

# Care Quality Commission

## Inspection Evidence Table

### Stowhealth (1-545937203)

Inspection date: 4 October 2018

Date of data download: 06 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 and deputy member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes*
*Some reception staff were trained for chaperone duties but did not receive a DBS check, however there was a risk assessment in place for these staff members.	

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: September 2018	Yes
There was a record of equipment calibration Date of last calibration: November 2017 and April 2018	Yes
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, the practice has five fire marshals.	Yes
Fire risk assessment Date of completion May 2018	Yes
<p>Actions were identified and completed.</p> <p>The practice premises were managed by a private company on behalf of the landlord. The company utilised NHS property services for contract building maintenance for the whole site, only part of which was rented by the practice.</p> <p>NHS property services had conducted the risk assessment and actions required had been identified. The practice did not evidence that they had clear oversight of these to ensure the actions were completed. Following the inspection, the practice showed evidence they had received the information from NHS property services and action completed or the status on any outstanding actions.</p>	Yes*

Additional observations: The premises were uncluttered and good signage was in place, we were assured that the premises were well managed to keep patients and staff safe.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: May 2018	Yes
Health and safety risk assessment and actions Date of last assessment: May 2018	Yes
Additional comments: The practice had other risk assessments for example, the management of legionella, and staff wellbeing.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: July 2018	Yes
The practice acted on any issues identified Detail: The practice undertook six monthly infection and prevention (IPC) audits and an action plan was produced. Discussions were held at the inter team meetings to ensure a whole team approach to the actions and improvements needed. In addition, the practice nursing team routinely undertook regular inspections but did not document these checks.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

## Risks to patients

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

## Information 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. The practice had effective monitoring of the filing of pathology results and patient correspondence to ensure that clinical staff saw all the appropriate information that required their oversight.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers:	
<p>The system and process in place to check the electronic transfer summary of patient's medical records with the paper records did not ensure all records were fully summarised in a timely manner. We found there were approximately 322 records to be actioned and most had been received by the practice within the past 16 weeks. However, the system in place had not ensured all records were managed in an orderly manner and 15 sets of records had been received by the practice in 2017 but had not been fully summarised or checked. Immediately following the inspection, the practice shared their action plan and addressed the issue.</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)	0.89	1.01	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)	10.3%	11.5%	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 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.	No*
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.	No
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> <li>• The practice was involved in working closely with the CCG on the NHS QIPP agenda and were looking at opioid patch reduction.</li> <li>• The practice had not carried out an appropriate risk assessment to identify all emergency medicines that it should stock. An appropriate risk assessment had not been done for oral dexamethasone (to treat croup) and naloxone (for opioid toxicity). During the inspection the practice undertook the risk assessment and ordered the additional medicines.</li> <li>• Medicines requiring cold storage within the dispensary were stored and monitored appropriately. Vaccines were not stored appropriately within refrigerators in the treatment rooms and records did not demonstrate they were always maintained within the recommend temperature range. For one refrigerator in September 2018, there was 16 occasions where the maximum temperature had been recorded as 25<sup>0</sup>C. For a second refrigerator there were 15 occasions in September 2018 where the maximum temperature was recorded as 15<sup>0</sup>C. The recommended range for a refrigerator is 2-8<sup>0</sup>C. Immediately following the inspection the practice took immediate action to implement a safe system and to investigate the past reading to ensure patients had been kept safe.</li> </ul>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Explanation of any answers	
<p>Any other comments on dispensary services:</p> <p>Uncollected medicines were triaged and individually assessed to ensure that appropriate action was taken. For example, the patient contacted, appropriate records entered onto the system or the GP informed.</p>	

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

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	39

The practice used a Datix system to electronically record significant events to ensure that the learning identified was shared with the thirteen practice member practices of the Suffolk Primary Care partnership.

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

Event	Specific action taken
Medicines error relating to overriding repeat template	Staff were made aware of the error and reminded during a meeting and from shared minutes to be vigilant in relation to accurate review dates.
SMS reminders not sent for clinics on clinical system	The clinical system was updated and staff reminded to complete clinical templates.
Delay in two-week referral being sent	Discussion between clinical staff and secretarial staff to ensure GPs alerted staff to a two-week referral being sent. Secretarial staff ran regular searches to ensure all referrals were sent in a timely manner.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice and dispensary received safety alerts. Appropriate actions were taken and patients that maybe effected were reviewed. We looked at three alerts and found all had been managed appropriately and where patients had required review, they had received it. For example, we saw that a recall of inhalers used for the treatment of asthma had been actioned appropriately and patients taking a high-risk medicine with risk associated with pregnancy had been reviewed.</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)	0.49	0.69	0.83	Comparable with other practices

We note that the prescribing of hypnotics was lower than the CCG and national average.

