

# Care Quality Commission

## Inspection Evidence Table

### Birtle View Medical Practice (1-3764334860)

Inspection date: 24 September 2018

Date of data download: 22 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 |
| GPs and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs) | Yes |
| Information about patients at risk was shared with other agencies in a timely way.                                     | Yes |
| Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients       | Yes |
| Disclosure and Barring Service checks were undertaken where required   | Yes |

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

| Safety Records   | Y/N               |
|--|-------------------|
| There was a record of portable appliance testing or visual inspection by a competent person<br>Date of last inspection/Test:   | Yes<br>May 2018   |
| There was a record of equipment calibration<br>Date of last calibration:   | Yes<br>Sept 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<br>Date of completion   | Yes<br>April 2018 |
| <b>Health and safety</b><br>Premises/security risk assessment?   | Yes               |
| Health and safety risk assessment and actions<br>Date of last assessment   | Yes<br>Weekly*    |
| <p>*The practice carried out a weekly health and safety assessment, if any issues were identified they were actioned immediately and a significant event form completed.</p> <p>The practice had a full Legionella risk assessment due to be carried out in October 2018.</p> <p>NHS Property Services commissioned an outside company to carry out weekly checks on the fire alarm, emergency lighting and water temperature.</p> |                   |

| Infection control   | Y/N                    |
|---|------------------------|
| Risk assessment and policy in place<br>Date of last infection control audit:<br>The practice acted on any issues identified | Yes<br>Jan 2018<br>Yes |
| The arrangements for managing waste and clinical specimens kept people safe?  | Yes                    |

## 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 |

## Information to deliver safe care and treatment

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

## Appropriate and safe use of medicines

| Indicator  | Practice | CCG average | England average | England comparison              |
|--|----------|-------------|-----------------|---------------------------------|
| Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)                                | 0.97     | 1.09        | 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) | 6.9%     | 8.4%        | 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).  | 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 |
| The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.  | Yes |
| There was medical oxygen on site.   | Yes |
| The practice had a defibrillator.   | Yes |
| Both were checked regularly and this was recorded.  | Yes |
| Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.   | Yes |

### Track record on safety and lessons learned and improvements made

| Significant events  | Y/N |
|---|-----|
| There was a system for recording and acting on significant events       | Yes |
| Staff understood how to report incidents both internally and externally | Yes |
| There was evidence of learning and dissemination of information         | Yes |
| Number of events recorded in last 12 months.                            | 30  |
| Number of events that required action                                   | 30  |

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

| Event   | Specific action taken   |
|---|---|
| Occasions where the system and or the telephones were down.         | Practice reverted to paper records and handwritten prescriptions after reporting to IT and system support services. |
| Incorrect or absence of coding medical problems in clinical system. | All clinicians held a meeting to discuss and ensure consistency in the practice.                                    |
| Incorrect patient selected when making appointment.                 | Training update provided to staff regarding double checking of patient details.                                     |

| Safety Alerts  | Y/N |
|--|-----|
| There was a system for recording and acting on safety alerts | Yes |
| Staff understand how to deal with alerts                     | Yes |

| Any additional evidence  |
|--|
| <p>There was a person responsible for ensuring that all significant events were recorded, reported when required and followed up. All significant events were discussed with other Hope Citadel practices and learning shared.</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) (01/07/2017 to 30/06/2018) (NHSBSA) | 1.02                 | 0.87        | 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)                        | 78.9%  | 76.9%              | 79.5%                  | Comparable with other practices |
| <b>QOF Exceptions</b>  | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                                 |
|  | 14.3% (19)                                     | 8.6%               | 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) | 55.9%  | 81.3%              | 78.1%                  | Variation (negative)            |
| <b>QOF Exceptions</b>  | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                                 |
|  | 16.5% (22)                                     | 5.2%               | 9.3%                   |                                 |

The provider had taken over the running of the practice on the 1<sup>st</sup> April 2017 which is the year that these figures relate to.

