. The practice was considering whether it was necessary to change this as they were due to move to a new purpose-built premises in the near future.</p> <p>Another action from the visit was to ensure clinical waste bags are labelled correctly with the name of the practice. This was actioned by the practice shortly after the visit.</p>	

Any additional evidence
<p>The practice cleaning company is employed by the buildings management company to clean the entire premises. There is a cleaning schedule present and if there were any issues, the practice contacts the caretaker who is on site.</p> <p>We saw evidence of up to date cleaning schedules for hand held equipment such as spirometer and nebuliser.</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>Administration staff work on a part time basis and are called in to undertake extra shifts if staff sickness occurs. Failing that, the practice management team will cover any absence. Annual leave should be requested four weeks in advance to plan resources over that period.</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

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)	0.66	0.66	0.98	Variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) (NHSBSA)	9.1%	9.2%	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.	N/A
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:

The practice had a system in which doctors would check prescriptions that had not been collected on a three-monthly basis. The practice acknowledged that it would be helpful if uncollected prescriptions were monitored and reviewed on a more frequent basis.

Since the inspection, the practice has provided evidence of a revised system where prescriptions would be checked by reception staff and passed to the prescribing doctor if they had not been collected after four weeks of issue. These would then be recorded on the computer record as not collected and the original prescriptions destroyed. Patients would then be contacted in a further months' time by the prescribing doctor.

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.	2
Number of events that required action	2

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

Event	Specific action taken
The coroner requested medical information. The request was sent to the practice generic email address. This was not forwarded to a GP by the administrative staff. The GP became aware of this after the post-mortem had been carried out.	The practice changed systems so that letters and emails are scanned onto the patient notes as soon as possible and assigned to a GP for action.
A delay in a cancer diagnosis due to a mix up in appointments, failure to carry out further physical examinations and failure to send on to secondary care as an urgent referral.	A review took place and further training into the use of specific cancer guidelines was given and whether further clinical examinations would need to be considered if there was a question over diagnosis.

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>Safety alerts were emailed to each doctor along with the practice manager who would log the alert. All alerts that were relevant to the practice were discussed in clinical meetings and actions taken as appropriate. The staff could recall a recent alert regarding asthma pumps. This was discussed at the meeting and a search of the system took place to see if any patients were prescribed the pump. The search revealed that no patients were prescribed the pump.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.81	0.71	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)	73.0%	77.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (32)	11.2%	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)	88.0%	90.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (5)	6.4%	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)	75.8%	83.6%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	3.5%	(12)	9.9%	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)	75.0%	83.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (6)	2.5%	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)	93.3%	95.8%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (5)	4.7%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	89.5%	91.4%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (17)	4.7%	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)	92.9%	96.5%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.2% (4)	17.8%	8.2%	

Any additional evidence or comments

The practice provided evidence of additional targets set by the local GP Confederation which demonstrated that they were in line with locally set targets. For example:

- 65+ and LTC (diabetes, heart failure, hypertension, CKD, stroke) with a record of pulse rhythm (regular/irregular) within the last 12 months was 93% (Local target of 88%)
- Complete annual review for patients on at risk of diabetes register within the last 12 months was 93% (Local target of 84%)
- Patients on the asthma register having an action plan documented within the last 12 months was 91% (Local target of 90%)

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)	54	80	67.5%	80% or below Significant variation (negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	54	81	66.7%	80% or below Significant variation (negative)
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)	54	81	66.7%	80% or below Significant 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)	55	81	67.9%	80% or below Significant variation (negative)

Any additional evidence or comments

The practice was aware of the low results for childhood immunisations. They stated that due to the type of patient population that exists, there was a struggle in getting patients to come to the practice for the immunisations. Many patients refuse for cultural reasons and objections to the immunisations programme.

In response to this, the practice has started immunisation clinics throughout the week, a weekly nurse led baby clinic and monthly health visitor clinic. Immunisation clinics have also been made available to patients on the weekend through the GP Hub to increase the access for patients. If a patient uses the service through the Hub, the patient information is passed to the practice so that it can be entered onto the patient notes.

