

# Care Quality Commission

## Inspection Evidence Table

### Oakwood Medical Centre (1-553254185)

Inspection date: 10 October 2018

Date of data download: 24 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(s) 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 See below
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 See below
Disclosure and Barring Service checks were undertaken where required	Y
<p>Explanation of any 'No' answers:</p> <ul style="list-style-type: none"> <li>The practice displayed information for staff to refer to on identifying and reporting abuse including Female Genital Mutilation (FGM), modern slavery and Prevent (support to people at risk of joining extremist groups and carrying out terrorist activities). The written safeguarding policies referred to the different types of abuse but did not contain a description. The provider informed us this was addressed following the inspection.</li> <li>There was a system in place for ensuring alerts were placed on the records of children and staff when an issue had been identified about their well-being. A sample of records seen confirmed this. However, we found that an alert had not been placed on the records of all family members following the identification of a child safety concern. Following the inspection the provider confirmed that action had been taken to address this. They confirmed that all records had been checked to ensure appropriate coding. They confirmed that a protocol had been in place and this had been revisited and guidance provided to relevant staff.</li> </ul>	

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
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:	Y 18/04/2018
There was a record of equipment calibration Date of last calibration:	Y 18/04/2018
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 October 2018
Actions were identified and completed.	Y
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y 04/10/2018

Health and safety risk assessment and actions Date of last assessment:	Y 08/02/2018
Additional comments:	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Y 04/10/18 Y
Detail: The infection control audit was conducted recently by the Infection Prevention and Control Team (Clinical Commissioning Group). The lead for infection control was aware of the recommendations that had been made and they told us that the majority had already been addressed. The lead for infection control was new to this role. They had a plan in place for future in-house audits. They attended regular meetings with the Clinical Commissioning Group to keep up to date in this area.	
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 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
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### 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)	0.96	0.91	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	6.9%	6.8%	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 See below

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 See below
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.	Y
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.	Not applicable
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
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> <li>• Prescriptions were overall managed safely. We identified that the serial numbers for one prescription pad had not been recorded and was not in a lockable cabinet. The practice manager advised that this had been addressed following the inspection.</li> <li>• Uncollected prescriptions were monitored however not all staff gave the same timeframe for undertaking these checks. Following the inspection we were informed that these would be carried out every two weeks and that guidance had been given to staff to ensure this took place.</li> <li>• Alerts were placed on high risk medications to indicate where actions were needed before medication was re-issued. We identified that an added safety measure would be to provide additional information in the consultation notes for the GPs to refer to. The provider confirmed this was addressed following the inspection.</li> <li>• The vaccine fridge was kept locked however the door to this room was not locked routinely when the room was unoccupied. The practice manager told us that this had been addressed following the inspection by providing the nurses with a key.</li> </ul>	



### 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.	28
Number of events that required action	28

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

Event	Specific action taken
Bomb threat	Tightened up evacuation procedure and put in place a specific protocol which was disseminated to staff.
Confidential information left in clinic room	The importance of patient confidentiality was reiterated to all staff. Room checks put in place to ensure confidential information is not left unsecured.
Home visit was added for a patient at a nursing home but task not sent to GP so GP was not aware. GP noticed and was able to visit late/call and advise.	This was discussed amongst relevant staff and action agreed was that a task/screen message is now sent to GPs when a home visit added.
Any additional evidence	
The significant event policy and procedures were accessed through the providers intranet. The staff were clear about what constituted a significant event, were encouraged to report all events and were involved in the learning and improving process.	

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

Comments on systems in place: The practice acted on and learned from external safety events as well as patient and medicine safety alerts. There was a system in place to demonstrate that documented alerts had been received by staff and actions had been taken if required.

## 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)	0.28	0.53	0.83	Variation (positive)

### 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)	83.8%	84.3%	79.5%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.7% (78)	15.9%	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)	83.4%	83.4%	78.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	17.7%	(74)	10.6%	9.3%	
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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)	80.1%	77.7%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.2% (105)	18.3%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	76.9%	77.6%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.7% (146)	10.2%	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)	92.1%	94.1%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.3% (38)	15.5%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
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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)	81.5%	85.0%	83.4%	Comparable with other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	9.1% (128)	4.2%	4.0%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	84.6%	89.3%	88.4%	Comparable with other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	7.1% (9)	8.1%	8.2%	

#### Any additional evidence or comments

The exception reporting rates were above the local and national averages for several indicators including diabetes, asthma and chronic obstructive pulmonary disease. We spoke to the clinical and non-clinical staff responsible for monitoring long term condition quality indicators. They told us that the inability to recruit the appropriate number of nursing staff had led to an increase in exception reporting. They also said that the responsibility for this monitoring had not been robust. The practice now had two practice nurses (and were planning to recruit a health care assistant to support the nursing team) and more robust systems had been put in place to reduce exception reporting. This included introducing a new call and re-call system, appointing lead staff, providing guidance to staff on encouraging patients to attend for health checks and holding frequent meetings to review performance. We checked a sample of quality indicators for this year's performance and found that the practice's achievement was showing an improvement.

