

Care Quality Commission

Inspection Evidence Table

Drs. Broadhead, Morris, Hamilton, Earl & Sowden (1-568409029)

Inspection date: 31 July 2018

Date of data download: 02 July 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 03/08/2016	Yes
There was a record of equipment calibration Date of last calibration: 22/09/17	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks – July 2018	Yes
Fire drills and logs – May 2018	Yes
Fire alarm checks – Weekly, last one 19/07/18	Yes
Fire training for staff – July 2018	Yes
Fire marshals – Five fire marshals in place	Yes
Fire risk assessment Date of completion –	Yes March 2016
Actions were identified and completed. Building work on extension work will be reviewed again once completed	Yes
Additional observations: Fire safety audit completed by Cornwall Fire and Rescue Service February 2016	
Health and safety Premises/security risk assessment? Date of last assessment: June 2018	Yes
Health and safety risk assessment and actions Date of last assessment: June 2018	Yes

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>Previous actions included:</p> <p>Carpet in reception area - Fixed</p> <p>Toys removed</p> <p>Curtains replaced</p>	<p>Yes</p> <p>July 2018</p> <p>Weekly audit</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p> <p>Sharps bins and hazardous waste bags collected weekly, under an annual contract running until September 2018 when it will be renewed.</p>	

Risks to patients

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

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)	0.98	0.98	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)	8.3%	9.8%	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.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

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.	5
Number of events that required action	4

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

Event	Specific action taken
Retinal screening referral delay occurred	The practice investigated this event. Information had been delayed, some of which was due to procedures and IT issues. Checks and measures were put in place to improve procedures and avoid future delays.
Out of Area respite care	A patient with dementia was registered elsewhere. This patient was moved to Saltash by the Adult Social Care team for respite care and registered as a temporary patient at the practice. A GP paid a home visit to the patient. The patient was admitted to hospital due to high blood sugar levels. Shared learning included the need for improved handover between clinical teams and the Adult Social Care team.

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: Medicines Health Regulatory Authority (MHRA) alerts were sent to Practice Manager and disseminated to all relevant team members, and appropriate actions taken. For example sodium valproate prescribing to women of child bearing age was reviewed and safety measures put in place.</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)	1.14	0.99	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)	84.2%	82.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.1% (138)	19.7%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	85.5%	81.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.7% (87)	11.9%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	87.1%	82.3%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	13.7%	(80)	14.9%	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) <small>(QOF)</small>	77.0%	75.8%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.7% (124)	12.3%	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) <small>(QOF)</small>	94.9%	91.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (33)	13.7%	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) <small>(QOF)</small>	89.7%	84.5%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (102)	5.2%	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) <small>(QOF)</small>	81.0%	88.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (15)	7.6%	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)	139	144	96.5%	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)	137	142	96.5%	Met 95% WHO based target Significant Variation (positive)
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)	137	142	96.5%	Met 95% WHO based target Significant Variation (positive)
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)	137	142	96.5%	Met 95% WHO based target Significant Variation (positive)
Any additional evidence or comments				

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)	82.3%	75.0%	72.1%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	83.5%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	67.1%	60.7%	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)	57.1%	63.7%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait	60.7%	51.4%	51.6%	Comparable to other practices

(TWW) referral) (01/04/2016 to 31/03/2017) (PHE)				
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Any additional evidence or comments				
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People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	93.8%	90.3%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20% (18)	16.0%	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)	94.0%	92.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15% (12)	13.5%	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)	92.7%	84.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (5)	7.0%	6.8%	
Any additional evidence or comments				
<p>The practice had analysed their QOF exception reporting and provided a narrative for any outliers. All QOF exception reporting was subject to clinical oversight. For example, the practice had a slightly higher than average number of exceptions for the percentage of patients with mental health issues who had an agreed care plan. Practice GPs had reviewed all of these patients and clinical decisions had been made on an individual basis according to their needs.</p>				

Monitoring care and treatment

Indicator	Practice	CCG	England
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		average	average
Overall QOF score (out of maximum 559)	558	551	539
Overall QOF exception reporting	7.6%	6.8%	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 monthly

