

Care Quality Commission

Inspection Evidence Table

Greenfield Medical Centre (1-552604632)

Inspection date: 26 July 2018

Date of data download: 26 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 |
| Additional Comments: The practice informed us that its staff had recently carried out Identification and Referral to Improve Safety (IRIS) training in domestic violence, and was recognised as an IRIS accredited GP surgery on domestic violence and abuse. A referral service was set up with the local IRIS organisation in July 2018, and within weeks of this service being implemented the practice had referred two patients. | |
| 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: | Yes 05/07/2018 |
| There was a record of equipment calibration Date of last calibration: | Yes 05/07/2018 |
| 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 marshals | Yes |
| Fire risk assessment Date of completion | Yes 26 July 2018 |
| Actions were identified and completed. | Yes |
| Additional observations: We saw evidence that the practice carried out PAT testing, Calibration of equipment and risk assessments on an annual basis. Any actions which were identified would be completed and followed up the management. | |
| Health and safety Premises/security risk assessment? Date of last assessment: | Yes January 2018 |
| Health and safety risk assessment and actions Date of last assessment: | Yes January 2018 |
| Additional comments: The practice carried out regular health and safety audits, when risks were identified action plans were put in place to mitigate those risks. | |

| 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>On the day of the inspection we had no concerns regarding the infection prevention and control (IPC) at the practice. We saw evidence the practice nurse had conducted an IPC audit with no significant concerns identified, she was also the lead in this area.</p> | <p>Yes</p> <p>May 2018</p> <p>Yes</p> |
| <p>The arrangements for managing waste and clinical specimens kept people safe?</p> | <p>Yes</p> |
| <p>Explanation of any answers:</p> <p>We saw comprehensive policies and procedures for control of infection and waste management, all staff demonstrated good knowledge of these.</p> | |

| Any additional evidence |
|--|
| <p>We saw comprehensive policies and procedures for control of infection and waste management. All staff demonstrated good knowledge of these.</p> |

Risks to patients

| Question | Y/N |
|--|-----|
| There was an effective approach to managing staff absences and busy periods. | Yes |
| Comprehensive risk assessments were carried out for patients. | Yes |
| Risk management plans were developed in line with national guidance. | Yes |
| Staff knew how to respond to emergency situations. | Yes |
| Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients. | Yes |
| In addition, there was a process in the practice for urgent clinician review of such patients. | Yes |
| The practice had equipment available to enable assessment of patients with presumed sepsis. | Yes |
| There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance. | Yes |
| <p>Explanation of any answers:</p> <p>A GP partner at the practice had provided sepsis training for all staff at the practice. Staff we spoke with demonstrated an understanding of what sepsis was and what the associated 'red flag' symptoms were, for example high temperature, chest pains, shortness of breath, nausea, vomiting, chills and shivering.</p> <p>The practice provided care to a local care home which had 34 residents. The practice told us that it had also provided sepsis training to the care home manager. After having provided the training, we were told that there was an incident at the care home and the practice manager recognised that the patient was suffering from sepsis and called the emergency services.</p> | |

Information to deliver safe care and treatment

| Question | Y/N |
|---|-----|
| Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation. | Yes |
| Referral letters contained specific information to allow appropriate and timely referrals. | Yes |
| Referrals to specialist services were documented. | Yes |
| The practice had a documented approach to the management of test results and this was managed in a timely manner. | Yes |
| The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols. | Yes |
| <p>Explanation of any answers:</p> <p>Patient records were assessed to be of a good standard, and included all relevant information.</p> | |

