

Care Quality Commission

Inspection Evidence Table

Sea Mills Surgery (1-571294646)

Inspection date: 11 October 2018

Date of data download: 20 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 |
| Policies were updated and reviewed and accessible to all staff. | Y |
| Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs) | Y |
| Information about patients at risk was shared with other agencies in a timely way. | Y |
| Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients | Y |
| Disclosure and Barring Service checks were undertaken where required | Y |
| All health care professionals working in the practice are registered with the relevant professional body, and that this registration was checked on employment (along with satisfactory references) and where applicable annually thereafter. Health care professionals' entry on professional registers is checked to ensure revalidation had occurred and that GPs were included on the NHS Performers List. | |
| IRIS (Identification & referral to improve safety) domestic violence lead had provided staff training on identifying signs and indicators of potential victims. | |

| 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 |
| In response to the prevalence of measles in the area the practice had tested all staff and offered immunisation to those not already immune. | |

| Safety Records | Y/N |
|---|-----|
| There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 30/11/17 | Y |
| There was a record of equipment calibration Date of last calibration:30/11/17 | Y |
| Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals | Y |
| Fire procedure in place | Y |
| Fire extinguisher checks | Y |
| Fire drills and logs | Y |
| Fire alarm checks | Y |
| Fire training for staff | Y |
| Fire marshals | Y |
| Fire risk assessment Date of completion 23/9/18 | Y |
| Actions were identified and completed. | Y |
| Additional observations: The practice had fire drills planned and staff undertook yearly online training. | Y |
| Health and safety | Y |

| | |
|--|---|
| <p>Premises/security risk assessment? June 2016</p> <p>The onsite pharmacy had separate security arrangements from the practice.</p> <p>The practice had an intruder alarm and specific opening and closing procedures which ensured the building was secure and that no one was left in the building.</p> <p>Date of last assessment: June 2016</p> | |
| <p>Health and safety risk assessment and actions</p> <p>Date of last assessment: October 2018</p> | Y |
| <p>Additional comments:</p> <p>There were sufficient precautions in place to alert people in an emergency such as computer alarm system and a manual alarm system installed in consulting rooms.</p> | |

| Infection control | Y/N |
|---|-----|
| <p>Risk assessment and policy in place</p> <p>Date of last infection control audit:4/7/18</p> <p>The practice acted on any issues identified</p> <p>Detail: the audit included a specimen management review; actions for installation of elbow taps in GP consulting rooms was carried forward as no invasive or no touch techniques were undertaken in consulting rooms.</p> | Y |
| <p>The arrangements for managing waste and clinical specimens kept people safe?</p> <p>We observed that spill kits were in place and included in the regular equipment checks.</p> | Y |

| Any additional evidence |
|--|
| <p>We found the practice staff completed online mandatory training for infection control. We saw cleaning schedules were in place with regular monitoring that these were carried out effectively. The premises were clean with measures in place for the prevention of infection such as dated sharps boxes, and pedal operated waste bins.</p> |

Risks to patients

| Question | Y/N |
|---|-----|
| There was an effective approach to managing staff absences and busy periods. | Y |
| Comprehensive risk assessments were carried out for patients. | Y |
| Risk management plans were developed in line with national guidance. | Y |
| Staff knew how to respond to emergency situations. | Y |
| Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients. | Y |

| | |
|---|---|
| In addition, there was a process in the practice for urgent clinician review of such patients. | Y |
| The practice had equipment available to enable assessment of patients with presumed sepsis. | Y |
| There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance. | Y |
| <p>The reception staff had a reference file of information available to them (AccuRX – signposting cards/prompts on the desktop for all staff) which included details of what to do when certain scenarios present themselves, for example, chest pain or symptoms of sepsis.</p> <p>Every clinician had a list which is updated monthly of the ten patients who are the most severely frail and most likely to experience falls based on falls assessment information received from secondary care, and ensured they took appropriate action such as checking when patients were last seen by a clinician.</p> | |

Information to deliver safe care and treatment

| Question | Y/N |
|---|-----|
| Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation. | Y |
| Referral letters contained specific information to allow appropriate and timely referrals. | Y |
| Referrals to specialist services were documented. | Y |
| The practice had a documented approach to the management of test results and this was managed in a timely manner. | Y |
| The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols. | Y |
| <p>Explanation of any answers: The practice made referrals through a referral agency which meant referrals were scrutinised for accuracy and appropriateness.</p> | |