## 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)	84.1%	82.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (81)	10.6%	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)	83.0%	79.3%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (64)	7.5%	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)	85.8%	80.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (135)	13.1%	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)	77.7%	77.4%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (34)	6.7%	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)	90.6%	90.1%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (27)	11.5%	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)	87.3%	84.3%	83.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (73)	3.2%	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)	83.9%	88.8%	88.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (21)	7.3%	8.2%	
<b>Any additional evidence or comments</b>				

## 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)	222	227	97.8%	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)	237	248	95.6%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	238	248	96.0%	Met 95% WHO based target (significant variation positive)
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)	237	248	95.6%	Met 95% WHO based target (significant variation positive)
<b>Any additional evidence or comments</b>				
<p>The practice nurses had processes in place to ensure patients were encouraged to attend their appointments. The practice nurses would call any parents/guardians to discuss the immunisations if required.</p>				

Working age people (including those recently retired and students)

<b>Cancer Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	76.4%	73.8%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	82.1%	79.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	62.1%	61.1%	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)	55.3%	64.4%	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)	54.0%	54.7%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>				
<b>Data for QOF 2017/2018 showed the practice had improved this and had reached 94% which was in line with the CCG and national average.</b>				

## 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)	92.2%	93.3%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (8)	14.8%	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)	94.6%	91.6%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (5)	12.5%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	80.1%	84.5%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (16)	8.4%	6.8%	
<b>Any additional evidence or comments</b>				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	548	539
Overall QOF exception reporting (all domains)	4.2%	5.1%	5.7%

The practice shared their QOF performance for 2017/2018 which since the inspection has been verified and published, this showed the practice had sustained their performance and had achieved 100% and their exception reporting was 3% The practice had clear systems and processes in place to ensure patients were recalled for their routine follow ups in a timely manner, any patient who did not attend was contacted by their own GP.

### 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)	97.1%	95.5%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (21)	0.8%	0.8%	

### Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw evidence that consent was recorded and held in the clinical records. Written consent for minor surgery was obtained.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	17
Number of CQC comments received which were positive about the service	16
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
NHS Choices comments:	Comments included patients reflecting that staff were caring and a nurse contacted the patient and was very caring over the phone. Other comments included “very helpful receptionist” and “a doctor who listened carefully”.
CQC Comment cards	There were consistent comments in the 17 cards that reflected staff treated patients in a professional and caring manner.
PPG members	All patients and PPG members we spoke with told us the staff, including clinical and non-clinical staff, were always caring and kind. They told us staff would go the extra mile to ensure their patients were cared for.

## 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
19644	226	108	47.8%	0.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the	87.5%	89.3%	89.0%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)				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)	89.9%	87.6%	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)	96.2%	95.4%	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)	83.4%	85.8%	83.8%	Comparable with other practices
<b>Any additional evidence or comments</b>				
<p>The practice was proactive in reviewing and reflecting on the national GP patient survey data. They had been undertaking a regular review since 2014 and showed areas of continued and sustained improvement. They told us they had seen a reversal of previously negative trends for waiting 15 minutes or less to be seen, GPs giving enough time and GPs treating patients with care and concern. They told us this reflected the telephone consultation service and the ability for a GP to spread consultations over a working day, allowing more time for consultations flagged up as complex during the initial telephone contact and giving GPs the time and emotional capacity to interact on a more personal level.</p>				

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

Date of exercise	Summary of results
2017 and repeated in 2018	Clinical Pharmacist Service Audit. The summary of results from the 2018 survey showed that 100% of patients reported their medical needs were met. 100% of patients reported they were satisfied with the outcome of their consultation.
2018	Electronic patient feedback touch screen (Smiley face survey). Although not solely used by Stowhealth (other services that use the building such as podiatry), the electronic machine that uses a smiley face for patients to give easy feedback before leaving the building showed that 81% of patients were extremely likely to recommend the service.
2018	Healthwatch Suffolk. Analysis of the comments made in the last year showed patients reported positively about the care received from the staff at the practice which aligned with the comments on the NHS choices website.
Ongoing	Verbal feedback, this was recorded in real time and discussed at the inter team meetings.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
PPG and patients, we spoke with.	All patients we spoke with told us they had always been involved with decisions about their care and clinical staff spoke in a way that was easy to understand.
NHS choices	“The doctor carried out all examinations with due regard to my concerns and dignity and kept me informed always. Diagnosis and treatment were fully explained to me and I was also given other sources of information to view at my own discretion.”
CQC Comment cards	Many comment cards reflected that patients were included and involved in decisions about their care.

