

# Care Quality Commission

## Inspection Evidence Table

### North Preston Medical Practice (1-543988133)

Inspection date: 9 October 2018

Date of data download: 02 October 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any answers: The practice register of vulnerable children and adults was regularly updated and reviewed. There was a formal discussion every month with the health visitor of vulnerable children and contact information for safeguarding services was kept up-to-date and displayed on the walls for staff.	

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

Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <p>The practice had acted on the recommendation from our inspection in May 2017 and had introduced a confidential health questionnaire for new staff to ensure working conditions were appropriate.</p> <p>The practice had purchased a computer software system that allowed for all aspects of practice governance to be managed safely and effectively. Managers used this system to record information related to clinical staff professional registration and medical indemnity. The system allowed for reminders to be sent when renewals of registration and indemnity were due.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person (both surgery sites) Date of last inspection/Test: 08/10/2018	Y
There was a record of equipment calibration (both surgery sites) Date of last calibration: 09/08/2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion: 26/04/2018	Y
Actions were identified and completed. The risk assessment had identified areas where storage of combustible materials presented a possible fire hazard and these had been removed. It was also recommended one cupboard was kept locked to prevent potential arson and this had been actioned.	Y
Additional observations: The practice had arranged for all recommended premises safety checks to be carried out and mitigating actions to be taken where necessary. This included testing for legionella and electrical and gas safety checks (legionella is a term for a particular bacterium which can contaminate water systems in buildings).	
<b>Health and safety</b> Premises/security risk assessment? (both sites)	Y

Date of last assessment: February 2018	
Health and safety risk assessment and actions (both sites) Date of last assessment: February 2018	Y
<p>Additional comments:</p> <p>The health and safety risk assessments had identified areas in need of action. For example, the large oxygen cylinder was deemed too heavy to be moved safely on its own and a trolley had been purchased. Also, some electrical sockets lacked covers which were replaced.</p> <p>All risk assessments were stored on the practice online software system for easy access and governance purposes.</p> <p>All staff were trained annually in health and safety.</p>	

Infection control	Y/N
Risk assessment and policy in place	Y
Date of last infection prevention and control (IPC) audit: Ingol site 23/01/2018 Broadway site 23/08/2018	Y
The practice acted on any issues identified	
<p>Detail:</p> <p>The practice IPC audits for both sites were stored on the online records system. Actions taken as a result of these audits were not always recorded although we saw action had been taken for some areas identified. Following our inspection, the practice sent us evidence further action had been taken and they had updated the online record system to more easily identify work that had been done and any further work needed to address concerns. There had been no actions identified for the main practice site.</p> <p>All staff were trained annually in IPC and staff we spoke to evidenced good knowledge of IPC protocols and procedures.</p> <p>The practice employed a cleaning company to maintain good standards of hygiene and cleanliness. There was an independent monthly audit of the premises to ensure this.</p>	
The arrangements for managing waste and clinical specimens kept people safe?	Y

### Risks to patients

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

sepsis.	
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
<p>Explanation of any answers:</p> <p>Staff were generally employed on a part-time basis and rotas were produced to ensure that cover could be provided when needed. Arrangements were in place to cover full-time staff when necessary. The practice had not employed any locum GPs for more than two years.</p> <p>All staff had trained in the recognition and management of sepsis. Staff we spoke to had good knowledge of patient “red flag” symptoms and knew how to recognise an acutely ill patient. There was a comprehensive document in the reception office counter area that listed symptoms to look for in these circumstances.</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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers:</p> <p>The practice had a system to ensure all patient referrals made to other services were accepted by that service and not returned. However, since the recent introduction of a new electronic system for urgent two-week-wait referrals, there was no check made by staff that appointments had been given or attended by patients. Staff told us they would put a system in place for this.</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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.10	1.12	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)	7.1%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions (PGDs) or Patient Specific Directions (PSDs)).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>The practice had a system for ensuring patients taking high risk medicines who were being monitored by the hospital, were being monitored appropriately before repeat prescriptions were issued.</p> <p>The practice had introduced a new system for signing and authorising PGDs. The PGDs were stored electronically on the online practice records governance system and were sent to the appropriate clinicians to acknowledge receipt and authorisation electronically. Each clinician's access to the system was protected by individual security controls and passwords. Acknowledgement and authorisation was recorded on the system to ensure all appropriate clinicians had done this for each PGD. The lead practice nurse had implemented PSDs for the assistant practitioner and trainee assistant practitioner and ensured they were updated when needed. A shortcut had been added to the patient electronic health record system to allow for easy recording by clinicians that a PSD had been used to administer a vaccine.</p>	

The practice held stocks of emergency medicines and we saw these stocks were comprehensive. We were told medicines held had been agreed verbally by GPs but a formal risk assessment had not been recorded for those medicines not held by the practice. Following our inspection, we were sent a formal record of those discussions in the form of a risk assessment.