Appropriate and safe use of medicines

| Indicator | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|---------------------------------|
| Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA) | 1.03 | 0.85 | 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) | 13.4% | 9.8% | 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 | Y |

| | |
|---|---|
| changes to a patient's medicines including changes made by other services. | |
| Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions). | Y |
| Prescriptions (pads and computer prescription paper) were kept securely and monitored. | Y |
| There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. | Y |
| 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. | Y |
| 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 |
| The practice employed a pharmacist who led in medicines reviews and chronic obstructive pulmonary disease reviews. | |
| The practice had a process which ensured that any patients whose prescriptions were not collected were contacted to establish if it was still needed. | |
| The practice had met targets for medicines optimisation and the last two years the practice had used prescribing incentive funding to purchase the new booking in system for patients for self-check-in; the TV screen providing self-care advice and a "patient call" system for the clinicians, they updated their website, provided equipment for the "Health Corner", and purchased a new electrocardiograph (ECG) monitor and ankle-brachial pressure index (ABPI) to improve the efficiency of their service. | |

Track record on safety and lessons learned and improvements made

| Significant events | Y/N |
|---|-----|
| There was a system for recording and acting on significant events | Y |
| Staff understood how to report incidents both internally and externally | Y |
| There was evidence of learning and dissemination of information | Y |

| | |
|--|---|
| Number of events recorded in last 12 months. | 9 |
| Number of events that required action | 9 |

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

| Event | Specific action taken |
|---|--|
| End of life care queried by relative. | Care reviewed by clinical team and discussed at significant events meeting. No further action required. |
| Patient wished to use nebuliser in the practice however there was no nurse present and the GP was unsure how to connect the nebuliser to the Oxygen cylinder. | Training was given to all clinicians how to use the equipment. |
| Patient had two appointments but system only allowed booking in for one. Patient spent two hours in the practice, having sat and waited to be called for 2nd appointment. | Apology given to patient; issue discussed with reception team. Signage in waiting area changed re waiting times. A new TV/calling system was introduced. |

| 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 staff clearly understood how to deal with safety alerts and we saw evidence within the patient documentation that alerts had been enacted. However, there was central document which recorded all the action taken. | |

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) | 0.93 | 0.77 | 0.83 | Comparable with other practices |

People with long-term conditions

| Diabetes Indicators | | | | |
|---|--|--------------------|------------------------|---------------------------------|
| Indicator | Practice performance | CCG average | England average | England comparison |
| The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small> | 75.6% | 80.8% | 79.5% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 10.9% (36) | 22.3% | 12.4% | |
| Indicator | Practice performance | CCG average | England average | England comparison |
| The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) <small>(QOF)</small> | 77.7% | 79.9% | 78.1% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 14.8% (49) | 16.3% | 9.3% | |

| Indicator | Practice performance | CCG average | England average | England comparison |
|--|--|--------------------|------------------------|---------------------------------|
| The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) <small>(QOF)</small> | 79.9% | 82.7% | 80.1% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 9.7% (32) | 17.9% | 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 | 74.2% | 75.7% | 76.4% | Comparable with other practices |

| | | | | |
|--|---|---------------------------|-------------------------------|---------------------------|
| questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF) | | | | |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 21.1% (92) | 13.6% | 7.7% | |
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 98.2% | 91.1% | 90.4% | Variation (positive) |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 19.9% (27) | 17.7% | 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) | 79.8% | 83.1% | 83.4% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 4.6% (47) | 7.5% | 4.0% | |
| Indicator | Practice | CCG average | England average | England comparison |
| In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF) | 83.1% | 88.4% | 88.4% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 15.5% (25) | 10.3% | 8.2% | |
| We discussed the exception rates with the practice and reviewed records and found the patients had been excepted appropriately. | | | | |

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) | 74 | 77 | 96.1% | 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) | 73 | 77 | 94.8% | 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) | 73 | 77 | 94.8% | 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) | 72 | 77 | 93.5% | Met 90% minimum (no variation) |
| The practice ran specific baby clinics as this allowed for two trained nurses to be available to provide the service. | | | | |

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) | 77.1% | 73.9% | 72.1% | Comparable with other practices |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE) | 71.3% | 71.2% | 70.3% | N/A |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE) | 57.9% | 56.7% | 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) | 57.5% | 72.0% | 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) | 64.6% | 56.7% | 51.6% | Comparable with other practices |
|---|-------|-------|-------|---------------------------------|

Any additional evidence or comments

The practice provide “Well Woman Checks” when undertaking cervical smears. This advice included pelvic floor exercise advice and breast awareness and had been taken up by over 60% of patients attending for screening during the last two years.