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	95.1%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (53)	1.0%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Consultations had been created to facilitate consent discussed and obtained for all procedures. Written consent was recorded for all invasive procedures, including contraceptive coil fitting and removals, implants, minor operations.</p> <p>An up to date consent policy was in place.</p> <p>For patients not able to give informed consent, there was a policy in place, for example, a link with the local learning disability nursing team, both for primary and secondary care.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	10
Number of CQC comments received which were positive about the service	10
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
NHS Choices	NHS choices results showed there had been 732 respondents in the last 12 months. Of these, 98% stated they would recommend this service.
Friends and Family	Friends and Family test results for July 2018 had eight respondents. Of those, six were extremely likely to recommend the practice and the other two were likely to recommend the practice to their friends and family.
Patient surveys	<p>We saw evidence of positive feedback from patients about the high level of service received at the practice.</p> <p>The practice carried out a patient survey on their e-consult service which had been launched at the end of May 2018. E-consult allowed patients to email their GP practice and ask questions. In June 2018 there had been nine respondents to the survey. 89% were satisfied with the service and all of these would recommend the service to their friends and family.</p> <p>A CFEP (client focused evaluations programme) survey had been completed in July 2016 which involved 283 respondents. Of these, 88% of all patient ratings were good, very good or excellent.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,800	225	121	53.78%	1%

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)	90.2%	86.6%	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)	96.8%	92.3%	88.8%	Variation (positive)
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)	99.3%	97.4%	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)	94.9%	90.5%	85.5%	Variation (positive)
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)	94.7%	93.4%	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)	95.2%	93.8%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
18/7/18	There had been over 100 attendees at an open evening held by the practice at Saltash Guildhall. The practice presented what actions it had taken, or planned to take, for resilience, co-ordinated and integrated care with other health and local authority professionals. This included greater use of technology, the use of paramedics, musculo-skeletal practitioners, pharmacists and other health professionals to deliver innovative solutions to the challenges facing primary medical services.
July 2018	Point of care testing survey – positive feedback received This was testing for blood thinning levels (INR), which could be now be done in house at the practice. A survey had been carried out. Of the 30 respondents, 100% were very satisfied.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with two patients during our inspection. Both patients we spoke with reported that clinical staff always outlined the options available. Patients felt they were given enough information to make informed decisions and felt involved in their own 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)	93.0%	90.9%	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)	85.5%	87.8%	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)	94.9%	92.7%	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)	89.5%	89.8%	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.	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	222 carers identified which was 1.7% of the total practice patient population.
How the practice supports carers	Patients were identified as carers at registration or through staff interactions. All carers were offered flu vaccinations, and home visits were undertaken for all housebound patients, when a carer requests. Signposting by staff took place to highlight the services available as well as helping organise transport for appointments.
How the practice supports recently bereaved patients	Bereavement contacts were made by the regular GP. Appropriate support services were offered. Bereavement cards were sent either by the practice or the GP.

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	Designated quiet confidential area at the reception desk. Patients were asked to wait back from the desk with a sign on a post. Staff were aware they could find a private room if it was felt necessary. The practice manager's office was usually used for this purpose due to its proximity to the waiting room.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Comment cards and patients	10 CQC comment cards we received described friendly, compassionate care from the health professionals at this practice. Patients we spoke with described approachable reception and clinical staff.
PPG	We spoke with PPG patient participation group members who told us the practice always offered a private room if patients wished to speak to a receptionist or manager in private when arranging an appointment.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.00 to 18.00 (GP available until 18.30)
Tuesday	08.00 to 18.00 (GP available until 18.30)
Wednesday	08.00 to 18.00 (GP available until 18.30)
Thursday	08.00 to 18.00 (GP available until 18.30)
Friday	08.00 to 18.00 (GP available until 18.30)

Appointments available	
Monday to Friday	08.30 to 17.30
Extended hours opening	
Monday Evenings and Wednesday mornings weekly	18.30 to 20.00 07.00 to 08.00