Following a recent clinical equipment calibration exercise by an external company, the practice defibrillator had been tested inappropriately and rendered ineffective. The practice had borrowed a defibrillator from the North West ambulance service until the defibrillator had been repaired or replaced.

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

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

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

Event	Specific action taken
One oxygen cylinder had run out and nurses were not informed until the following day when a replacement was ordered.	A new protocol for the management of oxygen cylinders for medical emergencies was written. Larger oxygen cylinders were ordered and a second cylinder was added at the practice branch surgery to give better continuity of supplies.
All telephone lines to the practice main branch were lost. The emergency mobile telephone at the main practice was not charged and the SIM card used had expired.	Staff were reminded to keep the emergency phones charging at all times. Calls were made from these phones at least once a month to keep the cards active.
A patient attended the wrong location for an appointment on a Saturday offered by the extended hours service. They were unable to attend the correct location in time and missed the appointment.	The surgery best practice guidelines were re-issued to staff to remind them to confirm the correct location for extended hours appointments. A template to record this information was added to the text appointment reminder system so that reminders for patients included the location of the appointment given.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y

Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Safety alerts were all recorded on the practice management system. Alerts and actions taken as a result were discussed at practice meetings although actions taken were not always recorded on the online computer system to allow for easy management overview.</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)	0.45	0.65	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)	76.4%	77.9%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (25)	11.3%	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)	79.8%	80.3%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (27)	8.3%	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)	70.5%	78.4%	80.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (46)	13.2%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	76.8%	76.6%	76.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (10)	6.6%	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)	92.2%	90.6%	90.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (11)	15.2%	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) <small>(QOF)</small>	83.4%	83.5%	83.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (46)	3.6%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) <small>(QOF)</small>	89.1%	84.5%	88.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (19)	8.5%	8.2%	

**Any additional evidence or comments**

The practice carried out blood testing for patients taking blood-thinning medicines at the practice at the time they attended for a review of their health condition. If patients were unable to attend the practice, clinicians visited patients in their own homes to conduct these tests and reviews. We were shown non-validated data at the time of our inspection that indicated the practice had increased their QOF achievement for the majority of areas of chronic disease management.

## 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)	97	101	96.0%	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)	85	94	90.4%	Met 90% minimum (no variation)
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)	85	94	90.4%	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)	86	94	91.5%	Met 90% minimum (no variation)
<p><b>Any additional evidence or comments</b></p> <p>Staff ensured children attended for vaccinations and telephoned those who did not, following up with a letter if they were unable to speak on the phone.</p> <p>The online template completed by staff when a vaccination was given had been amended and improved to add the fact that the vaccination had been given under a Patient Group Direction, to record any other healthcare professional who was present at the time and to record that parents had been given information about possible pain and fever relief with a link to a patient leaflet should it be needed.</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 at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to	73.2%	70.1%	72.1%	Comparable with other practices

49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.4%	63.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	60.0%	51.9%	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)	68.6%	79.8%	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)	32.8%	45.5%	51.6%	Comparable with other practices

**Any additional evidence or comments**

A member of the local breast screening service attended the practice and contacted patients who had not attended for screening to encourage them to attend.

A similar exercise had taken place for those patients who had not opted in to the bowel screening programme and staff told us they hoped to repeat that in the future.

Women who did not attend for cervical cancer screening were contacted by the practice and invitations for screening were sent out on yellow paper to raise awareness.

A new online template had been added to the electronic patient health record system to capture all necessary information for cervical cancer screening.

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)	87.9%	89.5%	90.3%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (7)	10.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	90.9%	91.1%	90.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (4)	9.1%	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)	88.6%	85.0%	83.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (7)	5.7%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	533	529	539
Overall QoF exception reporting (all domains)	3.8%	6.0%	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)	Y

## 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)	95.6%	95.7%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (12)	0.7%	0.8%	

### Any additional evidence

A member of the practice team had developed patient leaflets for advice on stopping smoking, weight advice for those patients referred for surgery and a leaflet to explain how the practice urgent on-the-day appointment system worked.