## 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)	95.9%	93.9%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had recorded 213 patients as carers, this was approximately 1% of the practice population. On the day of the inspection the practice told us they recognised that the coding of carers, and therefore this record, was not accurate and they would review this. The practice took immediate action to remedy this and found that some of the inaccuracies were due to external agencies but addressed those incorrectly coded by their own staff.
How the practice supports carers	The practice showed they supported carers through regular monthly attendance at the practice of the Suffolk Carers association. They had a variety of information available in the practice and on the notice boards.
How the practice supports recently bereaved patients	The GPs within the practice contacted bereaved to patients and arrange to see or visit them as appropriate to ensure the patients were supported during a difficult time.

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice was large and well-designed enabling patients to have space and privacy when talking with the receptionist. All staff we spoke with were aware of the need to ensure conversations were managed well.

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

Examples of specific feedback received:

Source	Feedback
Staff Member	We spoke with a staff member who gave us details of an incident where a patient had been distressed. The staff member was able to take the patient into a private room, when the GP called the patient they were able to go directly to the GP room, avoiding waiting in public areas where other patients were present.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

Appointments available	
Appointments were available throughout the day. First contact was via the telephone and appointments booked by the clinician as appropriate.	
Extended hours opening	
Saturday mornings	8.30am to 12pm
In addition, the practice was able to offer and book appointments at the GP+ service. These appointments were for routine care and available in the evenings or at weekends and were held in nearby Bury St Edmunds and Ipswich.	

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
<b>If yes, describe how this was done</b>	
Clinical staff triaged all requests for home visits. The clinical staff worked an appointment system which enabled flexibility for a GP or nurse practitioner or practice paramedic to undertake a home visit without delay if needed.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
19644	226	108	47.8%	0.55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.0%	95.3%	94.8%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <p>The practice had been operating an appointment system where GPs and other clinical staff triage all calls requesting an appointment for over three years. This ensured all patients were managed on the day if required or were given appointments as appropriate. When patients wished to speak with a GP of choice, this was arranged with the GP for a day when the GP was working and convenient to the patient.</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)	97.0%	79.2%	70.3%	Variation (positive)
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)	87.1%	76.2%	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)	83.6%	71.0%	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)	93.0%	80.4%	74.4%	Variation (positive)
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
NHS Choices	Patients stated they could get prompt appointments to speak or see a GP and found the telephone service excellent.
PPG members and patients, we spoke with	All patients we spoke with told us they found the appointment system effective and it met their needs. They told us that they were able to speak to a GP of choice if needed.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	14
Number of complaints we examined	Three
Number of complaints we examined that were satisfactorily handled in a timely way	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
Additional comments:	
All complaints were reviewed and responded to by a GP partner. The practice used a Datix system to electronically record the complaints to ensure the Suffolk Primary Care partnership shared learning across the thirteen-member practices.	

Example of how quality has improved in response to complaints
<p>The practice was made aware that the electronic call board for patients identified patients who were having a blood test taken as it referred to the blood test room. The board was immediately amended to show the room number only.</p> <p>A delay in a patient receiving a call back was recorded. The system was reviewed and the protocol amended. All patients who required a specific time call back were highlighted and systems introduced to ensure staff kept oversight of all calls to ensure they were all dealt with in a timely manner.</p>

# Well-led

## Leadership capacity and capability

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

The practice demonstrated the partners worked with the management team and staff to be a practice where the patient was at the centre of their work. Staff we spoke with told us they all worked as a cohesive team with a drive to bring services closer to the patients, maximising the benefits of working closely with other practices to ensure shared and sustainable resources.

The practice allocated substantial resource, time, energy and cost to the overall managing and running of the practice. Each week, the Executive Board met for half a day, this board consisted of two GP partners, the business manager and practice manager. They told us this helped provide strategic direction and drive to the running and development of the services for patients.

In addition to this, there was a monthly management meeting, held in the evening after clinics have finished which involved all nine partners, the business manager and the practice manager.

### Any additional evidence

The practice hosted a significant number of other services provided by the NHS and private providers. NHS services included an ultrasound service, on site chemotherapy, rheumatology services, Papworth sleep clinic and vascular surgery. Private providers included a fully equipped gym on site which GPs could refer patients to for free sessions, podiatry, hearing care and exercise classes. In addition, the practice encouraged healthy living and hosted services such as smoking cessation and weight management.

## Vision and strategy

### Practice Vision and values

The practice had engaged with staff on a practice whole team away day to write their mission statement ten years ago. As a team they have regularly reviewed this to ensure it is still up to date and relevant. Their mission statement is Stowhealth provides innovative high quality total healthcare with six values underpinning this statement including to provide welcoming personalised accessible quality family care.