The practice was continuing to look at ways to increase the number of childhood immunisations by contacting patients whose child has outstanding vaccinations to encourage them and inviting them to either the practice clinics or the weekend Hub clinics. If patients cannot attend one of the clinics, the practice will offer a GP appointment out of school hours.

After the inspection, the practice provided further information in regard to a GP Confederation led support officer that was helping local practices with their call and recall systems in which they were engaging with.

The practice was also aware of the lower than average QOF scores for people with long term conditions and those on the mental health register. The practice attributed the lower scores to the previous clinical team and were working with the CCG to improve these. The practice had already improved recall procedures and implemented specific clinics to ensure patients received the relevant checks. One of the GPs had also completed a pre-diabetes screening course an improve diagnosis.

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)	62.2%	65.8%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.4%	58.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	38.3%	42.7%	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)	78.6%	76.6%	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)	27.3%	48.7%	51.6%	Comparable to other practices

Any additional evidence or comments

The practice was aware of the lower result for new cancer detection and had reviewed their procedures following the significant event. The practice thought that the low results may have been due to former doctors at the practice investigating patients themselves before referring. Due to a shortfall in nursing service, the recall process was failing and in need of revision. Procedures have now changed to ensure recall and referrals happen more swiftly if they are needed. One of the doctors had received further training in dermatology and the practice believed that detection would increase due to this.

Following the inspection, the practice provided further information regarding a campaign that they planned to run in order to make all women aware of the need for a cervical smear. This is to include women from all social and religious groups and those on the mental health register who were also difficult for the practice to encourage to have the test. It wil include leaflets being handed out to patients and liaising with patients mental health support workers.

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)	73.8%	91.7%	90.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (2)	7.6%	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)	82.3%	92.7%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (1)	5.7%	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)	76.2%	87.3%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (1)	4.5%	6.8%	
Any additional evidence or comments				
The practice was aware of the lower than average result for patients with schizophrenia, bipolar affective disorder and other psychoses who have a documented care plan. The stated that this was an area that they were working on and were planning to undertake an audit of this area.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	508	544	539

Overall QOF exception reporting	4.3%	5.3%	5.7%
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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>	97.7%	96.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (3)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was sought for minor surgery procedures and the practice has an extensive consent form to be completed before the procedure commenced. The form is then scanned and placed on the patient record. The practice also audited consent for minor procedures on a yearly basis.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	34
Number of CQC comments received which were positive about the service	29
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
comments cards,	Patients commented that they were happy with the service, staff were always polite and helpful and the practice was safe and clean. They felt respected and involved in their care and treatment. Some patients commented on how difficult it could be to get an appointment and that there could be a long wait to see a doctor.
NHS Choices	NHS Choices comments since January 2017 have been generally positive with good comments about the service, however one comment stated that they found the doctor rude.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,869	385	114	29.61%	Surveys returned divided by Practice population) x 100

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)	60.8%	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)	86.1%	88.0%	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)	95.9%	94.4%	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)	79.7%	83.5%	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)	69.4%	86.3%	91.4%	Significant 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)	70.6%	85.4%	90.7%	Variation (negative)

Any additional evidence or comments

The practice commented that at the time leading up to the survey, there was an absence of a regular nursing service. Locum nurses were employed to cover the period. Patients were unhappy with the locum cover as they wanted to see the same person. Due to this, waiting times for the nurse increased. The practice now has a regular nurse and the matters previously identified have improved.

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

Date of exercise	Summary of results
Nov 17	<p>The practice carried out a survey in November 2017. From those who completed the survey the results showed that:</p> <ul style="list-style-type: none"> • 82% of patients would recommend the practice; • 87% of patients were satisfied with the opening hours; • 59% gave a positive answer to how easy it was to get through to the practice on the telephone; • 73% of patients rated their experience of making an appointment as good or very good; • 87% of patients described the overall experience of the practice as good or very good. <p>From these results, the practice developed an action plan for improvement. This included:</p> <ul style="list-style-type: none"> • Ensuring that three members of staff were available at peak times to answer telephone calls; • Promoting online services to reduce the number of telephone calls coming in to the practice from pharmacies. <p>The practice was intending to undertake an audit into telephone access in the coming months.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients and CQC patient comment cards.	Patients we spoke with on the day and those who completed comment cards stated that they were treated in a professional way and were always consulted in decisions about their care and treatment.