Since taking over the practice they had employed a new practice nurse with a special interest in diabetes. We were shown data from the clinical system which showed that the above indicator had increased to 84%.

| Indicator   | Practice performance                           | CCG average        | England average        | England comparison              |
|---|--|--------------------|------------------------|---------------------------------|
| The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF) | 75.2%  | 79.9%              | 80.1%                  | Comparable with other practices |
| <b>QOF Exceptions</b>   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                                 |
|   | 12.0% (16)                                     | 10.4%              | 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)          | 80.8%  | 77.5%              | 76.4%                  | Comparable with other practices |
| <b>QOF Exceptions</b>  | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                                 |
|  | 17.5% (22)                                     | 4.1%               | 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) | 93.2%  | 91.2%              | 90.4%                  | Comparable with other practices |
| <b>QOF Exceptions</b>  | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                                 |
|  | 13.2% (9)                                      | 6.9%               | 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)   | 78.7%  | 84.7%              | 83.4%                  | Comparable with other practices |
| <b>QoF Exceptions</b>   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                                 |
|   | 9.8% (24)                                      | 2.5%               | 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)                         | 85.7%  | 89.1%              | 88.4%                  | Comparable with other practices |
| <b>QoF Exceptions</b>   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                                 |
|   | 12.5% (2)                                      | 7.2%               | 8.2%                   |                                 |
| When Hope Citadel took over the practice in April 2017 one of the GPs became responsible for improving QoF achievement. The practice told us that they had increased prevalence and reduced exception reporting whilst maintaining achievement. |  |                    |                        |                                 |

## Families, children and young people

| <b>Child Immunisation</b>  |           |             |            |   |
|--|-----------|-------------|------------|---|
| 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) | 50        | 52          | 96.2%      | 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)  | 52        | 54          | 96.3%      | Met 95% WHO based target (significant variation positive) |
| The percentage of children aged 2 who have received their immunisation for Haemophilus   | 51        | 54          | 94.4%      | Met 90% minimum (no variation)                            |



|  |    |    |       |                                |
|--|----|----|-------|--------------------------------|
| influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)                                   |    |    |       |                                |
| 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) | 51 | 54 | 94.4% | Met 90% minimum (no variation) |

### 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) | 72.6%    | 72.9%       | 72.1%           | Comparable with other practices |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)  | 68.7%    | 65.9%       | 70.3%           | N/A                             |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)   | 59.1%    | 52.5%       | 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)  | 92.9%    | 81.3%       | 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)  | 66.7%    | 59.2%       | 51.6%           | Comparable with other practices |

### 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) | 83.3%  | 91.8%              | 90.3%                  | Comparable with other practices |
| QOF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                                 |
|  | 25.0% (4)                                      | 11.6%              | 12.5%                  |                                 |

| Indicator   | Practice                                       | CCG average        | England average        | England comparison              |
|---|--|--------------------|------------------------|---------------------------------|
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 76.9%  | 92.0%              | 90.7%                  | Comparable with other practices |
| QOF Exceptions  | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                                 |
|   | 18.8% (3)                                      | 8.4%               | 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)                             | 100.0%   | 84.4%              | 83.7%                  | Comparable with other practices |
| QOF Exceptions  | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                                 |
|   | 16.7% (1)                                      | 5.2%               | 6.8%                   |                                 |

### Monitoring care and treatment

| Indicator                                     | Practice | CCG average | England average |
|---|----------|-------------|-----------------|
| Overall QOF score (out of maximum 559)        | 535      | 542         | 539             |
| Overall QOF exception reporting (all domains) | 8.7%     | 4.9%        | 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) | 95.2%    | 96.4%       | 95.3%           | Comparable with other practices |

| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |  |
|----------------|--|--------------------|------------------------|--|
|                | 0.7% (3)                                       | 0.4%               | 0.8%                   |  |

### Consent to care and treatment

#### Description of how the practice monitors that consent is sought appropriately

The practice monitored the process for seeking consent appropriately and undertook checks of patient records to ensure this was recorded in an accurate and consistent manner.