## Culture

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

Staff we spoke with described an open culture throughout the practice and management team. We saw examples where staff had reported errors and improvements were made. Practice staff we spoke with told us they felt valued and supported by the partners and management team, to suggest new ideas or to challenge anything they were concerned about. For example, the secretarial team identified that GPs were not working in a consistent manner in relation to dictation and referrals. They requested a meeting and were able to discuss fully their concerns and agree a better system and process. The staff we spoke with told us this had improved the safety of managing all referrals.

Patients we spoke with told us they were always able to speak with a member of the management team

if they wanted to.

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

Source	Feedback
Practice staff	The practice encouraged personal development and skill mix. The practice nurses and practice paramedic and physician associate worked with the duty doctor each day and were given the opportunity to discuss their consultations in an open, learning environment.
Practice staff	<p>The whole practice team had worked to develop systems to ensure that patient calls and concerns were directed to the most appropriate member of staff to improve the service to patients.</p> <p>Through regular inter-team meetings a clear understanding between the practice teams developed, with each department fully understanding each other's skills. Reception staff were then trained, in the role of care navigators. This enabled them to direct patients to the right member of staff, with the right skills at the right time. Practice staff and patients, we spoke with told us this had been well implemented.</p>

**Any additional evidence**

## 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 comprehensive suite of policies and procedures which were easily available on the practice intranet. However, the practice policy for managing the cold chain in the treatment rooms was not practice specific or used by staff. We found, in the dispensary, the policy for the management of the cold chain was practice specific and followed by dispensary staff.
Other examples	We saw examples of policies including safeguarding of children, the management of pathology results and patient correspondence.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Generally, staff were clear on their roles and responsibilities	Yes*

Any additional evidence
We found the system and process for managing the cold chain within the practice treatment rooms needed to be improved. On the day of the inspection, treatment room staff we spoke with in relation to this incident did not give us assurance that patients had not been at risk through ineffective monitoring of the fridges that stored medicines. The practice took immediate action to address the issues and to put safe procedures in place. An immediate investigation was started to review the monitoring data to ensure patients had not received medicines that may have been compromised. Following their investigation the practice told us that no patients had received compromised vaccines.

## 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
In May 2018, the practice identified that the system of communicating results to patients needed to be improve.	The system and process was redesigned and implemented to ensure that GPs worked in a buddy group to cover each other's results and correspondence. This ensured patients received clinically reviewed results, with clear comments in a timely manner. Practice staff we spoke with told us this had made them feel safer in their role and had reduced the need for the patients to contact the GP to discuss results.
The practice recognised that some patients maybe be at risk as they did not have continuity of care. In November 2017, the	Systems and processes were introduced to ensure the patients who repeatedly contacted the practice with the same or recurring symptoms were seen in a face to face consultation and not through a telephone consultation. Staff we spoke with told us the continuity of care that was ensured for these patients was effective for the patient and for the

practice reviewed patients who contacted the practice on a frequent basis, had unexplained symptoms or had complex issues.	clinical team.

## Appropriate and accurate information

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

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

### Feedback from Patient Participation Group;

Feedback
We spoke with three members of the PPG who described the practice as very caring and responsive and well led. They told us the practice listened and made changes as a result of feedback. For example, the PPG recognised that many patients were not aware of the proactive services that were available. A member of the PPG had arranged educational meetings and joint working with other agencies such as One Life Suffolk.

## Continuous improvement and innovation

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

Audit area	Improvement
Annual blood test monitoring of adult Coeliac patients	Cycle three showed the practice had improved the monitoring of patients with Coeliac disease. The number of patients who had received the full range of blood monitoring had increased from 0% in the first cycle to 68%. The practice told us all patients had been reviewed and had received a medicines review. The practice was continuing to ensure all patients attended their monitoring appointments and staff were clear on the blood tests to undertake.
Medicine Management audits	Working with the CCG medicine management audits the practice has ensured they are prescribing in a safe and cost-effective way. Regular review of medicines such as antimicrobials are undertaken and learning shared with all clinical staff with a prescribing qualification.

Any additional evidence
The practice had a rolling programme of audits and monitoring searches and had undertaken or were in the process of 27 clinical audits in the past 12 months. In addition, they had undertaken some ad hoc audits/searches including a severe weather audit to check on the welfare of vulnerable patients during the winter months of adverse conditions. The practice also undertook clinical assurance activities such as ensuring the filing for pathology and correspondence was safe and effective.

### 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](#)).