

Care Quality Commission

Inspection Evidence Table

Norton Canes Practice (1-538703633)

Inspection date: 1 October 2018

Date of data download: 10 September 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any answers: The practice advised that no safeguarding issues had been identified or reported by the practice since the last inspection. Monthly meetings were held with the health visitor, who were located within the health centre where safeguarding/child protection cases were discussed. A GP shared an example of how one family was currently being supported by the local authority. We saw vulnerable patients were identified on the practice clinical system, to include parents and siblings for children on the child protection register.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 30/11/2017
There was a record of equipment calibration Date of last calibration:	Yes 30/11/2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshal	Yes
Fire risk assessment Date of completion	Yes 17/11/2015 (external agency) 08/02/18 (internal)
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 23/01/2018
Health and safety risk assessment and actions Date of last assessment:	Yes 23/01/2018
Additional comments:	

Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control audit:	25/01/2017 (external agency) 11/07/2018 (internal audit)
The practice acted on any issues identified Detail: Fabric chairs were removed from clinical rooms. Clutter was identified and removed.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p data-bbox="76 1061 478 1097">Explanation of any answers:</p> <p data-bbox="76 1151 1513 1330">The practice had an infection control policy in place and the nurse was the designated lead for infection control. The practice had achieved a score of 98% during an external infection control audit carried out in January 2017 and were rated Green. The findings of the audit showed that the infection control polices and protocols were being adhered to. Recommendations for improvements had been carried out promptly by the practice.</p> <p data-bbox="76 1384 1513 1420">An external contractor was responsible for the collection of clinical waste. Waste was securely stored.</p> <p data-bbox="76 1473 1426 1545">Contract cleaners were responsible for maintaining the cleanliness of the practice and cleaning schedules were in place and monitored.</p>	

Risks to patients

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

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers:	
There was a designated member of staff responsible for ensuring referrals were managed effectively. Discussions held with them demonstrated they had a clear understanding of their role and responsibilities. We viewed two referral letters and saw these contained adequate information. The practice had redesigned their referral policy to ensure consistent and efficient referral processes were in place and were in the process of carrying out an audit to ensure improvements had been made.	

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.77	1.08	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	6.6%	8.7%	8.7%	Comparable with 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).	No***
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.	

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
<p>Explanation of any answers:</p> <p>*Prescriptions awaiting collection were now checked on a weekly basis and if they remained uncollected the practice contacted the patient, recorded it and escalated it to a GP for further action if required.</p> <p>**Following the last inspection, the practice had reviewed the monitoring of patients on high risk medicines and now ensured patients had received the required blood tests prior to issuing prescriptions. A member of staff had designated responsibility for monitoring blood testing schedules and regular audits were carried out to monitor compliance. A part-time clinical pharmacist was available to assist with patient medicine reviews and provide advice to patients.</p> <p>***The practice currently did not monitor the prescribing of controlled drugs but told us they had plans in place to do this for example, carrying out audits.</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	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.	Seven
Number of events that required action	Five

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

Event	Specific action taken
A patient was given an incorrect vaccination as a GP was unaware there were different vaccinations held at the practice for children and adults that were used to treat cases of pneumonia, meningitis and sepsis.	The patient affected was informed and the shelves in the vaccine fridge had since been labelled to help prevent further error. The patient was scheduled to be followed up within 12 months and the error reported. The incident was discussed with staff and recorded.
A patient fainted in a treatment room during their consultation. Although an alarm was raised on the practice computer system no staff attended as the panic button had only been pressed once and not twice therefore practice staff were unaware of the need to respond.	A test of the system was carried out to ensure the emergency panic button was functioning properly and all staff were provided with written information informing them how to raise an alarm in the event of an emergency. The incident was discussed with staff and recorded.

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>Medical safety and device alerts were received electronically, disseminated to clinical staff and discussed during practice meetings. We saw searches were carried out for any patients on any identified medicines or devices and affected patients were contacted and recalled for consultation when required and reviewed.</p>	

Any additional evidence
The practice had redesigned their referral policy to ensure effective and efficient referral processes and were in the process of auditing outcomes to ensure improvements had been made and sustained.

