

Care Quality Commission

Inspection Evidence Table

Dr Sanjeev Saxena (1-562717745)

Inspection date: 10 July 2018

Date of data download: 05 July 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	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

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y March 2018
There was a record of equipment calibration Date of last calibration:	Y February 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y February 2017
Actions were identified and completed.	Y
Health and safety Premises/security risk assessment? Date of last assessment:	Y May 2018
Health and safety risk assessment and actions Date of last assessment:	Y May 2018

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: Following the last infection control audit action was taken to defrost a fridge and a damaged chair was replaced.	Y May 2018
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y

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

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	0.88	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	4.3%	9.6%	8.9%	Variation (positive)

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.	N
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	PARTIAL
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.	
<p>Explanation of any answers:</p> <p>We observed boxes of prescription paper left unsecured in staff offices. We did not see evidence that usage of prescription pads was being logged.</p> <p>There was a limited range of emergency drugs available with no risk assessment for those recommended medicines not chosen.</p>	

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.	5
Number of events that required action	5

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

Event	Specific action taken
Parent observed verbally abusing child	The incident was reported to the social worker. In future staff have been advised to contact the Police.
Staff confirmed to a patients' work colleague that they were registered at the practice	Breach of confidentiality was reported and discussed at team meeting. All staff undertook confidentiality training.
An unregistered patient became aggressive with staff	This was discussed at a staff meeting. It was decided that the patient would not be registered. The incident was reported to NHSE and to the police. Staff were reminded of the procedure.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Partial
Staff understand how to deal with alerts	Y
<p>Comments on systems in place: The practice manager received alerts by email. These were forwarded to clinical staff and if relevant to non-clinical staff. The manager worked jointly with the clinician to take relevant action. MHRA alerts were managed by the POD team (medicines management). There was no evidence that alert outcomes were tracked.</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)	0.77	0.75	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)	76.5%	81.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9%	7.1%	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)	90.8%	82.7%	78.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5%	5.1%	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)	79.8%	79.7%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.1 %	11.2%	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)	71.4%	79.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.1%	3.5%	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)	94.3%	92.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9%	6.0%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	90.0%	86.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2%	2.3%	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)	82.5%	85.0%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	4.3%	9.4%	8.2%

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)	46	49	93.9%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	42	48	87.5%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	44	48	91.7%	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)	42	48	87.5%	Below 90% Minimum (variation negative)
The practice provided unvalidated figures which indicated in 17/18 they achieved 90% of target in quarter one & two for booster immunisations with children aged two. Performance then dropped to 70% for quarters three and four. Practice staff were very aware of this and had allocated a member of the reception team to target these appointments and contact parents. They liaised with the practice nurse regarding any families who failed to attend to plan further action.				

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)	66.4%	74.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last	62.5%	72.6	70.3	N/A

36 months (3 year coverage, %) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	44%	56.8	54.6	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	95.2%	73.4	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)	19.0%	43.8%	51.6%	Comparable to other practices

Practice staff were aware that performance in cancer screening was below the average and were promoting each of the screening programmes using posters in the waiting room. A text reminder system had been introduced and staff told us this was having a positive impact on the number of patients failing to attend appointments. Staff followed up by phone call with female patients who did not attend appointments for cervical screening. Staff had identified those patients who had not attended for breast cancer screening and letters had been sent to encourage attendance and to make direct contact with the breast screening department.

Practice staff were working with the bowel screening team to educate patients on the importance of the programme and where agreed providing the screening kit. Additionally, 215 patients had been identified as not returning the screening kit, they were invited by the screening team to attend an appointment at the surgery to discuss the programme. This initiative had occurred twice to date and was planned again for August 2018.

When referring patients for a two week wait appointment the GP made direct contact with the two week wait secretary. The patient was then requested to pick up a NHS e-referral form the next day so they could choose where they wished to attend. The completed form was copied into the practice electronic clinical system and the two week wait secretary was requested to confirm the appointment. If the patient did not make the choose and book appointment the two week wait secretary informed the practice who contacted the patient immediately.

We saw that referrals contained all the relevant details including reference to clinical notes, medicines prescribed, past history, and physiological measurements.