#### Families, children and young people

<b>Child Immunisation</b>				
<b>Indicator</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Practice %</b>	<b>Comparison to WHO target</b>
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	84	86	97.7%	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)	93	98	94.9%	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)	92	98	93.9%	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)	93	98	94.9%	Met 90% minimum (no variation)
<b>Any additional evidence or comments</b>				
There were good systems in place to ensure children received the necessary immunisations.				

#### 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)	78.9%	75.8%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.0%	71.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	61.8%	54.4%	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)	53.8%	70.8%	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)	56.1%	55.5%	51.6%	Comparable with other practices

### Any additional evidence or comments

The practice had identified that the percentage of patients with cancer diagnosed in the preceding 15 months, who had a patient review recorded as occurring within 6 months of diagnosis was lower than the Clinical Commissioning Group (CCG) and the national average. To address this they had added appointment triggers to the four weekly clinical review meetings to ensure patients were provided with an appointment.

### 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)	97.0%	93.9%	90.3%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.0% (17)	14.1%	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)	97.1%	94.6%	90.7%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	30.0% (15)	10.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.5%	82.6%	83.7%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.4% (9)	7.4%	6.8%	

### Any additional evidence or comments

The exception reporting rates were above the local and national averages for the mental health indicators. We spoke to the clinical and non-clinical staff responsible for monitoring these quality indicators. They told us that the responsibility for this monitoring had not been robust. The practice now had more robust systems in place to reduce exception reporting. This included introducing a new call and re-call system, appointing lead staff, providing guidance to staff on encouraging patients to attend for health checks and holding frequent meetings to review performance. We checked a sample of quality indicators for this year's performance and found that the practice's achievement was showing an improvement.

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	556	539
Overall QOF exception reporting (all domains)	8.4%	6.4%	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)	93.8%	95.7%	95.3%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (35)	0.7%	0.8%	

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	8
Number of CQC comments received which were positive about the service	8
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC Comment cards and patient interviews	<p>“Reception staff are very caring.”</p> <p>“I’ve always had exceptional care.”</p> <p>“Staff are professional and caring.”</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
8899	277	123	44.4%	1.38%

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)	85.6%	87.6%	89.0%	Comparable with other practices

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 treating them with care and concern (01/01/2018 to 31/03/2018)	84.0%	86.9%	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)	93.7%	94.1%	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)	81.1%	82.9%	83.8%	Comparable with other practices

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

Any additional evidence
<p>The practice was able to show how they collected, analysed and responded to patient feedback. For example, as a result of comments put into the suggestions box the patient screen now showed subtitles, the notice boards had been made less cluttered and more information for patients with poor mental health had been displayed and an in-house information booklet produced about local services.</p> <p>The results of the Friends and Family test were collated and analysed. (the NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment). The results were advertised and comments responded to. This information was available in the waiting area and on-line. NHS Choices were reviewed by the practice manager and responded to.</p>

**Involvement in decisions about care and treatment** Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke to two patients who said they were 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)	91.2%	93.6%	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
<p><b>Any additional evidence or comments</b></p> <p>The practice staff had trained with Inclusive Teaching Matters to use Makaton (a language system using signs and symbols to help people communicate) in a health care setting. This was part of a pilot project that was now being offered to other practices. The practice had become Makaton friendly by providing Makaton booklets and signs for patients. The plan was for the practice staff to work on practising the signs by introducing a new sign each week.</p>	

Carers	Narrative
Percentage and number of carers identified	287 (3%)
How the practice supports carers	There was a carers lead who identified carers and provided them with relevant information about GP and local services. The carers lead had regular contact with the Carers Network so they could provide patients with up to date information. The practice had in the last 12 months paid for a therapist to attend the practice and provide massages and relaxing treatments for carers. Information giving days were held at the practice to provide carers with information about their rights and support available. Alerts were placed on the records of carers and patients who had carers so that appropriate support could be provided.
How the practice supports recently bereaved patients	A bereavement card was sent to bereaved relatives. The card contained an information sheet with practical advice such as contact details for support organisations. The practice had a bereavement protocol which gave guidance

	to staff on actions to take.
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## 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 had received training and guidance in promoting patient confidentiality and respecting patients' privacy. The waiting room chairs were positioned away from the reception area, patients were encouraged to stand away from reception when they were waiting to speak to the receptionist and a radio was on in the background.