All sample-takers monitor results from the samples they take including their inadequate rate. We found that women were offered appointments at different times throughout the week with a female sample-taker. Eligible women received a written invitation, and at least one written reminder, the practice contact non-attenders where possible by telephone. Non-attenders were flagged on the woman's record so that the screening test could be discussed opportunistically.

The practice had good compliance from patients in respect of the national screening programmes.

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) | 96.3% | 93.0% | 90.3% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 37.2% (16) | 23.7% | 12.5% | |
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 90.9% | 91.0% | 90.7% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 23.3% (10) | 19.9% | 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 | 78.8% | 82.7% | 83.7% | Comparable with other practices |

| | | | | |
|----------------------------------|---|---------------------------|-------------------------------|--|
| (01/04/2016 to 31/03/2017) (QOF) | | | | |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 7.0% (5) | 7.0% | 6.8% | |

The Dementia Action Alliance had awarded the practice "Dementia Friendly" status.

The practice used community services to support and facilitate access for people living with dementia.

Monitoring care and treatment

| Indicator | Practice | CCG average | England average |
|---|----------|-------------|-----------------|
| Overall QOF score (out of maximum 559) | 549 | 546 | 539 |
| Overall QOF exception reporting (all domains) | 6.7% | 7.0% | 5.7% |

Coordinating care and treatment

| Indicator | Y/N |
|--|-----|
| The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF) | 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) | 92.6% | 94.4% | 95.3% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0.6% (10) | 1.4% | 0.8% | |

Consent to care and treatment

| Description of how the practice monitors that consent is sought appropriately |
|--|
| The practice obtained consent to care and treatment in line with legislation and guidance. |

Any additional evidence

The practice has a policy for consent to the treatment of children that conforms to the current Children Act 2004; there was a clear process of obtaining and recording parental permission when administering vaccines.

The practice had a policy for recording consent from vulnerable people to share information with their carers / next of kin.

Caring

Kindness, respect and compassion

CQC comments cards

| | |
|---|----|
| Total comments cards received | 21 |
| Number of CQC comments received which were positive about the service | 21 |
| 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 | All the responses received were positive about the service and some identified individual staff members citing the good service and care received. Patients also commented on the availability of appointments and the support of the reception staff to find a suitable appointment time. |

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 |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 6980 | 246 | 110 | 44.7% | 1.58% |

| Indicator | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|-----------------------|
| The percentage of respondents to the GP patient survey who stated that the last time | 95.1% | 90.4% | 89.0% | Comparable with other |

| Indicator | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|---------------------------------|
| 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) | | | | 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) | 92.2% | 88.6% | 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) | 95.7% | 96.5% | 95.6% | Comparable with other practices |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018) | 94.7% | 84.5% | 83.8% | Comparable with other practices |

| Question | Y/N |
|---|---------|
| The practice carries out its own patient survey/patient feedback exercises. At the Health Corner within the waiting room people could access a blood pressure monitor and weighing scales, there is a patient questionnaire available and more than 600 had been completed this year; this was an informal feedback gathering process. | Partial |

| Any additional evidence |
|---|
| The practice implements the national surveys and takes part in local surveys. |

Involvement in decisions about care and treatment

Examples of feedback received:

| Source | Feedback |
|-------------|--|
| NHS Choices | Seven reviews received over the past year. The service is rated as four stars; two reviews rated the service as one star because of appointment access. Five reviews rated the service as five stars and commented positively on the quality of the service. |

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) | 96.4% | 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. | Y |
| Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. | Y |
| Information leaflets were available in easy read format. | Y |
| Information about support groups was available on the practice website. | Y |

| Carers | Narrative |
|--|---|
| Percentage and number of carers identified | The practice had identified 3% of the patient population as carers. |
| How the practice supports carers | The practice had well developed and embedded support systems for carers, including young carers, who were identified by the practice and referred for a carers' assessment which could take place at the practice or at the patient's home. Carers Information Packs were provided at Flu Clinics, where they were able to identify "new" carers of from the patient group. Carers are offered seasonal vaccinations and priority appointments. |
| How the practice supports recently bereaved patients | Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. |

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 | <p>The front counter had been built to a height which obscured any computer screens for confidentiality. There was a screen between reception positions so that conversations were kept private; the waiting area was close to reception but had low background radio and a TV information screen for patients to watch.</p> <p>We found there was no notice in the reception area stating that patients could request a private area to discuss sensitive issues. The practice confirmed this was rectified following the inspection.</p> |

| 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 |
|-----------------------------|--|
| Google | Rated 5 star with four reviews commenting on the quality of the service. |
| NHS Friends and Family Test | From the 14 responses received in the last three months only one was unlikely to recommend the practice whilst the rest were all likely to recommend the practice. |

