

Care Quality Commission

Inspection Evidence Table

Ampthill Practice (1-597402907)

Inspection date: 3 October 2018

Date of data download: 25 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.	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

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 06.09.18
There was a record of equipment calibration Date of last calibration:	Y 06.09.18
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	Y 03.01.18
Actions were identified and completed. No actions identified	n/a
Health and safety Premises/security risk assessment? Date of last assessment:	Y 27.09.18
Health and safety risk assessment and actions Date of last assessment:	Y 04.01.18

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>A water leak from rooms above the practice, occupied by another tenant of the building, came into the nurses room. The practice notified its landlord, NHS Property Services who fixed the leak within 72 hours.</p>	<p>Y</p> <p>26.09.18</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>

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 sepsis.	Y
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

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

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)	0.61	0.54	0.95	Variation (positive)
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)	7.0%	9.6%	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 or Patient Specific Directions).	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.	n/a
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
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

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.	9
Number of events that required action	8

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

Event	Specific action taken
The blood test for a patient was not returned within the expected timescale. The practice contacted the laboratory who claimed to have tried to telephone with the result but got no reply. The laboratory had phoned whilst the practice was closed	The practice raised the issue with the laboratory, and asked them to, in the future, make greater efforts to communicate test results such as faxing or emailing results. The practice discussed the matter and agreed all clinicians would monitor the situation.
Water leak from tenants in upper part of the building.	The practice contacted its landlord and requested prompt action as the leak had caused a power failure that affected the vaccines fridge. The practice had been forced to discard contents of the vaccines fridge. The landlord rectified the issue within 72 hours.

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>Alerts came directly to the practice manager who distributed them to all staff. Any clinical alerts were discussed in clinical meetings and minutes distributed to all clinical staff, including those not present. Where necessary, follow up meetings were arranged to ensure staff were aware of any changes to be implemented.</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)	0.57	0.80	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	77.6%	77.9%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 6.4% (32)	CCG Exception rate 6.4%	England Exception rate 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)	69.9%	78.2%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 5.6% (28)	CCG Exception rate 5.5%	England Exception rate 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)	82.3%	81.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (29)	8.8%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	78.8%	75.8%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (7)	2.3%	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)	93.0%	91.8%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (6)	4.0%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	77.9%	81.7%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (42)	3.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	93.6%	87.4%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.3% (12)	13.1%	8.2%	

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)	87	94	92.6%	Met 90% minimum (no variation)
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)	83	97	85.6%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	83	97	85.6%	Below 90% minimum (variation negative)
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)	83	97	85.6%	Below 90% minimum (variation negative)
Any additional evidence or comments				
<p>The practice was aware of the issue. It told us that:</p> <ul style="list-style-type: none"> • It ran a dedicated child immunisations clinic every week, and the practice nurse intended to introduce additional dedicated clinics. • Working parents were able to take their children to the local GP and nurse Hub on Saturdays, which was open on Saturdays from 8.00am – 8.00pm) when it ran immunisation sessions. • It had a large number of patients who refused to attend for the vaccine. The practice recorded when patients refused the vaccine on behalf of their children. • It telephoned non-attenders and doctors offered the vaccine opportunistically when patients attended the surgery for other matters. • It had an annual patient turnover of 20%, and many patients did not de-register before leaving. 				

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)	63.9%	56.1%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	60.5%	56.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	44.3%	45.2%	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)	88.9%	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)	61.0%	58.2%	51.6%	Comparable with other practices
Any additional evidence or comments				
<p>The practice was aware of the issues with uptake of its cancer screening programmes. It told us:</p> <ul style="list-style-type: none"> • There was a dedicated member of staff who proactively contacted all patients who did not attend for screening; • For cervical screening there was a female sample taker available throughout the week. • During the data collection period two female GPs who normally offered cervical screening opportunistically to patients had been on maternity leave. They had since returned to work and were again offering opportunistic appointments and discussing the benefits of screening with patients. • During the inspection the practice provided us with its unpublished, and unverified, data for the more recent data collection period (1 April 2017 – 31 March 2018). This showed that its performance for cervical screening uptake had increased to 76%. However, this was still below the national target of 80%. • It had a large number of patients from cultural groups who refused the screening for which they were eligible. The practice had worked with advocates who spoke the patients first language to engage them in discussions about the benefits of screening. • Patient receive text reminders to help them to remember to attend for appointments. • There was a dedicated member of staff actively monitored those patients who had been referred on the two-week-wait cancer pathway to ensure that they had attended their appointments and to code the final diagnosis onto the system – following which those patients were invited for review; • All clinicians were up-to-date with the most relevant guidelines/pathways to ensure that the practice was referring the correct/eligible patients to the cancer screening service to ensure early 				

detection and treatment.

- Some patients from migrant backgrounds frequently moved to other parts of London without de-registering. Some patients refused to participate in screening programmes for cultural reasons.
- The patient turnover at the practice was 20% per year, and many patients did not de-register before leaving.