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) | 0.74 | 0.78 | 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) | 9.6% | 13.2% | 8.9% | Comparable to other practices |

| Medicines Management | Y/N |
|---|--------------------------|
| The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services. | Yes |
| Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions). | Yes |
| Prescriptions (pads and computer prescription paper) were kept securely and monitored. | Yes |
| There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. | Yes |
| The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength). | Yes |
| There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer. | Yes |
| If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance. | Yes |
| 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 (see comments below) |
| 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 |
| <p>Explanation of any answers:</p> <p>We reviewed care records for 18 patients who were prescribed with high risk medication (for example Patients prescribed with warfarin, methotrexate, azathioprine and lithium). We found that the records were of a good standard and there was evidence of appropriate monitoring and clinical reviews.</p> <p>On the day of the inspection we noted that the practice did not stock the following emergency drugs medicines:</p> <ul style="list-style-type: none"> - Glucagon, used in an emergency to treat patients with low blood sugar. - Diazepam, used in an emergency to treat a patient suffering from an epileptic fit - Chlorphenamine, an antihistamine used in an emergency to treat anaphylaxis and acute angio-oedema. <p>After the inspection, the practice provided us with a delivery note confirming that it now stocked Chlorphenamine.</p> <p>The practice also provided us with risk assessments for not stocking Glucagon and Diazepam. For example, the practice stocked sugary drinks and sweets which would be given to a patient to increase their blood sugar level. In addition, the practice assessed that the local response time for the ambulance service was two-three minutes as the nearest hospital was located two miles away.</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. | 5 |
| Number of events that required action | 5 |

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

| Event | Specific action taken |
|--|--|
| An external contractor was at the practice carrying out works. The engineer and was found in seriously | It was noted that staff clinical staff had handled the situation well. However, they were concerned that the individual was in the view of other patients, and that there was also disruption to services as |

| | |
|---|---|
| <p>unwell state by patients. The clinical were altered and attended to the patient until paramedics took over the care.</p> | <p>all staff hurried over to the scene.</p> <p>Management implemented a new process whereby if a similar situation was to occur, one administrator would stay at reception and manage patients there, and another would assist the clinical team. In addition, screens would also be used in future to protect patient privacy and dignity.</p> |
| <p>Practice GP had carried out a home visit for elderly patient, prior to this visit the patient had not been seen by the practice for two years. The GP found that the patient was living in an unsafe environment and that there they had serious health care concerns.</p> | <p>The practice implemented a new process of contacting elderly and vulnerable patients that had not attended the practice in the past six months. Initially a GP would conduct a telephone consultation and follow it up with an appointment or home visit.</p> |

| 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>The practice manager had a system in place to review all safety alerts and cascade them to the appropriate members of staff.</p> <p>For example, we saw that a recent drug alert was recorded in respect of prescribing sodium valproate to pregnant women. This is a medicine used primarily to treat epilepsy and bipolar disorder and to prevent migraine headaches, but which exposes children in the womb to a high risk of serious developmental disorders and/or congenital malformations. A patient record search was carried out and patients who were at risk were called in to the surgery for a medical review.</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) | 1.17 | 1.09 | 0.90 | Comparable to other practices |

People with long-term conditions

| Diabetes Indicators | | | | |
|--|--|--------------------|------------------------|-------------------------------|
| Indicator | Practice performance | CCG average | England average | England comparison |
| The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 78.7% | 77.1% | 79.5% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 5.9% (16) | 10.2% | 12.4% | |
| Indicator | Practice performance | CCG average | England average | England comparison |
| The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF) | 79.9% | 76.5% | 78.1% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 9.3% (25) | 9.2% | 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) | 86.1% | 79.3% | 80.1% | Comparable to other practices |

| | | | | | |
|-----------------------|---|------|---------------------------|-------------------------------|--|
| QOF Exceptions | Practice Exception rate (number of exceptions) | | CCG Exception rate | England Exception rate | |
| | 6.3% | (17) | 10.3% | 13.3% | |

| Other long term conditions | | | | |
|---|---|---------------------------|-------------------------------|-------------------------------|
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF) | 80.1% | 77.3% | 76.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 3.0% (7) | 2.7% | 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) | 94.9% | 92.9% | 90.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 7.8% (5) | 8.7% | 11.4% | |
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF) | 80.7% | 81.4% | 83.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 3.4% (25) | 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. | 88.5% | 84.9% | 88.4% | Comparable to other practices |

| | | | | |
|--|---|---------------------------|-------------------------------|--|
| (01/04/2016 to 31/03/2017) (QOF) | | | | |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 11.6% (8) | 11.8% | 8.2% | |
| Any additional evidence or comments | | | | |