## Consent to care and treatment

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

Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Clinical staff told us how they would seek and record consent appropriately. Staff were trained and had a good understanding of consent issues. The practice had protocols in place to ensure consent was sought and recorded appropriately. We saw examples of where patient consent had been assured by adding space for this to templates, for example for the administration of vaccines and for the hiring of ambulatory blood pressure monitors.

### Any additional evidence

The practice reviewed its QOF figures regularly. During January and February 2018, they had used an external company to audit the QOF registers for patients with long-term conditions and highlight any anomalies. This exercise had increased the prevalence of patients in several disease areas and the practice was able to implement review programmes for those patients newly identified.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	48
Number of CQC comments received which were positive about the service	44
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
NHS Choices	There were seven comments posted on the NHS Choices website since November 2017. Of these, five described reception staff as helpful, friendly, polite, cheerful and respectful. Two patients described the GP attitude as poor. The practice had always replied online to the patients offering an apology where necessary and an opportunity to discuss any concerns further with the practice.
Comments cards	We saw many cards that specifically praised the friendly and caring nature of staff at the practice. Patients commented staff were helpful and sympathetic and always did their best for patients. They said staff were friendly and welcoming and they were treated with dignity and respect.
Patient interviews	Patients told us they found staff caring and helpful. They said GPs were always good at listening to patients and explained everything in depth. They said they felt respected by staff at the practice and staff remembered them by name. They also praised the clinical staff and said they found them to be knowledgeable and understanding.

## 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
9824	273	115	42.1%	1.17%

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)	89.3%	89.1%	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)	81.5%	87.9%	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)	91.1%	95.5%	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)	82.7%	82.8%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
March 2017	<p>The practice carried out a patient survey each year. Results from the survey were compared for each surgery site with previous results. From the 2017 survey there were four main action points identified:</p> <ul style="list-style-type: none"> <li>• Patients asked that staff not discuss personal issues in reception where they could be overheard by waiting patients. Staff were reminded immediately that this should not happen.</li> <li>• Patients indicated they would prefer to see the same GP for an ongoing condition for continuity of care. The practice had employed two urgent care practitioners since the survey who saw the majority of patients who were requesting same day, urgent care. This freed GPs up to see patients routinely and thus improved access to each GP. The practice also increased the number of GP sessions. These improvements were advertised to patients generally in practice, on the practice online social media site and on the practice website. Staff also developed a leaflet which gave information regarding the new system for offering urgent appointments.</li> <li>• In order to communicate better with patients, the practice supplied administrative staff with name badges.</li> </ul>



	<ul style="list-style-type: none"> <li>The availability of routine appointments at both surgery sites was reviewed and information for patients updated online and in the practice.</li> </ul>
September 2018	Ongoing - not yet completed.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients told us they felt involved in decision-making. They said they were given choices and all options were described in detail. Patients told us they felt valued by clinicians.
Comment cards	Patients commented staff and GPs were attentive and always answered any questions. They said they felt involved in their care and treatment choices and said they felt their opinions were valued.

## 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)	92.1%	92.9%	93.5%	Comparable with other practices
<b>Any additional evidence or comments</b> Patients told us they could book a longer appointment if they needed to discuss something complex or more than one issue.				

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

Carers	Narrative
Percentage and number of carers	The practice had identified 155 patients as carers, 1.7% of the practice list.

identified	
How the practice supports carers	The practice had identified a staff member as a carers' champion to lead on carers' issues and lead on proactively identifying patients who were carers. Staff had trained in the identification and care of carers. All carers were offered a flu vaccination and given information about local support organisations.
How the practice supports recently bereaved patients	The practice sent a sympathy card to bereaved families. They provided support to patients on an individual basis and this included a visit if it was appropriate. They signposted patients to bereavement support services.

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff were aware confidentiality at the desk was poor as the waiting area was directly next to the reception counter. They tried to ensure no patient-identifiable information could be overheard and offered patients a private room for discussions when needed.

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

Examples of specific feedback received:

Source	Feedback
Staff interviews	Staff told us they treated patients according to their needs. They had a good understanding of promoting patient privacy and responding to people with consideration and respect.
NHS Choices	One comment referred to the lack of privacy at reception. The practice had replied and encouraged the patient to ask staff for a private area for discussion if they needed this.
Interviews with patients	Patients told us they felt their privacy was respected and they knew they could ask for a quiet area for discussions if needed.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday to Friday	8am to 6.30pm*

\*Note: The Broadway Surgery closes at 1pm on Thursday afternoons.