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>There was a dedicated phone line every morning, with an experienced administrator. All urgent requests were clinically triaged and appropriate actions taken. A diary system was in place for follow up visits as required, as well as weekly visits to care homes by the home's designated GP.</p> <p>All visit requests were reviewed by clinician before they were undertaken, and patient summaries were available for the visit.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12,925	225	121	53.78%	1%

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)	87.0%	84.0%	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)	70.9%	79.3%	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)	87.0%	82.1%	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)	81.4%	81.9%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	NHS choices results showed there had been 732 respondents in the last 12 months. Of these, 98% stated they would recommend this service.
Friends and Family	Friends and Family test results for July 2018 had eight respondents. Of those, six were extremely likely to recommend the practice and the other two were likely to recommend the practice to their friends and family.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	27
Number of complaints we examined	27
Number of complaints we examined that were satisfactorily handled in a timely way	27
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:

All complaints were discussed with the GPs and practice manager every month as a regular agenda item at the practice meeting. This enabled the practice to learn lessons from complaints, check for trends and if appropriate make changes to procedures. Complaints we looked at had been fully investigated and discussed with the individual member of staff involved and any training needs had been addressed. Patients had been offered the opportunity to discuss complaints with the practice manager in person.

We saw examples which showed the duty of candour had been complied with, for example where an error had been made on a patient's prescription which had not had any negative effects, the practice had notified the patient involved and apologised for the error.

Example of how quality has improved in response to complaints

Patients had complained about the telephony service. The practice had acted upon this feedback. A new telephone system had been introduced which was computer cloud based in line with the other practices in the area. This was in line with future plans from NHS Kernow for more shared working. The new telephony system allowed the recording of calls which was invaluable for dealing with complaints, staff training and call handling. For example, a range of options were now available which allowed callers to select the relevant department they wished to speak to. Patients told us they were satisfied with the new telephony system.

Well-led

Leadership capacity and capability

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

The partners rotated the role of senior partner, working closely with the practice manager, every six months. The senior partner chaired the practice meetings and had time set aside each week for meetings with the practice manager.

There was a nursing team lead GP who worked closely with the nurse manager, time was set aside for regular meetings with the nurse manager.

The prescribing lead GP was not only the lead for the practice but also the lead for the East Cornwall Locality, representing the Locality on the Prescribing Formulary Board at the Acute Hospital, along with consultants from the hospital.

The practice has been at the forefront of innovation in IT, changing to a new computer system, directly linked with the community nursing team. Recently the locality agreed to change to a new computer system provider to support working at scale, such as supporting improved access to general practice, improve patient record sharing, enabling locality clinics or services across locality practices, enabling opportunities to stream workload and workflow across the East Cornwall practices and to deliver interoperability with system providers to improve patient management.

The practice had adopted the productive general practice programme (PGPP) initiative. Examples of areas reviewed were the new patient registration process (more streamlined), GP referrals and the secretarial processes (a digital dictation system), repeat prescribing processes, the practice had developed a prescribing team and introduced a team leader and reviewed other back office work, completing a skills matrix. The practice had introduced a team leader for the receptionists.

The practice had introduced document management, working to agreed protocols, with admin staff reviewing clinical correspondence and reducing administrative workload for the GPs.

The practice had adapted to GP recruitment challenges as it had experienced three GP partners retire since the last inspection. For example, the practice had recruited paramedics.

The practice had introduced a new online consultation system (e-consult) which it was trialling on behalf of the CCG, with the aim of improving access to GP advice and primary care.

As 84% of patients book an appointment with their GP by telephone, the reception team was critically important to this process. Staff had been trained to signpost patients to e-consult, pharmacist minor ailments, nurse-led minor illness clinic and paramedic acute assessment clinic at present. The practice was in the process of employing additional administrative and reception staff, recognising that their workload will increase with additional clinicians, e-consult and their developing and expanding role.

Vision and strategy

Practice Vision and values

The practice had a vision and values in place which emphasised the importance of providing services that everyone can be proud of. The practice valued its working team, partnerships with outside agencies, and its patient participation group (PPG) with five active members. The practice was committed to providing personalised care and continuity of care for patients. The practice had been responsive to feedback and responding positively to changes within the practice and wider NHS.