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
Interviews with patients.	We spoke to two patients who said their privacy was respected.

## Responsive

### Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm

Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Extended hours opening	
	The practice was no longer offering extended hours appointments.
	An extended hours service was operated by the Clinical Commissioning Group and run by local GPs each evening and weekend from various locations in the Vale Royal area.
Out of hours arrangements	Patients were directed to telephone 111.

<b>Home visits</b>	<b>Y/N</b>
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
<b>If yes, describe how this was done</b>	
A home visit protocol in place and staff trained in prioritisation of visits. A patient information leaflet was also available and this information was on the website.	

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8899	277	123	44.4%	1.38%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last	94.5%	94.1%	94.8%	Comparable with other
Indicator	Practice	CCG average	England average	England comparison
general practice appointment, their needs were met (01/01/2018 to 31/03/2018)				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)	44.9%	59.4%	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)	61.3%	67.6%	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)	56.3%	64.7%	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)	70.3%	75.3%	74.4%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <p>The practice analysed the results of patient feedback. They were aware that the telephone system made it difficult for patients to contact the practice by telephone. There was a plan for a new telephone system to be installed in October 2018. Following the inspection, the provider confirmed that this had been completed. In the interim they told us how they had tried to improve access by publicising the on-line appointment system, increasing the number and type of appointments bookable on-line, giving advice on the best times to call the practice, extending the telephone ring time and deploying more staff to answer the phones.</p> <p>As a result of feedback about appointment times the practice had and was continuing to keep its appointment system under close review. This has resulted in changes being made to the types of appointments available. For example, increased GP telephone consultations and the introduction of “soon” appointments which were not urgent but could not wait two weeks. Other improvements to increase patient satisfaction with appointments included staff training on customer services.</p>				

### Examples of feedback received from patients:

Source	Feedback
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CQC Comment cards and patient interviews	<p>“I have always been able to get an appointment when I needed one.”</p> <p>“Clinical staff are attentive to my needs.”</p> <p>“The emergency sit and wait service has really helped.”</p>
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## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	48
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
<p>The complaints process was clearly publicised for patients and feedback was encouraged in a number of ways, for example through the website and through a suggestions box. Both verbal and written complaints were recorded. An annual analysis of complaints was carried out and patterns and trends identified. From this areas for improvement were determined. The analysis also compared reasons for complaints with the previous 12 months. This showed how improvements had been made. For example, there were 18 complaints about the management of prescriptions in 2016/2017. In 2017/2018 this had reduced to 5.</p>	

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

The analysis of complaints showed that staff attitude, behaviour and values was the reason for 5 complaints. Training had been provided and was continuing for reception staff around customer care. Nine complaints were as a result of the telephone system. The practice had a plan to replace the telephone system and they confirmed this had been completed following the inspection. The practice had taken active steps to improve access whilst waiting for the issue of obtaining a new telephone system to be resolved.

## Well-led

### Leadership capacity and capability

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

The GPs and clinical staff had active leadership roles. The provider had identified its vision and values. It had identified its challenges and had plans in place to address these. Various regular meetings (clinical and staff) were held. The provider leadership team had oversight of significant events and complaints.

## Vision and strategy

### Practice Vision and values

The provider had an articulated vision to be a forward thinking practice with a friendly and supportive team. To treat patients with respect and dignity at all times in a safe, effective and caring manner. The mission statement had been formulated by all staff and it had been agreed by the Patient Participation Group (PPG). The provider was in the process of adding its mission statement to all practice policies and procedures and paperwork.

## Culture

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

The management team had oversight of the service quality and performance. Quality improvement initiatives were evident, that included audit. There were processes for providing all staff with the development they needed. There were positive relationships between staff and teams. Staff were involved in local community groups and projects which influenced health care provision. For example, the practice was involved in pilot projects such as the Feno machine project which assisted with better diagnosing and prescribing for patients with asthma. The staff team had been involved in a pilot to improve communication with patients who use Makaton. One of the practice managers was working alongside the CCG to improve training days for non-clinical staff. The practice had also helped to improve services across the CCG as one of the practice managers had provided information governance training to all staff within the Vale Royal CCG. The GPs and practice managers told us that their close working relationship with the CCG also enabled them to review their own quality processes at the practice.