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) | 73 | 81 | 90% | 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) | 69 | 88 | 78% | 80% or below Significant 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) | 71 | 88 | 81% | Below 90% Minimum (variation negative) |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England) | 71 | 88 | 81% | Below 90% Minimum (variation negative) |
| Any additional evidence or comments | | | | |
| <p>The practice informed us that they were aware of the low uptake of childhood immunisation for children aged two in 2016/2017. To address this they had a weekly baby clinic for immunisations, and they encouraged parents to bring their children in for immunisations by phone call followed up by two letters.</p> <p>The practice informed us that their internal database indicated that performance in childhood immunisations for children aged two had improved in 2017/2018. However, this data was unverified and unpublished.</p> | | | | |

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) | 65% | 64% | 72% | Comparable to other practices |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE) | 67.6% | 66.0% | 70.3% | N/A |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE) | 51.5% | 47.8% | 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) | 74.1% | 78.0% | 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) | 58.6% | 54.6% | 51.6% | Comparable to other practices |
| <p>Any additional evidence or comments</p> <p>The practice informed us that it had experienced cultural barriers with some population groups who expressed reluctance to engage with the cervical screening programme. The practice told us that it would run regular reports to identify patients that were due for cervical screening tests. These patients would then receive a letter from the practice inviting them for a cervical screening test, if the patient did not respond they would receive a further reminder letters.</p> <p>The practice provided us with unverified data which indicated that for 2017/2018 the practice's uptake for cervical screening tests had increased to 76%.</p> | | | | |

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) | 90.9% | 90.6% | 90.3% | Comparable to other practices |

| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
|---|--|--------------------|------------------------|-------------------------------|
| | 6.1% (5) | 8.4% | 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) | 90.9% | 92.3% | 90.7% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 6.1% (5) | 6.5% | 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) | 81.3% | 84.2% | 83.7% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 3.0% (1) | 4.2% | 6.8% | |
| Any additional evidence or comments | | | | |

Monitoring care and treatment

| Indicator | Practice | CCG average | England average |
|--|----------|-------------|-----------------|
| Overall QOF score (out of maximum 559) | 552 | 535 | 539 |
| Overall QOF exception reporting | 4.1% | 5.1% | 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 physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 97.1% | 95.9% | 95.3% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0.3% (4) | 0.5% | 0.8% | |

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

Policies and protocols were in place at the practice to ensure there was a standardised approach to obtaining consent. We saw appropriate consent forms for cryotherapy and joint injections.

We saw evidence that clinical staff was competent in identifying consent issues and understood the general principles of Gillick competencies and Fraser guidelines.

Caring

Kindness, respect and compassion

CQC comments cards

| | |
|---|----|
| Total comments cards received | 66 |
| Number of CQC comments received which were positive about the service | 66 |
| 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 |
|-------------------|--|
| CQC Comment Cards | Patients commented that staff were friendly, respectful and professional. We saw comments that clinicians were supportive, encouraging and caring. |
| PPG | Members of the PPG had positive comments regarding the clinical and non-clinical staff stating that patients were always treated kindness, respect and compassion. |

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 6,903 | 291 | 96 | 32.99% | 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 someone who has just moved to the local area (01/01/2017 to 31/03/2017) | 82.2% | 76.5% | 78.9% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) | 93.9% | 88.0% | 88.8% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) | 97.4% | 94.4% | 95.5% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) | 89.3% | 83.5% | 85.5% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) | 83.9% | 88.3% | 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) | 84.3% | 88.3% | 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 |
|----------------------|--|
| July- September 2018 | The practice introduced a new appointment system which went live in April 2018. The survey is currently live and is asking patients to feedback on how easy the system is to use, whether it is an improvement and how much of the new system patients understand. |

| | |
|-------------------------|--|
| January 2018-April 2018 | The practice sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period between January 2018 to June 2018 showed that 90% of patients would be likely or extremely likely to recommend the service. |
|-------------------------|--|