Responsive

Responding to and meeting people's needs

| Practice Opening Times | |
|------------------------|------------------|
| Day | Time |
| Monday | 8.00am to 8pm |
| Tuesday | 8.00am to 6.30pm |
| Wednesday | 8.00am to 7pm |
| Thursday | 7.15am to 6.30pm |
| Friday | 7.15am to 6.30pm |

| |
|--|
| Appointments available |
| On the day, pre-bookable and Improved Access appointments were available for patients, an additional four and a half hours every Monday evening and access to Saturday morning appointments. |
| Extended hours opening |

Pre-bookable appointments are available outside of normal opening times. These are typically available from 7.30am to 8.00am and 6.30pm to 7.30pm, subject to availability.

| Home visits | Y/N |
|---|-----|
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. | Y |
| If yes, describe how this was done | |
| Request for home visits were passed to the duty doctor for assessment and allocation. The practice had developed a protocol to be completed prior to care homes sending their request for a home visit to the practice. This ensured basic observations were completed and that the visiting GP was prepared for the visit. | |

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 6980 | 246 | 110 | 44.7% | 1.58% |

| 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) | 98.2% | 94.7% | 94.8% | Comparable with other practices |
| The practice was able to demonstrate they had good appointment availability with a short waiting time to see specific doctors. | | | | |

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) | 89.2% | 68.5% | 70.3% | Comparable with other practices |
| The percentage of respondents to the GP | 88.9% | 68.2% | 68.6% | Comparable |

| Indicator | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|---------------------------------|
| patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018) | | | | 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) | 83.4% | 64.9% | 65.9% | Comparable with other practices |
| The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018) | 90.4% | 75.3% | 74.4% | Comparable with other practices |
| The practice scored consistently higher than the local and national averages. | | | | |

Examples of feedback received from patients:

| Source | Feedback |
|-----------------------|--|
| Evening Post | The local newspaper ran a yearly survey (questionnaire) for patients using the practices in the locality. The practice had improved their position from being the fourth rated best practice in Bristol in 2016 to the second rated best practice in Bristol. The questionnaire was patient centred and asked questions such as access to appointments, response to telephone calls. |
| Patient questionnaire | There was a patient questionnaire available and more than 600 had been completed this year; this was an informal feedback gathering process with no analysis of responses. |

Listening and learning from complaints received

| Complaints | Y/N |
|---|-----|
| Number of complaints received in the last year. | 7 |
| 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 |
| Additional comments: | |
| One recent complaint was still being investigated and processed. | |

Example of how quality has improved in response to complaints

The practice used an annual review of complaints to identify that any actions/learning indicated had been implemented. For example, reception customer service training was reinforced to respond positively when patients do not wish to share the reason for their appointment.

Any additional evidence

Examples reviewed showed that the letter of responses were well worded, apologetic and appropriate. Patients received appropriate information and opportunities to further discuss any complaints with the practice.

Complainants were signposted to the Parliamentary and Health Service Ombudsman in the letters of response should they feel the complaint was not handled appropriately.

We saw evidence that the practice responded positively to complaints made on behalf of patients from third parties such as SEAP (support, empower, advocate, promote) advocacy.

Well-led

Leadership capacity and capability

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

There had been a change in the leadership at the practice over the past 12 months. There had been no registered manager at the practice since July 2017 which was a breach in the registration regulations however at the time of our inspection the senior partner had been identified to undertake the registration process to be the registered manager. To ensure there was no impact on performance the practice had recruited new partners and salaried GPs.

To improve sustainability and resilience the practice was working more closely with local GP practices within their GP cluster (a cluster is a group of GPs working with other health and care professionals to plan and provide services locally). One of the projects was Improved Access which would allow for patients to access appointments on evenings and Saturdays.

The Locality Leadership Group consists of three GP's and two practice managers elected by peers from the member practices. The practice manager and one of the partners were elected into these posts and this gave the practice a clear route into helping to shape the way forward for the locality.

The practice manager was working alongside NHSE to create an alternative collaborative working federation with other local practices which would see them remain financially autonomous, but share key functions through shared staffing.

Vision and strategy

Practice Vision and values

The Practice Charter states these are:-

- To provide the best possible health care for our patients.
- To promote better physical and mental health by offering a planned programme of health promotion and preventative care. This is based on national and local guidelines and is aimed at those most at risk.
- To ensure that services are easily accessible, efficient and responsive to the needs of the patient.
- To maintain a pleasant, safe and efficient working environment for everyone working in the practice.
- To include all members of the team in decision-making by encouraging teamwork and good communication.