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)	79.4%	84.8%	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)	80.6%	80.5%	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)	77.5%	84.6%	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)	66.8%	80.6%	85.4%	Variation (negative)

Any additional evidence or comments

The practice commented that at the time leading up to the survey, there was an absence of a regular nursing service. Locum nurses were employed to cover the period. Patients were unhappy with the locum cover as they wanted to see the same person. Due to this, waiting times for the nurse increased. The practice now has a regular nurse and the matters previously identified have improved.

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	42 carers have been identified, which equals less than 1% of the patient population.
How the practice supports carers	<p>The practice identifies carers through the registration process and opportunistically during GP consultations. Once identified, an alert is put on the practice system. A yearly health check and flu vaccination is offered to carers along with appointments at a convenient time that fits around their caring commitments.</p> <p>Leaflets signposting patients to carers support groups are available on the carers notice board along with information regarding social prescribing.</p>
How the practice supports recently bereaved patients	Double appointments are made available for the bereaved patients along with referrals to appropriate counselling services. A note is also placed on a patient's record so that staff are aware.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>The seating area was situated a short distance from the reception desk to ensure confidentiality for patients. A separate room was made available for patients who wished to talk in confidence.</p> <p>If an incident occurred within the waiting area, there was a mobile screen that could be placed around the patient to ensure privacy during that time.</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	8.00am to 6.30pm
Tuesday	8.00am to 6.30pm
Wednesday	8.00am to 6.30pm
Thursday	8.00am to 1.00pm
Friday	8.00am to 6.30pm

Appointments available	9.30am – 11am and 3.30pm to 5.30pm Except on Thursday when appointments were only available between 9.30am and 11am.
Extended hours opening	<p>Patients can book appointments with the GP Hub from 6.00pm to 8.00pm every day.</p> <p>The GP Hub is open at weekends between 8.00am and 8.00pm. (Stamford Hill and Clapton are the nearest hubs to the practice). Patients have a choice of what hub they attend. (they offer both nurse and GP appointments).</p>

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>When patients call the practice, and request a home visit, details are taken by the reception team and passed to the GP responsible for home visits that day. The GP would then call the patient back and decide whether the home visit was necessary or if another option was more suitable. Any patient that is on the frail patient list would be seen at home as a priority the same day.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,869	385	114	29.61%	Surveys returned divided by Practice population) x 100

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)	72.4%	79.9%	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)	47.6%	74.2%	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)	67.4%	74.3%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	50.6%	73.3%	72.7%	Comparable to other practices

Any additional evidence or comments

Following the practice survey in November 2017, the practice produced an action plan to address these concerns. This included:

- Ensuring that three members of staff were available at peak times to answer telephone calls;
- Promoting online services to reduce the number of telephone calls coming in to the practice from pharmacies.

The practice was intending to undertake an audit into telephone access in the coming months.

Part of the action plan was to change the telephone system to allow for a call stacking system so that patients knew where they were in the queue and how long they may need to wait. However, the Patient Participation Group were not in favour of this.

Examples of feedback received from patients:

Source	Feedback
Patient comment cards and interviews with patients on the day.	Some patients stated that the telephone lines are often extremely busy and it can take a long time to get through to the practice. However, most patients who commented in the cards and who we spoke with on the day said that they did not have any problems with getting through to the practice on the telephone and that they can get appointments when they need them. They acknowledged that there had been an issue getting through to the practice but this has greatly improved.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	5
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Complaints were dealt with in a timely way, as per the practice complaints policy. The policy takes account of both written and verbal complaints. If a verbal complaint is received, the practice would invite the patient to come into the practice to speak with a member of clinical staff and this is then recorded in the patient record. All complaints were discussed in team meetings and collated for review at the end of year complaints review.	