Appointments available	
Day	Time
Monday to Friday	8.30am to 11.30pm and 2pm to 5.45pm*

\*Note: Afternoon appointments on a Thursday are only offered at Ingol Health Centre.

Extended hours opening (available locally at two other GP practices).	
Day	Time
Saturday	8am to 1pm
Sunday	9am to 12 noon

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
The practice had a policy for dealing with patient requests for home visits. Staff were aware of this policy and recorded all requests with as much detail as possible so the GP could assess the level of need before the visit. Staff were aware of patient symptoms that required immediate attention and would interrupt the GP if necessary to pass on information.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9824	273	115	42.1%	1.17%

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)	94.0%	95.2%	94.8%	Comparable with other practices
<p><b>Any additional evidence or comments</b>            Comment cards we received praised the service offered by the surgery. They said clinicians offered a professional service that allowed their care to be managed appropriately and effectively. Many patients said they had been registered at the practice for a considerable number of years. Two cards mentioned the way the service was being developed to better meet patient needs.</p>				

## 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)	75.9%	70.8%	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)	70.1%	65.0%	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)	62.5%	65.2%	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)	72.8%	70.9%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Two patient comments indicated they had problems with telephone access to the practice. The practice had replied to indicate times when phone lines into the practice were busy.
Comment cards	One patient comment card mentioned difficulty with getting an appointment but seven cards specifically said how appointments were always available when needed. Of the remaining 40 cards, 37 had nothing but praise for the service as a whole.
Interviews with patients	Patients told us they could always get appointments, particularly in an emergency. One patient praised the new service offered by the urgent care practitioners.

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	11
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The practice lead for complaints was the practice manager. We saw examples of complaints made to the practice and looked at two in detail. We saw that complaints were dealt with according to policy and in line with best practice. The practice sought consent for complaints made on behalf of a third party. Complaints were discussed as a standing agenda item at practice meetings to share learning and as part of quality improvement. There was information for patients in the reception area about how to complain and a patient leaflet available.</p>	

### Example of how quality has improved in response to complaints

After a complaint was made by a patient concerning a delayed diagnosis, the practice reviewed the pathway the patient had taken through the surgery and hospital to ensure it was followed correctly. This was reviewed at the GP appraisal and discussed at a whole team meeting to raise awareness of patients possibly presenting with certain symptoms.

## Well-led

### Leadership capacity and capability

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

The practice had assigned lead roles to practice individuals in order to champion areas of practice service delivery and provide support to staff. These roles were strengthened with appropriate training and attendance at relevant meetings. Lead roles were freely advertised to staff and staff we spoke to were aware of them.

Staff told us how they networked with others outside the practice. The lead practice nurse met with other local nurses and was a member of a practice nurse social media group to share information. The practice manager was a member of other national manager groups and forums and met regularly with other managers both within the locality and within the CCG.

The practice manager acted for the local group of practices as the treasurer for the group. They organised, co-ordinated and paid for group training from the locality account.

#### Any additional evidence

The practice had reviewed the availability of patient appointments following changes in staffing at the practice and in response to patient feedback and had recruited two urgent care practitioners to offer more urgent, on-the-day appointments to patients. Patients requesting urgent care were seen by these practitioners and appointments made with GPs if necessary. This freed up appointments with GPs and allowed for better continuity of care.

The practice had also secured resilience funding which it planned to use to carry out further workforce assessments.

### Vision and strategy

#### Practice Vision and values

The practice vision and values were:

“To be an excellent, effective, responsive, innovative and sustainable resource for our patients to maintain and improve their health and wellbeing.

To be providers of high quality personalised and flexible service from within a caring team”.

These were displayed within the practice in both staff and patient areas and on the home screen of the practice clinical system. All staff were aware of them and told us they strived to attain them.

### Culture

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

The practice had a comprehensive meeting structure that allowed for staff to be supported in their roles, to have good communication within the practice and share learning and quality improvement. Staff were encouraged to feed back to leaders and at meetings; all staff were encouraged to contribute to meeting agendas.

The practice held regular awaydays for staff. An awayday had been held in February 2018 and goals and objectives had been developed with all staff from which the practice produced a practice business plan for 2018/19. This plan covered all areas of practice service delivery including staffing, premises,

IT, patient services, financial stability, teaching and training, management, communication and working with the patient reference group.