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)	86.6%	90.9%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (8)	4.9%	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)	82.4%	90.5%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (5)	4.0%	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)	97.6%	83.7%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.1%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	542	540	539
Overall QOF exception reporting (all domains)	3.7%	4.3%	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)	95.0%	93.8%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (8)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The practice recorded patients consent to treatment.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	22
Number of CQC comments received which were positive about the service	21
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
comments cards	<p>Patients said that the reception staff were polite kind and caring and that they were helpful and cheerful and made patients feel welcome.</p> <p>Patients were very happy with the care they received from the doctors and nurses.</p> <p>Patients said that the surgery was comfortable and clean.</p>
NHS Choices	<p>Most patients were very happy with the practice and felt they were treated well by all staff.</p> <p>Some patients, however, mentioned that they felt that reception staff had been rude or impolite to them.</p> <p>The practice responded to all comments and, where appropriate offered patients who were unhappy both an apology and the opportunity to come into the practice to discuss any issues.</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
8359	427	85	19.9%	1.02%

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)	88.0%	88.6%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	83.5%	85.5%	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)	95.5%	94.4%	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)	86.7%	83.1%	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
NHS FFT Survey September 2018	The practice regularly ran the NHS Friends & Family survey. In September 2018, 87 patients completed the survey with 91% saying they were likely or very likely to recommend the practice to friends or family.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke to during the inspection told us that they were always treated with care and concern by the GPs and nurses, and that they felt supported and were fully involved in decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	92.8%	94.2%	93.5%	Comparable with other practices

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 identified	160 patients were registered as carers, this represented just under 2% of the patient list
How the practice supports carers	Once identified as carers, patients were referred to local support groups including Camden Carers. Carers were offered influenza immunisations.
How the practice supports recently bereaved patients	The GP phoned the family to offer condolences, and signposted them to sources of local support.

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	The seating area was set back from the reception desk, but when patients wanted to discuss an issue in private staff were able to take them either to a private room or to a corridor away from the patient area.

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
Patients interviewed during the inspection	Patients told us that the staff, doctors and nurses respected their privacy and dignity.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	9.00 - 18.00
Tuesday	9.00 - 12.30 and 14.30 - 18.00
Wednesday	9.00 - 13.00 (Baby Clinic ONLY from 13.00 – 14.30)
Thursday	9.00 - 18.00
Friday	9.00 - 17.00

Appointments available	
	<p>Monday 9.00 – 12.30, 14.00 – 18.00 Tuesday 9.00 – 12.30, 14.00 – 18.00 Wednesday 9.00 – 12.30, 14.00 – 16.00 Thursday 9.00 – 12.30, 14.00 – 18.00 Friday 9.00 – 12.30, 14.00 – 18.00</p> <p>When the practice phone lines are closed, between 8.00am - 8.30 am, and 6.00pm - 6.30pm calls go directly to another provider, where any patients need urgent contact with the practice the provider contacts the practice who deal with the issues.</p>
Extended hours opening	
	<p>Patients can access a local GP HUB which offers appointments between 6.30pm - 8.00pm on weekdays and 8.00am – 8.00pm on weekends.</p>

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>Visits were offered daily to patients on request. Pro-active visits were made to patients on the practice frailty register, or with multiple issues and who had not been seen within a six-month period. Visits were actively offered to older, housebound patients and patients in nursing or residential homes or hostels for influenza immunisation injection.</p>	

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8359	427	85	19.9%	1.02%

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)	91.7%	93.3%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	84.6%	77.6%	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)	78.9%	68.1%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	72.5%	64.4%	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)	81.5%	73.5%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
Patients interviewed during the inspection	Patients told us that emergency appointments were always available on the day, and waits for routine appointments were acceptable, and that home visits were also available when needed.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	16
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

Example of how quality has improved in response to complaints
<p>A patient's prescription was delivered to the wrong address. The practice discussed this in a meeting and apologised to the patient for the inconvenience. Staff were reminded to check the details before sending any correspondence.</p>

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
<p>The practice holds regular meetings for all staff as well as monthly clinical meetings.</p> <p>Staff we spoke to commented on how well everyone worked together and that managers and leaders were always approachable and listened to any staff concerns or suggestions.</p> <p>The practice had low staff turnover which attested to the pleasant working conditions created by the practice leaders.</p>

Vision and strategy

Practice Vision and values
<p>The practice had a vision to deliver a high quality evidence based service to everyone equally.</p>

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
<p>The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.</p>

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

Source	Feedback
Practice manager	A member of staff suggested an improved message taking process so that messages would be recorded on computer not on paper. The practice considered this and agreed to implement it to save paper and also to ensure messages were all recorded in a standard form.
Staff interviews	Staff we spoke to told us they felt they were a good team and that everyone worked well together to deliver a good service for patients.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a range of practice specific policies that controlled the working of the practice. These were updated and reviewed regularly.
	Y/N
Staff were able to describe the governance arrangements	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
Premises become unavailable	In the event that the practice was unable to use its building, the practice was able to direct patients to its sister practice the Regents Park Practice, less than half a mile away.
Medical emergencies	Staff had training in basic life support. Emergency medicines and equipment were in place, these were checked regularly and staff knew how to use them.

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;

Feedback
No members of the Patient Participation Group were available to speak to the inspection team.

Continuous improvement and innovation

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

Audit area	Improvement
Medicines Management	The practice undertook regular prescribing audits with the CCG. These had resulted in improved prescribing regimes for patients.
Audit of Prescribing Quality – Risk Reduction Review	<p>The practice undertook a review of patients receiving medicines that required regular blood testing.</p> <p>During the first cycle in June 2017 it identified 103 patients who were not complying with regular blood monitoring. The practice discussed the outcome and set a reduction target of 10%. It decided to phone patients and invite them to attend for regular blood tests. It also agreed that where it was safe to do so it would not prescribe medicines to patients who failed to comply with monitoring.</p> <p>Following the second cycle in January 2018 the practice found that 68 patients remained at risk as they were not having regular monitoring, a reduction of 34%.</p> <p>The practice discussed the results and agreed that: it would email all clinical staff with reminders of the monitoring regimes for all medicines that require regular monitoring. It would also add a display message to patients records for GPs to review monitoring with a view to discussing opportunistically with patients.</p>

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 practices 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](#)).