Culture

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

- The feedback from patients from a variety of sources and from the annual NHS GP patient survey had been consistently good.
- The practice contributed a health column to the local free newspaper which enabled forthcoming health events to be advertised.
- The performance data for the practice was in line with or better than local and national averages.
- The practice was involved with external partners to promote wellbeing and staff had contributed toward a local educational session for diabetes, the local cluster group development plans (developing resilience), the practice manager meetings (future planning), practice nurse meetings (sharing best practice), being part of the clinical commissioning group (commissioning, governance and planning) and being involved in research.
- The practice produced a staff and patient newsletter each month which updated and informed people of events.
- The practice had been proactive in sourcing funding for the purchase of a community defibrillator for the main community meeting area in the locality.
- They contributed staff time to a local 'Health and Wellbeing' community event.
- They undertook a 'Stock up your medicine cabinet' campaign encouraging patients to have a stock of medicine in advance to prevent GP appointments and making better use of pharmacies.
- There was a daily huddle for all staff every morning so that they were prepared for the day and aware of any issues.
- The feedback from staff working at the practice was very good; staff identified that their priority was patient care and that they felt very proud of the practice and the way it met the needs of a diverse population.
- The practice had a low level of staff turnover.

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

Source

Feedback

| | |
|-------|--|
| Staff | We were told that staff could make suggestions to the practice which were implemented. The practice installed a power assisted door following patient and staff feedback. The nurse team identified that they had introduced a new form for patients to complete when submitting a sample so that they had more information and could then be dealt with appropriately. |
| Staff | Staff identified that the practice supported their professional development by training people in new roles such as to be able to take over secretarial duties. |

| Any additional evidence | |
|---|--|
| Staff provided information about how learning was shared to improve practice performance following adverse events such as further sepsis information shared at the staff meeting, and through learning events such as the introduction of screening for peripheral arterial disease. | |
| For the last two years the practice had used the Prescribing Incentive money to purchase the new booking in system for patients for self-check-in; the TV screen providing self-care advice and a “patient call” system for the clinicians, updated their website, provided equipment for the “Health Corner”, and purchased a new ECG monitor and ambulatory blood pressure machine to improve the efficiency of their service. The new waiting room screen, showing information for patients at peak times for self-care, accessing the right service and also at scheduled times according to clinics taking place | |

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 developed their own policies to support the staff and patient safety. For example, they had ‘How To’ information files available to staff to guide them where a process may be unfamiliar. |
| Other examples | The practice had developed a specific dialogue protocol for staff to follow when answering the telephone. |
| | Y/N |
| Staff were able to describe the governance arrangements | Y |
| Staff were clear on their roles and responsibilities | Y |

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

| Risk | Example of risk management activities |
|-----------------------------|--|
| Lost prescription requests. | Staff told us about adopting a second prescription request box for ‘early’ |

| | |
|---|--|
| | requests which cannot be dealt with immediately but could easily get lost in the system. |
| Car park lighting | We heard that the practice car park lighting had been inadequate but that remedial action had been taken. |
| The Bristol area had experienced a number of measles outbreaks. | The practice had ensured that all staff had immunity and could not pass this to any patients. |
| Additional childhood immunisations. | The recent increase in the number of immunisations given was identified as a risk by the nurse team. This was discussed by the practice management team and it was decided to ensure baby clinics were run by two trained nurses to reduce the risk of error and promote the safety of the children. |

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

| Feedback |
|---|
| The practice had taken a decision not to have a Patient Participation Group but used other sources of feedback and their newsletter to inform and consult with the patients. In addition, they had a virtual suggestion box on their website. |

Continuous improvement and innovation

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

| Audit area | Improvement |
|--|---|
| Pyelonephritis prescribing Audit | Adherence to locality prescribing guidance. |
| Broad spectrum antibiotic prescribing audit. | The practice was above the national target at 13%. The audit was an opportunity to highlight the NHS England antimicrobial guidelines and analyse current prescribing to see where it may not have followed guidance. This was helpful for the practice to work toward meeting the national 10% prescribing target. |

| Any additional evidence |
|---|
| The practice participated in local initiatives such as the self-referral musculoskeletal access for patients which had been accessed by 14 patients since its introduction; they were introducing a new telephone system which would allow calls to be answered more effectively. |
| Each consulting room had a Community Resource Lead Information Pack highlighting, in particular, local services and organisations who can assist with loneliness/social isolation. |

The main notice board in the waiting room was a "Local and Social Board" which highlights local events and organisations which were intended to reduce social isolation.

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](#)).