# Caring

## Kindness, respect and compassion

| CQC comments cards  |    |
|---|----|
| Total comments cards received   | 11 |
| Number of CQC comments received which were positive about the service | 10 |
| Number of comments cards received which were mixed about the service  | 1  |
| Number of CQC comments received which were negative about the service | 0  |

Examples of feedback received:

| Source  | Feedback   |
|---|--|
| Comment cards, Family and friends and practice own survey | <p>One patient said that staff were very understanding but added that they always had to wait before being seen.</p> <p>General comments were about how helpful, polite and welcoming staff were, how the doctors and nurse explained everything and what a good service is given.</p> <p>Feedback from the Friends and Family test were positive and all patients would recommend the practice.</p> |

## 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 |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 2844                     | 315              | 74               | 23.5%                 | 2.60%                    |

| 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 | 79.9%    | 88.2%       | 89.0%           | Comparable with other practices |

| Indicator   | Practice | CCG average | England average | England comparison              |
|---|----------|-------------|-----------------|---------------------------------|
| good at listening to them (01/01/2018 to 31/03/2018)  |          |             |                 |                                 |
| 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) | 84.0%    | 87.1%       | 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)                              | 90.3%    | 95.6%       | 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)   | 72.5%    | 82.2%       | 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   |
|------------------|--|
| June 2018        | Some patients were unaware of on line booking and repeat prescription requests. Some were also unaware of local schemes such as the seven day access, the dentist and opticians schemes or the minor ailment scheme which had been put in place by the CCG to ease the pressure on GP practices. The practice was to continue to promote these schemes by actively signposting patients to them. |

### 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)                   | 76.3%    | 93.5%       | 93.5%           | Variation (negative) |
| The provider told us that on taking over the practice they had used a number of locums which may have resulted in patients' negative responses. They had recently recruited a lead GP which would offer stability and continuity in the practice |          |             |                 |                      |

| 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           | 2.3% (65)   |
| How the practice supports carers                     | <p>There was a carers board within the waiting area showing relevant support information</p> <p>Carers including those patients that work as a carer were:</p> <ul style="list-style-type: none"> <li>• Identified when they registered with the practice and given a carers pack which included relevant information.</li> <li>• Signposted to relevant support groups.</li> <li>• Invited for an annual health check.</li> <li>• Offered the flu vaccination</li> </ul> |
| How the practice supports recently bereaved patients | <p>The practice sent flowers and a condolence card to bereaved families. The GP best known to the family made contact to offer an appointment or other support as required.</p> <p>The practice was also able to offer bereavement counselling with its own counsellor.</p>   |

### Privacy and dignity

| Question   | Y/N  |
|--|--|
| Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. | Yes  |
|  | Narrative  |
| Arrangements to ensure confidentiality at the reception desk   | <p>A private room was available and staff did not discuss or disclose personal information at the reception desk.</p> <p>As part of an improvement plan by one of the GPs, the waiting room had been reconfigured to improve confidentiality at the desk and a sign introduced for</p> |

|  |  |
|--|--|
|  | patients to respect other patients' privacy. |
|--|--|

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

# Responsive

## Responding to and meeting people's needs

| Practice Opening Times |                 |
|------------------------|-----------------|
| Day                    | Time            |
| Monday                 | 8.00am - 6.30pm |
| Tuesday                | 8.00am - 6.30pm |
| Wednesday              | 8.00am - 6.30pm |
| Thursday               | 8.00am - 6.30pm |
| Friday                 | 8.00am - 6.30pm |

| Appointments available |                                     |
|------------------------|-------------------------------------|
| Monday                 | 8.10am -12.30pm and 2.30pm - 5.35pm |
| Tuesday                | 8.10am -11.20am and 1.30pm - 5.00pm |
| Wednesday              | 8.10am -11.00am and 2.20pm - 5.00pm |
| Thursday               | 8.25am -12.05pm and 2.15pm - 5.50pm |
| Friday                 | 8.25am - 1.30pm and 1.30pm - 5.00pm |

**Extended hours opening**

Patients could access an appointment with a GP with the "7 Day Access" hub. Appointments were available in the evenings until 9pm, at weekends and bank holidays.

| 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 practice added all requests for a home visit on to a list on the clinical system, the GP triaged all requests and informed the patient accordingly. All palliative patients were seen by a GP in the practice and some visits were carried out by Bury and Rochdale Doctors on Call (BARDOC) who provided an Acute Visiting Scheme in the Heywood, Middleton and Rochdale area.