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> <li>• Staff stated they felt respected, supported and valued. They were proud to work in the practice.</li> <li>• Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.</li> <li>• They told us there were good positive working relationships between staff and teams.</li> </ul>
	<ul style="list-style-type: none"> <li>• They told us there was good communications between all staff.</li> <li>• They told us they had access to support and training to meet the requirements of their roles.</li> </ul>

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### Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The provider had policies and procedures in place to support the delivery of the service.
Communication	Staff meetings were undertaken regularly and were minuted. Feedback and communication was documented. All staff were able to contribute to these meetings and minutes were shared with the staff.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

### 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
Ensuring safe staffing levels	Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
Medical emergency support for patients	The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
General environmental risks	Health and Safety risk assessments were in place which were regularly reviewed and updated as needed. A programme of building and equipment checks were in place to ensure patient and staff safety.

### Appropriate and accurate information

Question	Y/N
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Staff whose responsibilities include making statutory notifications understood what this entails.	Y
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## Engagement with patients, the public, staff and external partners Feedback from Patient Participation Group;

Feedback
<p>The patient participation group (PPG) met regularly and worked well with the practice. They felt the practice listened to them and they were able to make suggestions for improvements and service developments. The PPG worked with the practice to support and improve the service provided by patients. For example the PPG was involved in supporting an open day to raise patient awareness of diabetes, reviewing and contributing to policies and procedures and trialling on-line consultations.</p>

## Continuous improvement and innovation

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

Audit area	Improvement
Respiratory Patients and admission (2018)	The Respiratory Pathways team contacted the practice to request an audit of the patients who had been admitted to hospital on more than one occasion over the past 12 months with respiratory distress. The GPs reviewed the patients and gave feedback to the team around the admission and whether it could have been avoided. The practice used Aristotle as a tool for this. Neither admission could have been avoided but it did allow for a reflection on the care and process.
Pre-diabetes audit (2017)	It was identified that the diagnosis of pre-diabetes varied between clinicians; the audit was undertaken to ensure standardisation of diagnosis. The audit showed that a small proportion of patients were being undiagnosed. As a result the practice clarified the diagnostic process according to current guidance. A re-audit was undertaken which showed that there had been an increase in over 50% in appropriate diagnoses.
Otitis Media (2016)	This audit looked at the appropriate treatment of this condition. The practice identified that antibiotics were being given without necessarily recording all the appropriate detail needed for safe prescribing. All partners were shown the data and reminded of good practice.

**Any additional vidence**

The practice worked collaboratively with the local community. Having two practice managers meant that one was available to become involved in community meetings such as those organised by the federation of local practices or the Clinical Commissioning Group. A practice manager was involved in the 2018/2019 Primary Care Charter which meant they were able to advocate for what resources would benefit patients. One of the practice managers was working with the CCG on a dementia coding project to help to better identify patients with dementia.

One of the GPs was the clinical lead for Northwich Care Communities and the Federation Director which enabled them to be involved in advocating for services to benefit patients such as provision of extended hours services and in developing local projects that would assist in improving patient services, such as the Lyndsey Leg Club.

One of the GPs had a lead role in the Northwich Care Home Scheme in the previous 12 months. This involved revising the scheme, which included developing a new template to collect data, medication reviews, out of hours visits, mentoring care home staff and meeting with other practices in the local area. The practice arranged two information giving events which were attended by nursing home staff and staff from local GP practices.

Another GP was the Clinical Director for Vale Royal and South Cheshire CCG which enabled them to keep the practice up to date regarding future service provision and the implications of this for the practice.

The practice had introduced software to improve services for patients. For example, Patient Chase to improve call and recall systems. The practice was also trialling out new software such as on-line and video consultations.

One of the practice managers had set up The Vale Royal South Cheshire Buying Group which negotiated large contracts at reduced prices which meant a cost saving to practices. As part of this they had produced promotional materials to help reduce wasted medication and to encourage patients to buy over the counter medication rather than seeking a prescription. The practice carried out a survey and visited nursing homes to find out which medication was over prescribed. They met with local pharmacists and trained reception staff on how to assist patients when re-ordering medication to prevent over-prescribing and to encourage the use of over the counter medication. The practice informed us that this resulted in a significant reduction in wasted medication.

**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](#)).