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) (01/07/2017 to 30/06/2018) (NHSBSA)	1.05	0.96	0.83	Comparable with 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)	77.8%	81.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (24)	14.8%	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)	89.8%	81.8%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (10)	8.7%	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)	83.8%	80.7%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.2% (17)	13.7%	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	78.0%	79.0%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (6)	7.9%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, 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)	91.8%	91.9%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.6% (9)	13.0%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.7%	83.7%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (8)	3.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	94.9%	89.1%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (2)	7.0%	8.2%	
Any additional evidence or comments				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	42	43	97.7%	Met 95% WHO based target (significant variation positive)
The percentage of 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)	38	39	97.4%	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)	37	39	94.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	38	39	97.4%	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 at a given point in time who were screened adequately within a specified period (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)	75.1%	73.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.7%	67.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.7%	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)	81.8%	77.5%	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)	55.6%	46.0%	51.6%	Comparable with other practices
Any additional evidence or comments				

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)	95.7%	91.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	12.2%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.7%	92.7%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.9%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	80.6%	84.1%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (1)	5.0%	6.8%	
Any additional evidence or comments				
Discussions with the practice demonstrated they were fully aware of exception reporting rules.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	547	539
Overall QOF exception reporting (all domains)	3.5%	5.6%	5.7%

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.3%	96.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (2)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinical staff demonstrated an understanding of best practice guidance in obtaining consent. Written consent was obtained for immunisations, contraceptive implants, coils and minor surgery.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	14
Number of CQC comments received which were positive about the service	12
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients told us that they felt the practice cared about their health and gave them support to improve their wellbeing. They described examples where they were listened to and treated with respect, dignity and kindness.
CQC comments cards	Patients commented that staff were professional, kind, very helpful and caring.
NHS Choices	Since the last inspection one review had been left on NHS Choices. The patient indicated they were upset and felt the GP had not listened to them. We saw the practice had responded to the review and requested the patient contact them in confidence to help resolve the matter.
Patient Participation Group (PPG)	We spoke with a representative of the PPG who commented that they felt the practice listened to them, that staff were kind and considerate and the practice welcomed and had actioned their suggestions for improvement.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3967	256	101	39.5%	2.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	86.5%	88.3%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	83.4%	87.2%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.6%	95.9%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	81.9%	83.9%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
October 2017	The patient participation group (PPG) had been involved in developing the questions asked. The outcome of the patient survey identified that 96% of patients surveyed were satisfied with the overall care provided. Some patients experienced difficulty accessing the practice by telephone. The provider told us they were currently exploring a new telephone system in a response to patient feedback. The practice were looking into carrying out a further patient survey in November 2018.

Any additional evidence
The practice had hosted a range of health awareness sessions for their patients and members of the local community. The most recent session, held in September 2018, was on diabetes. Over 30 people attended and feedback was very positive. Diabetes Education support workers were also invited to help increase the uptake of the service for newly diagnosed diabetic patients.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients felt they were listened to and told us that the doctors, the nurse and health care assistant fully explained any treatment options to them enabling them to be involved 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 during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	98.6%	93.6%	93.5%	Comparable with other practices

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
<p>Additional information:</p> <p>*In addition to English, members of the practice staff were able to speak a range of languages to include Hindu, Punjabi, Urdu, Telugu and Malayalam.</p> <p>**The practice leaflet could be made available in large print.</p>	

Carers	Narrative
Percentage and number of carers identified	Since the last inspection the practice had pro-actively identified and increased the number of carers registered from 65 to 90 patients, just over 2% of the patient list.
How the practice supports carers	<p>The practice had appointed a Carers Champion and had carried out an exercise to help identify carers and actively encouraged them to register. A carers group had been set up and the first carers meeting was due to take place shortly. A representative of the local Carers Association had been invited to the meeting and had also provided staff and the patient participation group with carers awareness training to inform them about the work they do to support carers. The practice had arranged to hold a carers group meeting, which was scheduled for 10 October 2018. Representatives from the local carers association and carers café had been invited to attend the meeting with a view to the practice organising a monthly carers clinic from November 2018.</p> <p>A notice was displayed in the waiting room, the provider website and social media page asking carers to register with the practice in person or on-line and information signposting patients to support information was also available.</p> <p>Carers were offered flexible appointment times and invited for annual influenza vaccinations and a health check. The practice were working with the school nurse, that was based within the health centre, to identify and encourage young carers at local schools to join the patient participation group.</p>
How the practice supports recently bereaved patients	The practice had a bereavement information leaflet available which provided advice to bereaved patients about the local and national support services available and their contact details.

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	Reception staff we spoke with were able to provide examples of how they maintained confidentiality and privacy at the reception staff, for example by only requesting minimal patient information and advising patients if they wished to speak privately that a room was available.