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

Source	Feedback
Staff interviews	<p>Staff told us they had excellent relationships with managers. They told us managers were approachable and were always willing to listen. Staff said they were a good team who worked well together.</p> <p>Staff liked the online system that gave them easy access for example, to practice policies and meeting minutes.</p> <p>We were told clinicians were encouraged to suggest improvements to clinical online templates to record patient health information and related issues such as consent and information given at the time of consultation.</p>
Meeting minutes	<p>We saw meeting minutes indicated all staff were included in practice learning and development. We saw praise was given to staff when appropriate. Staff suggestions were given consideration and implemented when agreed.</p>

**Governance arrangements**

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific clinical templates	<p>The practice used the online clinical patient record system to good advantage and developed and reviewed patient clinical templates used to record information. Templates had been amended at the advice of clinicians to reflect best practice and to share information with other services more easily.</p>
Staff meetings	<p>The lead practice nurse acted on behalf of the practice nurses and assistant practitioners. They met with a GP one day before the regular clinical meeting to discuss any issues and feedback to the clinical meeting on the following day.</p>
Staffing arrangements	<p>The practice used rotas to minimise the risk of understaffing and to provide opportunities to cover staff absence. The practice had not used locum staff for over two years.</p>
Staff training	<p>There was good management overview of staff training and development. Training and development was planned to support future development of the service and staff were encouraged to develop.</p>
Implementation of online systems management software.	<p>The practice had purchased a computer software system that allowed for all aspects of service delivery to be managed effectively and in a timely fashion. This system had been populated to allow for staff access to and management of practice policies and procedures, the practice audit programme, staff training and other areas of practice governance. The system produced reminders related to practice monitoring requirements such as renewing staff professional indemnity, reviewing policies and procedures and risk assessments and other areas of practice management. All staff had access to this system which was tailored to their role.</p>

	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

### Managing risks, issues and performance

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

### Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Potential risks to patients	Systems to respond to significant incidents and complaints were established, action was taken to improve service delivery where necessary and learning was shared with all staff. Action was undertaken in response to patient safety alerts although these actions were not always recorded on the central practice online system.
Safe working environment	Staff carried out various risk assessment activities associated with the practice premises such as health and safety assessments and infection prevention and control. Mitigating action was taken to address and identified risks.
Staff performance	Performance of all staff was monitored supportively within a culture of learning and development.
Staff safe working conditions.	The practice had introduced a confidential health questionnaire to risk assess working conditions for new staff. We saw that action had been taken where necessary to address identified risks.

### Appropriate and accurate information

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

### Engagement with patients, the public, staff and external partners

#### Feedback from Patient Participation Group (PPG);

Feedback
We spoke with two members of the practice PPG. They said they met regularly with the practice representatives, about every six weeks. They told us they felt the practice was open with them regarding service developments and involved them in proposed developments to the service. They said they felt the practice always listened to them and their views were respected. The minutes of the



meetings were published on the practice website and patients were encouraged to join the group.

## Continuous improvement and innovation

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

Audit area	Improvement
The use of antibiotics for patients with a sore throat	Following an initial audit of patients with symptoms of a sore throat against best practice guidelines for prescribing antibiotics, GPs were reminded of the guidelines and a new clinical template for completion by GPs was introduced in the patient clinical record system. A re-audit took place in March 2018. The results of this audit showed a much-improved adherence to best practice; there was increased use of the fever pain score, antibiotics had been prescribed appropriately and records had been kept showing patient education had taken place.
Lumbar spine patient x-rays	(A lumbar spine x-ray is a high radiation dose examination and best practice guidance indicates should only be used under very specific circumstances). The practice reviewed all lumbar spine x-rays undertaken for patients against best practice guidance. Clinicians were reminded of the criteria for requesting lumbar spine x-rays to assure they were only undertaken where absolutely necessary.

### Any additional evidence

The practice had been a teaching and training practice for medical students and new GPs for over ten years. They valued this and planned to ensure this could be continued.

The practice made good use of IT systems. They used an online computer system for many areas of the service and planned to develop this further to include all possible areas of the practice. They used a new online system to remind patients of their appointments, send invitations for healthcare appointments and allow patients to make new appointments and cancel appointments easily if necessary.

Staff were encouraged to develop their skills further. Both the urgent care practitioners were planning to train to become non-medical prescribers and the assistant practitioner and trainee assistant practitioner were planning to train as practice nurses.

#### 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](#) ).