## National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 2844                     | 315              | 74               | 23.5%                 | 2.60%                    |



| 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)  | 81.4%    | 94.9%       | 94.8%           | Variation (negative) |
| The provider told us that on taking over the practice they had used a number of locums which may have resulted in patients' negative responses. Patients we spoke with on the day of the inspection and comment cards that we received showed more positive feedback. |          |             |                 |                      |

## 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) | 73.7%    | 63.9%       | 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)                             | 64.9%    | 65.4%       | 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)                    | 67.8%    | 65.9%       | 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)                     | 74.2%    | 70.6%       | 74.4%           | Comparable with other practices |

## Listening and learning from complaints received

| Complaints  | Y/N |
|---|-----|
| Number of complaints received in the last year.   | 6   |
| Number of complaints we examined  | 6   |
| Number of complaints we examined that were satisfactorily handled in a timely way   | 6   |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman   | 0   |
| Additional comments:  |     |
| All complaints were appropriately investigated in a timely manner and learning shared with staff and the wider organisation as appropriate. |     |

# Well-led

## Leadership capacity and capability

### Vision and strategy

| Practice Vision and values   |
|--|
| <p>The practice had a statement of purpose on noticeboards throughout the practice:-</p> <ul style="list-style-type: none"> <li>• We are dedicated to providing excellent, holistic, clinical care with compassion and empathy.</li> <li>• We treat each other with mutual respect and care.</li> <li>• We listen to one another and to our patients.</li> </ul> |

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

| Source | Feedback  |
|--------|---|
| Staff  | Relationships between managers and staff are positive and open. |
| Staff  | GPs and practice manager are 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 and procedures which were regularly reviewed and updated as required. |
| Staff training   | All staff had received training in Information Governance  |
|  | <b>Y/N</b>   |
| Staff were able to describe the governance arrangements  | Yes  |
| Staff were clear on their roles and responsibilities   | Yes  |

### Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

| Risk                              | Example of risk management activities   |
|-----------------------------------|---|
| Complaints and significant events | Significant events and complaints were recorded, investigated thoroughly and discussed with staff to minimise the risk of them reoccurring. |
| Risk assessments                  | A range of risk assessments had been carried out and actions taken on risks identified.   |

## 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

### Patient Participation Group;

| Feedback   |
|--|
| The practice had an active patient participation group and were actively promoting the group in an effort to recruit more members. |

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits since taking over the running of the practice.

| Audit area  | Improvement   |
|---|---|
| Benzodiazepam review  | After a face to face review with patients the practice had started a decreasing regime which would make patients less likely to develop an addiction.   |
| Identification of COPD in smokers.  | Patients aged over 40 years and had presented with a chest infection in the previous 12 months were invited in for spirometry and smoking cessation advice to be given.   |
| Patients being prescribed certain medicines but not on a register with a long- term condition | This was a data quality exercise carried out on taking over the practice. Patients found to have a long-term condition were coded and a date for review entered on to the clinical system. Errors in the system were corrected where they were found. |

| Any additional evidence  |
|--|
| <p>Hope Citadel had an audit cycle which was standardised across all its practices and were carried out centrally for each practice.</p> <p>One of the GPs took a lead in writing a Practice Development Plan covering the administration role which included:-</p> <ul style="list-style-type: none"> <li>• The use of tasks and the patient record to improve communication in the team.</li> <li>• Updating and adding to the interactive address book</li> <li>• Re-organising the shared drive and ensuring all staff have access</li> <li>• Introducing regular meetings with standing agenda items</li> <li>• Designing templates for the clinical system to ensure that all data is captured</li> <li>• Unify the coding in the practice</li> <li>• Update and improve the website to show useful patient resources</li> </ul> |

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](#)).