Involvement in decisions about care and treatment

Examples of feedback received:

| Source | Feedback |
|---------------------------|---|
| Interviews with patients. | Patients told us they felt supported and were involved in decisions about 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) | 89.9% | 84.6% | 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) | 79.5% | 79.9% | 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) | 83.8% | 87.7% | 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) | 83.6% | 82.4% | 85.4% | Comparable to 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 |
|---|-----|

| Carers | Narrative |
|--|---|
| Percentage and number of carers identified | 79 carers 1% of patient population. |
| How the practice supports carers | <p>There is a non-clinical member of staff who leads on supporting carers.</p> <p>Carers are signposted to the local carers group 'Barnet Carers Trust'</p> <p>Annual health checks and flu jabs are offered to all carers.</p> <p>There is flexibility for carers when booking appointments or collecting prescriptions.</p> <p>The practice had recently hosted a carers coffee morning and invited a representative from the charity Age UK.</p> |
| How the practice supports recently bereaved patients | A doctor would telephone recently bereaved patients and offer their sympathies. They would be invited to come and see the doctor at the practice and they were also signposted to local counselling services. |

| Any additional evidence |
|--|
| All staff within the practice had undertaken dementia awareness training which included how to recognise and care for patients with dementia. We were told as a result of this the practice had recently been accredited as an 'Dementia Friendly Practice' by the charity organisation Dementia Action Alliance. The practice is listed member on the Dementia Action Alliance website. |

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 | The reception seating was away from the reception desk giving some privacy. We were told that when a patient wished to discuss a matter in private, staff was aware that they could take the patient to a private room for the discussion. |

| 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 Participation Group (PPG) | Staff are kind and caring and respect patients' privacy and dignity. |
| Patients | Reception staff and doctors and nurses always respect privacy and dignity. |

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 | AM 9.00am – 12.00pm | PM 2.30pm-6pm |
| Tuesday | AM 9.00am – 12.00pm | PM 2.30pm-6pm |
| Wednesday | AM 9.00am – 12.00pm | PM 2.30pm-6pm |
| Thursday | AM 9.00am – 12.00pm | PM Closed |
| Friday | AM 9.00am – 12.00pm | PM 2.30pm-6pm |

Extended hours opening:

The practice did not operate any extended hours. However, the CCG had commissioned an extended hours service, which operates between 6.30 pm and 8.00 pm on weeknights and from 8.00 am to 8.00 pm at weekends at four “Hub” locations across the borough. One of those Hub locations operated from Greenfield Medical Centre. Patients may book appointments with the service by contacting the practice or the Hubs themselves.

| 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 |
|--|
| The reception staff would obtain as much information as possible from the patient requesting the home visit. This information would be passed on to the on-call doctor who would then decide on whether the patient needs a home visit and how urgent the matter is. |

Timely access to the service

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 6,903 | 291 | 96 | 32.99% | 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) | 76.6% | 76.3% | 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) | 79.5% | 67.0% | 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) | 79.5% | 71.2% | 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) | 82.5% | 68.3% | 72.7% | Comparable to other practices |

Examples of feedback received from patients:

| Source | Feedback |
|--------------------|--|
| Patient Interviews | Patients commented that they found it easy to get through to the surgery and that they could generally get an appointment with a doctor. |

Listening and learning from complaints received

| Complaints | Y/N |
|---|-----|
| Number of complaints received in the last year. | 5 |
| Number of complaints we examined | 5 |
| Number of complaints we examined that were satisfactorily handled in a timely way | 5 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman | 1 |
| Additional comments: | |
| The complaint to the Parliamentary and Health Service Ombudsman was closed with a no case to answer decision. | |

Well-led

Leadership capacity and capability

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

There was a designated lead for each clinical and non-clinical area. For example, there was a lead for safeguarding, clinical governance, complaints, performance monitoring, administrative staff and infection control.