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
Patient interviews and observations	<p>We observed background music was not available in the waiting room to help provide auditory privacy. However, patients we spoke with considered their privacy and dignity was maintained and expressed no concerns about confidentiality at the reception area.</p> <p>One patient told us they had been advised to take a seat instead of waiting behind a patient who was being seen at the reception desk to help avoid discussions being overheard.</p>

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.00 – 19.30
Tuesday	08.00 – 18.30
Wednesday	08.00 – 18.30
Thursday	08.00 – 18.30
Friday	08.00 – 18.30

Appointments available	
	<p>GP appointments: Monday to Friday: 9.30 – 12.00 and 16.00 – 18.00 except on a Tuesday 15.00 – 18.00</p> <p>Nurse appointments: Monday: 10.30 - 14.30 and 15.00 – 18.00 Tuesday: 09.10 – 14.30 Wednesday: 09.10 – 17.30 Thursday: 09.10 – 14.00</p> <p>Health Care Assistant appointments: Tuesday to Friday 09.00 – 14.00.</p> <p>Appointments could be booked by telephone, in person or on line.</p> <p>In response to feedback from the patient participation group (PPG) and patient feedback, the practice had reviewed and redesigned its appointment system and now released appointments at various times to aid accessibility of appointments. The practice had also signed up to an mobile text messaging service to help reduce the number of missed appointments and was currently exploring a new telephone system to improve access.</p>

Extended hours opening	
	<p>Extended hour appointments were available on a Monday from 18.30 to 19.30 with both GPs and the practice nurse.</p> <p>Patients were also able to access extended hours appointments during week day evenings and at weekends through the Cannock Chase Clinical Alliance extended access to primary care service programme. This service was provided at hubs and also within 13 GP practices in the local area and booked through the patients' own GP practice.</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	
Patients were requested to telephone the practice before 11am if a visit was required that day. Home visits were available for patients confined due to illness or disability. A doctor determined whether the visit was necessary and the urgency.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3967	256	101	39.5%	2.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	96.7%	95.9%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	73.6%	69.5%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	80.3%	69.1%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	70.7%	66.1%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	77.6%	73.8%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
Comment cards	Patients commented that they were able to get an appointment when they needed one. One patient commented they sometimes found it difficult to get through to the practice by telephone, especially in the afternoon.
Patient interviews	Most of the patients we spoke with were positive about the ease of access by telephone and face to face appointments.
Observation	During the inspection we found that there were no patients waiting an excessive length of time for their appointment. The clinical system showed that nurse appointments were available on the day of the inspection and within 48 hours for a GP appointment. Pre-bookable appointments could be booked six weeks in advance.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	Two
Number of complaints we examined	Two
Number of complaints we examined that were satisfactorily handled in a timely way	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
Additional comments:	
<p>Since the last inspection the practice had received two formal complaints in addition to 21 informal verbal concerns, which were all appropriately recorded and addressed. We saw learning and action points were noted and shared with staff and were a standing agenda item at staff meetings held. Concerns could be escalated to complaints if deemed necessary.</p>	

Example of how quality has improved in response to complaints
<p>A patient with mobility difficulties had complained about the practice procedure for obtaining repeat prescriptions. The practice wrote to the patient advising them of the various methods of how to obtain a repeat prescription rather than having to attend the practice in person. A training session was held with staff to remind them of the policy and to ensure requests were dealt with on a case by case basis.</p>

Any additional evidence
<p>Information about how to make a complaint or raise concerns was now made readily accessible in the practice waiting area in addition to the practice website. The practice complaint leaflet provided patients with information on how to make a complaint and any next steps should a patient be dissatisfied with the outcome of their complaint investigation. Most of the patients we spoke with told us they would speak directly to the staff if they were unhappy with the care and treatment they received. Patients we spoke with told us they had not had cause to complain.</p>

Well-led

Leadership capacity and capability

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

The practice leaders had taken the findings from the previous CQC inspection to improve the services provided and patient safety and care. The inspection report had been shared and discussed. Each area for improvement had been actioned and our findings at this inspection evidenced improvements had been made and sustained.

Any additional evidence

Arrangements for governance and performance management had improved and operating effectively. Any identified risks were identified and actioned in a timely way. There was a joint approach by all staff to improving patient experiences of the services provided. For example, the increase in the membership of the patient participation group and the identification and support for carers as previously detailed in this report.

Vision and strategy

Practice Vision and values

The practice vision was to provide high quality, safe and professional services to their patients with a focus on prevention of disease by promoting health and wellbeing and offering care and advice within a safe and friendly environment. Staff spoken with understood the vision, values and strategy and their role in achieving them. Regular staff meetings were held to communicate the vision, future strategies and practice performance. Meetings were recorded.

Following the last inspection, the practice had made their mission statement accessible to patients in the waiting room.

Culture

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

Staff told us that the practice provided a positive, friendly, blame-free and open and honest environment to work. They also said they were able to raise concerns and were encouraged to do so. The practice actively promoted equality and diversity and staff had received training in this area.