Culture

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

The practice works proactively with the Community Matron and Palliative Care nurse to support end of life care planning and hospital admission prevention. The practice held monthly Gold Standard Framework meetings each month to discuss patients on its Palliative care register.

The practice had produced a business plan to NHS Kernow CCG to successfully set up a school outreach clinic called TicTac which held daily lunchtime drop in sessions at the local secondary school. GPs and practice nurses attended the school on a rota basis with the other local practice to staff these clinics. The aim was to improve access to healthcare advice and engage with the local community school, to improve emotional and mental health and wellbeing, reduce unwanted teenage pregnancy, reduce childhood obesity, help young people give up smoking, reduce substance misuse and alcohol abuse and to promote collaborative and multi-agency working. Referrals from TicTac meant better access to contraception.

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

Source	Feedback
Staff	Staff we spoke with told us they felt supported by the management team at the practice, involved in decisions and listened to during meetings. Staff told us there was an open culture of transparency and a safe learning environment.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Policies were in place and available on the shared drive for all members of staff
Other examples	Audits were undertaken and acted upon. Complaints had been reviewed and acted upon
	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
Lack of GP replacements for retiring GP's	Recruitment of additional clinical staff including three paramedics and plans to become a GP registrar training practice.
Lack of space	The practice was in the process of building an extension with an additional five treatment rooms. In addition to this, the practice was negotiating with NHS Property Service in order to acquire an adjacent building and develop this space to meet growing patient numbers.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>We spoke with members of the PPG. They provided us with positive feedback about the practice, described excellent access to the GP and the practice manager. PPG meetings were held bi-monthly at the practice with practice staff and bi-monthly meetings were also held where only PPG members attended.</p> <p>The PPG ran a 'breathers' group for patients with COPD and a healthy lifestyle course. The healthy lifestyle course was intended to support patients with long term conditions. It demonstrated physical activities they could enjoy, meeting regularly at the neighbouring leisure centre.</p> <p>A recent patient open evening had been very successful, and future plans had been discussed. Over 100 patients had attended the event held by the practice at the local guildhall in Saltash. The practice kept patients up to date with the Saltash Health Centre newsletter.</p> <p>The PPG described the practice staff as professional, friendly and helpful. The practice discussed the introduction of paramedics and a psychologist counsellor starting at the practice. The practice had acted upon PPG feedback in the introduction of the psychologist due to the high demand identified by the PPG.</p>

Continuous improvement and innovation

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

Audit area	Improvement
National cancer diagnosis audit	2014 audit found that 93 patients had been diagnosed (all types were listed including 26 with breast cancer and nine with prostate cancer) routes to diagnosis were examined such as screening, emergency and routine. Saltash Health Centre cancer diagnoses via emergencies was 24% which was higher than the national average of 20%. The audit was repeated in 2015 and 2016. Emergency diagnoses rate had been reduced to become comparable with the national average. Findings of the audit included avoidable circumstances for emergency admissions, reasons for multiple consultations were explored and any learning gained was shared with other clinicians. The need for accurate read coding was highlighted by the audit.

<p>Cervical smear audits</p>	<p>It was the responsibility of all clinical staff who took smears to audit inadequate smear rates yearly to ensure they were within recommended acceptable rates. In 2016-17, 2.7% of samples from GP and NHS community clinics were inadequate. This compared with 2.4% in 2013-14 and 8.9% ten years ago in 2004-05.</p> <p>During the previous audit, of 757 smears taken, 733 were reported as adequate with 24 as inadequate. Of the 674 adequate results, 662 results were normal and 10 results showed borderline changes.</p> <p>Findings of the audit included confirmation that clinicians were following guidance introduced by National Institute for Health and Care Excellence (NICE).</p> <p>The results showed that overall the standard had been achieved and inadequate rates were much lower. All staff were informed of their results and the audit would be repeated again next year.</p>
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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](#)).