The practice held clinical meetings weekly; administrative team meetings monthly; nurse's meetings monthly; multi-disciplinary team meetings monthly; and the PPG met approximately three to four times in the year.

We saw that all meetings were appropriately minuted and actions were logged, monitored and feedback was sought and noted.

Vision and strategy

Practice Vision and values

The practice told us that its vision was to provide accessible high-quality care for all patients in a safe, welcoming and professional environment.

Their core objectives were to:

- Provide equitable access to all patients
- Treat all patients with respect dignity and openness
- Provide the highest standards of customer service
- Listen to the views of their patients
- Train their staff to be the best they can
- Promote continuous learning and development across the practice
- Ensure patients had the utmost confidence in how the practice managed their information
- Provide a clean & safe environment by infection control management and effective risk assessment

Culture

| Examples that demonstrate that the practice has a culture of high-quality sustainable care |
|---|
| Staff told us that the practice promoted continuous learning and encouraged staff to take on different roles and to become leads for different areas to help develop their careers. |
| Staff told us that if they had any concerns they would raise with management, with the confidence that their concerns would be taken seriously and acted upon. |

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

| Source | Feedback |
|------------------|--|
| Staff interviews | We spoke with several members of staff during the inspection. All stated that they felt well supported and that they had access to equipment, tools and training necessary to enable them to perform their roles well. We were told that staff were given protected time to enable them to undertake training and carry out non-clinical duties. Staff reported that there were good, effective working relationships between managers and staff and clinical and non-clinical staff. Staff also reported that they were given the opportunity of an annual appraisal where training and personal development plans were discussed and were also able to attend regular team or practice meetings. |

Governance arrangements

| Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care. | |
|--|--|
| Practice specific policies | The practice had a range of practice specific policies that controlled the working of the practice. These were updated and reviewed regularly. |
| | 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 | |
| Staff trained in preparation for major incident | |

Examples of actions taken to address risks identified within the practice

| Risk | Example of risk management activities |
|------------------------|---|
| Medical Emergencies | Staff had training in basic life support and sepsis training. Emergency medicines and equipment were in place, these were checked regularly and staff knew how to use them. |
| Significant events and | Complaints and significant events that we reviewed were appropriately |

| | |
|------------------------------|---|
| complaints | acknowledged, investigated and responded to in a timely manner. Learning was shared amongst all staff members (minutes of meetings seen). |
| Infection prevention control | Staff had training in infection prevention and control, and the practice carried out annual infection prevention and control audits. The practice acted on any areas identified for improvement or rectification within the audits. |

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>The practice had an active Patient Participation Group (PPG). The group would meet with the practice management once every three months and it was proactive in helping the practice to improve. Practice performance, complaints, national and internal survey results would all be discussed at these meetings.</p> <p>The group told us that the practice had supported the recent formation of a patient garden club. We were told that patients used this club as an opportunity to socialise at their local GP practice.</p> |

Continuous improvement and innovation

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

| Audit area | Improvement |
|---------------------------|---|
| Various | The practice had a clinical improvement programme in place, and had carried out 16 clinical audits in the last two years. An example of a 2-cycle audit which improved patient outcomes is detailed below. |
| Dual antiplatelet therapy | <p>Antiplatelet therapy is used to prevent and reduce the risks of cardiovascular diseases. Examples of anti-platelet drugs are Aspirin, Clopidogrel, Ticagrelor, Prasugrel, Dipyridamol.</p> <p>Dual antiplatelet therapy is when two different antiplatelet drugs are prescribed to a patient to address and prevent cardiovascular diseases.</p> <p>The practice carried out this 2-cycle audit to assess whether all patients</p> |

had a valid clinical reason to be on dual antiplatelet therapy.

In 2017, 53% of patients had a valid clinical reason for this therapy.

Clinicians were then advised to take active steps to recall and review all patients on dual antiplatelet therapy, to assess whether they had a valid clinical reasons for this treatment.

In 2018, there was a significant improvement, 100% of patients were reported to have had a valid clinical reason for this therapy.

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](#)).