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

Source	Feedback
Staff	Staff spoken with told us they enjoyed working at the practice and they worked well as a team. They said that the GPs and the management team were very approachable and supportive.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Staff had access to policies available on their computer desktops and hard copies were available. There was a process in place to ensure staff had received, read and understood the content of the policies.
Other examples	Staff had received specific training so that patients were effectively signposted to the relevant practitioner and external health and social care services. Regular meetings were held to ensure staff had the information and support to deliver good quality care.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
The practice had a clear staffing structure and staff had lead roles and responsibilities. Discussions with staff demonstrated they had a good understanding of their roles and responsibilities.

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire procedures	Staff had received training in fire safety. The practice had a designated fire marshal who had received training. Records showed the fire systems were maintained and tested regularly. Fire drills were also carried out.
Infection prevention and control	We observed the premises to be clean and tidy. Patients told us they found the practice clean and hygienic. The nurse was the designated lead for infection control and was responsible for undertaking audits and ensuring compliance with best practice.
Computer display screen equipment	Staff had undertaken workstation display screen equipment (DSE) assessments.
Lone working	Staff had access to panic alarms and there was a lone working policy in place.

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>During the inspection we met with a representative of the Patient Participation Group (PPG). They told us the group had increased in membership to 20 core members in addition to a small group of virtual members and they were actively aiming to recruit younger members to represent the whole patient population. The PPG held meetings every quarter and meetings were chaired by the reception supervisor and recorded. The representative told us that the practice leaders always listened to them and took any suggestions on board to improve the service for patients. For example, based on feedback the practice had installed a TV monitor in the waiting room with key information for patients to read. A number of patients had complained to the practice and PPG about the difficulty getting through to the practice by telephone. Therefore, notices had been displayed to encourage patients to use the on-line booking and repeat prescription service and information had also included in the village quarterly newsletter to encourage patients to use this facility. Two members of the PPG had met with up with other PPG groups within the local area to share ideas. The PPG member told us they were also liaising with a member of staff at the local library to help put together a list of contacts for carers. Members of the PPG had also attended the various health awareness events held at the practice and considered these were extremely valuable.</p>

Any additional evidence
<p>The practice used a range of formats available to gain patient views and experiences. These included the national GP survey, the friends and family test (FFT), an internal annual patient survey, PPG meetings, complaints, verbal feedback and evaluation forms following health awareness sessions. Feedback was shared with staff at the various meetings held to help improve services. The practice had developed an action plan in response to patient's feedback and a copy of this was shared with us.</p> <p>We contacted two local care homes that had residents registered at the practice. They told us that overall they were happy with the service their residents received from the practice and said they had developed positive working relationships with the GPs and had no concerns.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Diabetes	The practice had carried out an annual audit and review of 'pre-diabetes' patients. The audit identified 48 patients who have since been referred for lifestyle advice.
Broad spectrum antibiotic usage	An audit of antibiotics prescribed in 2018 showed a reduction in prescribing from 10.1 in the first quarter to 6.51 in quarter two, which

	was below the target. The practice told us they were consistently low in prescribing antibiotics.
Review of high risk medicines	Cyclical audits had been carried out on a medicine commonly prescribed to treat blood clots and a medicine prescribed for rheumatoid arthritis (used to slow down disease progression) showed the practice was now 100% compliant with the monitoring requirements of these medicines. An action plan had been developed and implemented.
Various	The practice had completed ten audits in the last 12 months. We saw the practice had carried out six second cycle audits with quality improvement identified in various areas. Audits were identified during clinical meetings held.

Any additional evidence

Patients were able to access services provided by an advanced clinical pharmacist, funded by NHS England. The pharmacist offered three sessions a week and saw patients independently to review and prescribe their medicines. The practice told us patients had benefitted from this service and as a result they were intended to employ their own clinical pharmacist and had recently interviewed for the position.

The practice had trained reception staff in care navigation so they were able to actively signpost patients to the most appropriate clinician or service. The receptionist supervisor had been trained in workflow optimisation, a process for the way clinical correspondence is managed in the practice.

Since the last inspection the practice had requested support from the NHS Supporting Change in General Practice team, who visited the practice in May 2018. A team of specialists who offer support and help practices to help identify current development needs, design strategies and improve outcomes. The practice welcomed the on-going support from the team told us the report was favourable of the practice and improvements had been identified since the team last visited the practice in 2014.

In response to patient feedback, the practice had reviewed and redesigned its appointment system to aid accessibility of appointments. The practice had also signed up to a mobile messaging service to help remind patients of their appointments therefore reducing the number of missed appointments. The practice told us they were looking to obtain a new telephone system to ease telephone accessibility.

The practice was a research practice and was currently involved in two research projects to include a study examining the common and rare genetic variants associated with thinness.

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" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

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](#)).