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)	90.0%	86.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8%	5.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.3%	90.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3%	4.8%	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)	86.4%	86.2%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3%	6.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	539 (96.4%)	544	539
Overall QOF exception reporting	9.4%	7.4%	8.9%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.5%	97.1%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.1%	0.4%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

Practice staff told us they sought verbal consent for all procedures and then recorded this on the patient record. Patients receiving minor surgery, a cervical smear or venepuncture gave their written consent. If staff had concerns about the patients' capacity to consent they discussed this with the GP. In the case of female patients with a learning disability who were attending for a cervical smear test the practice used a video to explain the procedure prior to requesting consent.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	29
Number of CQC comments received which were positive about the service	26
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comments cards	Respondents said the GP was pleasant, friendly and caring and reception staff were helpful.
NHS Choices	Respondents reported an excellent service and reception staff were extremely helpful.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5169	371	115	31%	2.2%

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	68.4%	75.4%	78.9%	Comparable to other practices

someone who has just moved to the local area (01/01/2017 to 31/03/2017)				
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)	74.8%	87.8%	88.8%	Variation (negative)
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	85.4%	94.7%	95.5%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	74.4%	85.5%	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)	87.4%	92.8%	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)	94.4%	92.0%	90.7%	Comparable to other practices
Staff were aware that responses with regard to "listening" and "confidence and trust" were lower than local and national averages. However, completed comments cards did not support this view, 96.5% spoke of the excellent service and the GPs ability to listen to patients.				

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

Date of exercise	Summary of results
April-September 2018 ongoing	None at the time of the inspection

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	The four patients we spoke with said practice staff were very good at involving them in decisions about their care and they received clear explanations about the options for treatment. Respondents reported that the GPs listened to them, explained their diagnoses and

NHS Choices	discussed options including referral to secondary care.
Comments Cards	Five of the 29 comments cards we received from patients specifically referred to their active involvement 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)	67.7%	85.4%	86.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	58.9%	81.5%	82.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	82.9%	90.4%	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)	81.1%	87.3%	85.4%	Comparable to other practices
Staff were aware that their performance on the 16/17 GP survey was lower than average in “explaining tests” and “involving them in decisions about care”. We were told that the GP was away during the period this survey was done and locum staff were covering clinical sessions. Comments cards and feedback on NHS Choices were not in agreement with this view – please see feedback above.				

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

Carers	Narrative
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Percentage and number of carers identified	2% 99 carers identified
How the practice supports carers	Practice staff had produced a protocol for the identification of carers to ensure they received appropriate support from the practice and were referred to social services for a Carers Assessment. Staff told us they provided emotional support, flu immunisation and health checks as appropriate. The Carers Support bulletin was given to carers which provided details of local support groups including support on healthy lifestyles provided by Active West Lancashire. These agencies were part of West Lancs Council for Voluntary Services. We saw that carers were also referred to Skelmersdale Social Prescribing Service for psychological and financial support.
How the practice supports recently bereaved patients	Practice staff contacted the family by telephone and offered support if appropriate. People were also referred to the social prescribing service and to Lancashire Wellbeing Service a group of voluntary sector agencies.

Any additional evidence

The Friends and Family Test results for 17/18 indicated 74% of respondents would recommend the practice to others.

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	Receptionists were situated behind glass screens thereby protecting any conversations between staff or phone calls to patients. Some patients felt that they had to raise their voices to speak to receptionists and other patients sitting on the nearest chairs in the waiting area might hear the dialogue.
Comments Cards	Two respondents commented on the lack of privacy when speaking to receptionists in the waiting room.

Question	Y/N
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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 Interviews	Two patients reported that their privacy might be compromised if they had to speak loudly to staff behind the reception desk or if they had a hearing impairment. They felt the nearest row of chairs was too close to the desk.
Comments cards	One respondent specifically commented that their needs were complex and they do not wish to discuss them in public; the staff were aware of this and always took this into account in the waiting room.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am-6.30pm
Tuesday	8.30am-6.30pm
Wednesday	8.30am-6.30pm
Thursday	8.30am-6.30pm
Friday	8.30am-6.30pm

Appointments available	
Monday, Tuesday, Thursday, Friday 8.30am-12.30pm, 2pm-5.30pm	Wednesday 8.30am-2pm
Extended hours opening	
Monday & Tuesday	6.30-8pm

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 staff took all the details from the patient regarding their condition. These were passed to the GP via the home visit list and they made the decision about the urgency for medical attention.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5169	371	115	31%	2.2%