Example of how quality has improved in response to complaints

A patient called regarding test results and was expecting a call back whatever the result was. The practice policy was for GPs to only call back if the result was adverse. This was not communicated to patients. Receptionists now inform patients when they telephone that a GP would only call if the results were abnormal but offer an appointment if have any concerns.

Well-led

Leadership capacity and capability

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

The leadership was aware of everything that was happening within the practice and knew the capabilities of the workforce and was able to advance employee skills through training to enhance their roles.

Partners were visible and staff said that they were always approachable and open to suggestions on how to improve the service.

Vision and strategy

Practice Vision and values

The staff were aware of the vision and values of the practice which included to provide a high level of medical care, encourage staff to proactively engage with patients and to put in processes to enhance the patient experience.

Culture

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

Staff stated that there was an open and friendly culture. All staff had received the training necessary to complete their job role and further training was offered as necessary. We saw evidence that there was a good relationship between the management and staff.

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

Source	Feedback
Interviews with staff	<p>Staff said that they loved working at the practice, everyone is caring and the team do whatever is necessary to ensure both patients and staff needs are met. They also stated that the GPs would do anything possible for the patients. There is a very supportive management team.</p> <p>Staff stated that they could talk to management about any issues in confidence and are provided with support.</p>

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There was an overarching governance policy within the practice. The practice also had other policies to ensure the good governance of the practice which included safeguarding, infection prevention and control and information governance.
Other examples	<p>Regular governance meetings were held by the partners and management staff. There was a governance structure that all staff were aware of. Staff knew who to contact if they had any concerns. A staff hierarchy chart was on display in the practice to signpost staff to the relevant lead member of staff.</p> <p>The practice held regular staff meetings to discuss current issues including significant events and complaints.</p> <p>Significant events and complaints were assessed and acted upon. An annual review was held to find areas for improvement in the practice.</p>
	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

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
Patients at risk of diabetes	The practice offers a blood test appointment for patients at risk then refer the patient to a doctor.
H&S risk	A monthly walk around the building audit is carried out. A daily walk around is also undertaken to ensure the practice is fit for opening. Any issues are dealt with at the time or logged with the buildings management for action.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
There was an active PPG which met on a regular basis. The group offered proposals for improvements to the management team. For example, the group discussed what they would like to see from the implementation of a new electronic check in system. The system would allow patients to input data such as smoking status, alcohol consumption, weight and blood pressure which would then automatically feed into the patient record to be used in the consultation. The group hoped that the system would speed up consultations and allow the practice to run on time.

Continuous improvement and innovation

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

Audit area	Improvement
Breast Cancer Referrals Audit	The practice searched the records to identify patients that had been diagnosed with breast cancer between 2016 and 2017 to ensure that they had been referred appropriately. They found four patients that had been diagnosed and all had been referred within the required two-week period. The practice planned to repeat the audit to ensure they were still referring within the guidelines.
Chronic Heart Failure Audit	The practice aimed to evaluate whether patients with heart failure due to Left Ventricular Systolic Dysfunction (LVSD) have had the diagnosis coded on the heart failure register and are being safely managed with the appropriate medicines. Of the 26 patients on the heart failure register, 14 had LVSD and all had been coded correctly.
Atrial Fibrillation (AF) Audit	The practice carried out an audit to ensure patients with AF were prescribed appropriate anti-coagulant treatment which was not prescribed in combination with anti-platelet medication and a valid reason documented for any patients not receiving anti-coagulant treatment. In June 2017, 18 patients were found. The audit prompted the practice to review two patient's diagnoses, refer two patients to secondary care and update a further patients' blood tests. the audit also prompted the practice to look at the correct prescribing for patients on New Oral Anti-Coagulants (NOAC). The audit was repeated in June 2018. Eighteen patients were found.

	This prompted the practice to reduce the dose of NOAC for three patients. It also highlighted that one patient did not have an electrocardiogram (ECG) or cardio input on their records.
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	The practice aims to undertake this audit on a yearly basis.
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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](#)).