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)	73.2%	75.4%	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)	64.9%	71.2%	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)	71.0%	74.5%	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)	70.6%	71.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient Interviews	Patients told us they usually got an appointment on the same day they requested one. If this was not possible it was the next day.
Comments Cards	Three respondents said the time in the waiting room to see a GP or nurse could be up to 30 minutes.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	2
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>The practice manager managed the complaints process. We saw clear information advising patients about the complaints process.</p> <p>The documentation of complaints was comprehensive and the practice responded within a reasonable time scale. We saw evidence of discussion with staff in the regular staff meeting and of learning outcomes.</p> <p>Both verbal and written complaints were analysed and themes were identified.</p>	

Example of how quality has improved in response to complaints

We saw that a locum GP had reflected on their actions regarding one complaint and had resolved to make their communication more transparent with staff caring for a patient at a nursing home.

Well-led

Leadership capacity and capability

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

Staff demonstrated the team had worked together to respond to the feedback from the last inspection for example the recruitment policy had been reviewed and amended and we saw that staff files were now reflecting these changes. They felt the GPs and practice manager were very accessible and easy to speak with and felt confident to offer suggestions or express concerns. The practice manager and practice nurse had attended an eight-month programme with the NHS England Transformation Team in 2017 and their work with the team helped them win the “Best practice working together to improve the team” award. They put their work into practice by establishing more effective communication processes across the team.

Vision and strategy

Practice Vision and values

The practice had the motto “Every person is equal” and a strong ethos of treating all patients, the public and staff with dignity and respect. Staff wanted to deliver a service which was safe, transparent, adaptable and resilient and wished to demonstrate integrity and collaborative working with patients and the wider community for the greater good of the practice population.

Practice staff had drawn up an action plan for 2018/19 which included areas of QOF performance and issues raised by the GP Survey. There were also plans to review all NHS Choices feedback at staff meetings, to continue to improve numbers of patients attending for bowel and breast screening and to reduce rates of patients who did not attend appointments.

Culture

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

An additional partner had recently joined the practice to improve sustainability. Long term locums who were familiar to patients continued to offer regular sessions and covered GP annual leave. Practice staff had worked with the local CCG to gain resilience funding to respond to a large increase in housing in the immediate area. They had identified the next step was a diagnostic check to assess local need.

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

Source	Feedback
Staff Interviews	Staff told us they enjoyed working at the practice and that morale and communications had improved since the recommendations from the transformation project had been implemented. They said they were well supported and found both the lead GP and practice manager easy to approach. They would not hesitate to air concerns.

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 a good range of practice policies all easily accessible to staff on the electronic system. We noted that the confidentiality policy had been recently updated to reflect the GDPR (general data protection regulations).
Other examples	Practice staff met every six weeks to discuss changes and initiatives, to share learning from incidents and complaints and raise concerns and suggestions for improvement. We were told the lead GP and practice manager met at least three times each week to discuss ongoing issues and raise any concerns or requirements for action. There was no formal record of these meetings.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

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
Recent growth in housing and likely growth in patient register	Joint working with W Lancs CCG to gain funding to assess local needs and plan required response.
High rates of patients who do not attend appointments	A text system has been introduced to remind patients to attend appointments.

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
Members of the Patient Participation Group told us the group had been recently relaunched and two meetings had been held since January 2018 to discuss how to encourage patients to join the group. An event was planned and a survey was underway to encourage participation. Members were very supportive of the practice initiative to lower the rate of patients not attending appointments. They said

they felt their contribution was valued by practice staff and their feedback regarding inappropriate symbols on the electronic messaging board in the waiting room had led to it being updated. They hoped to discuss how the practice might work with patients to withdraw the prescribing of over the counter medicines.

Continuous improvement and innovation

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

Audit area	Improvement
Chronic Obstructive Pulmonary Disease(COPD)	All patients diagnosed with COPD and prescribed rescue packs (containing antibiotics for immediate use) had been reviewed to assess outcomes and whether they had attended at the Emergency Department since receiving the pack. Reduction in the number of patients attending had demonstrated the value of the packs and importance of using this initiative.
Use of Domperidone	All patients taking the medicine had been reviewed in 2015, 2016 and 2018. Initially the number reduced from 38 patients to nine, this included six patients where the dosage was reduced. In 2016 and 2018 the number of patients identified was nine and eight respectively, they were reviewed to discuss risks and benefits, and patients were either withdrawn from the medicine, had limited usage or were under secondary care. This demonstrated that the practice used sustained good practice to keep patients safe.

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](#)).