

Care Quality Commission

Inspection Evidence Table

The Park Medical Centre (1-547780441)

Inspection date: 29 October 2018

Date of data download: 09 October 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers:	

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 February 2018
There was a record of equipment calibration Date of last calibration:	Y January 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 July 2018
Actions were identified and completed. The practice had identified no actions required as a result of their fire risk assessment.	
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment:	Y August 2018
Health and safety risk assessment and actions Date of last assessment:	Y August 2018
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified</p> <p>Detail: There were no actions resulting from the latest infection control audit, however, there were carpets and canvas seating in the non-clinical areas. Although the practice told us that there were plans to replace these as part of their refurbishment plan, there was no documentation to support this. The practice was unable to demonstrate that these had had deep cleaned to ensure good infection prevention control. In addition, the infection control audit and conversations with staff confirmed the cleaning of medical equipment, such as the ear irrigator occurred after each use, however the practice were unable to evidence cleaning records in place to support this.</p> <p>The practice demonstrated that checks for legionella were completed every two years, the last check was completed in November 2016.</p>	<p>Y</p> <p>August 2018</p>
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	

Any additional evidence

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
Explanation of any answers:	

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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
Explanation of any answers:	

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)	0.93	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)	7.5%	7.5%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for	Y

unusual prescribing, quantities, dose, formulations and strength).	
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	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
Explanation of any answers:	

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.	14
Number of events that required action	14

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

Event	Specific action taken
Prescribing and dispensing	Six incidents were involving prescribing of medications. The practice had reviewed their policies and procedures and updated them where necessary through learning from these incidents.
Communication from external partners	Three incidents were involving communications from outside agencies and professionals. The practice had reviewed their policies and procedures and updated them where necessary

through learning from these incidents.

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 received safety alerts through an electronic system and disseminated these to all relevant staff, who signed and dated when they had read and understood the alerts. The practice demonstrated that they had completed relevant searches and had shared learning through meetings. All alerts were available to all staff in an alerts folder in the main reception staff area.	

Any additional evidence

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	0.78	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)	74.7%	80.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.5% (105)	11.4%	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)	66.1%	77.3%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.4% (98)	8.4%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	77.7%	80.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.3% (104)	9.2%	13.3%	

Other long-term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	69.3%	77.1%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.0% (95)	4.0%	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)	97.2%	92.5%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.5% (13)	7.2%	11.4%	

Any additional evidence

* Following the inspection, newer data for 2017/2018 from the quality outlook framework (QOF) was published. The new data for diabetes was consistent with the above data.

* The 2017/2018 QOF data for asthma showed a change in the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions from 69.3% to 81.7%. Exception reporting had increased from 15% to 20.9%.

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)	85.9%	83.5%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (52)	3.8%	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)	71.4%	88.1%	88.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (4)	11.9%	8.2%	
Any additional evidence or comments				
<p>*The practice were aware of their high exception reporting and showed us their process. We saw that the practice was following its policy of exception reporting patients after three attempts to contact them by letter. All patients that had been included in the exceptions were done so only by clinicians. In comparison to the practice population, the number of patients involved were low, which the practice considered contributed to the high exception percentages.</p> <p>* Following the inspection, newer data for 2017/2018 from the quality outlook framework (QOF) for hypertension was consistent with the above data.</p> <p>*The number of patients that had atrial fibrillation (AF) that were being treated with anti-coagulation therapy was below the local and national averages. Following the inspection, newer data from the quality outlook framework shows that the percentage of patients that were currently being treated with anti-coagulation therapy was 91.5%, which constitutes an improvement. Exception reporting had risen to 9.6%.</p>				

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,	131	142	92.3%	Met 90% minimum (no variation)

Haemophilus influenzae type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) (NHS England)				
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)	117	134	87.3%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for*wo Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	119	134	88.8%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	118	134	88.1%	Below 90% minimum (variation negative)

Any additional evidence or comments

Unverified data provided by the practice showed that childhood immunisation uptake rates had improved but were still below the target of 90%. For example, the percentage of children aged 2 who have received their immunisation for*wo Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) had increased from 87.3% to 89%.

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)	58.5%	68.9%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	54.2%	65.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	36.8%	44.6%	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)	83.3%	76.3%	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)	36.4%	49.9%	51.6%	Comparable with other practices

Any additional evidence or comments

*The practice was aware of their lower than target immunisation uptake rates and cancer screening

rates, they told us that due to their population and patient demographic they struggled to keep patients engaged. They demonstrated that they sent letters to and called parents of eligible children and patients who were eligible for cancer screening. Staff opportunistically discussed immunisations with parents and cancer screening with patients when they came into the practice for any other reason. They did this by putting alerts on the clinic system of parents whose children had not yet been immunised and patients who had missed cancer screening appointments or who had appointments in the near future. We saw posters in the waiting room for open immunisation and screening clinics and saw that the practice were immunising children and screening patients for cancer where appropriate during their extended hours and at weekends. We saw that numbers of patients who did not attend (DNA) appointments was high, which contributed to lower uptakes. The practice used a text message reminder system, which reminded patients about their up and coming appointments, but the practice told us that they had tried to facilitate this system in other languages as many of their patients whose first language wasn't English found it challenging to navigate. The practice assured us that they would continue with their efforts to ensure all children were appropriately immunised and all eligible patients were screened for cancer. The practice had also upskilled the GPs that work at the practice with training in the areas of cervical screening and immunisations to ensure that more patients had access to these services.

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)	90.4%	92.0%	90.3%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (10)	7.3%	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)	91.3%	92.1%	90.7%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.6% (11)	5.1%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months	85.7%	85.2%	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	
	3.4% (1)	4.4%	6.8%	
Any additional evidence or comments				
* Following the inspection, newer data from the quality outlook framework (QOF) for mental health indicators was consistent with the above data.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	541	544	539
Overall QOF exception reporting (all domains)	11.1%	6.1%	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)	96.3%	95.8%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (41)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice obtained verbal or written consent from patients. Clinical staff that we spoke with were aware of the mental capacity act (MCA) and the requirements to assess capacity where appropriate.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	43
Number of CQC comments received which were positive about the service	31
Number of comments cards received which were mixed about the service	12
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comments cards	Of the 43 comment cards we received 14 were specific about kindness, respect and compassion. 13 of these were positive and one was less positive.
NHS Choices	Of the five comments left on the NHS choices website in the last 12 months, two were specific about kindness, respect and compassion and were positive.

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
8447	424	73	17.2%	0.86%

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)	93.9%	87.8%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the	84.3%	86.1%	87.4%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)				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)	100.0%	95.4%	95.6%	Variation (positive)
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)	73.1%	81.1%	83.8%	Comparable with other practices
Any additional evidence or comments *According to patient feedback, the lower than average satisfaction score relating to overall experience are due to issues with access to appointments and not kindness, respect and compassion.				

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

Date of exercise	Summary of results
October 2018	The practice surveyed 56 patients that attended the Hub centre and found that 54 of the comments received were positive about the services provided at the hub centre.
2018	The practice surveyed 31 of the patients who use online services. Data provided by the practice showed that 70% of the patients surveyed had previously found it too hard to get through to the surgery on the phone and 53% had switched to online booking because it was more convenient. Of those patients, 93% were able to get the appointment slot they wanted; 67% rated the services as very good and 30% rated it as fairly good.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Of the two patients we spoke with on the day of the inspection, both were positive about the practice in terms of involvement in care and treatment.
CQC	Of the 43 comment cards we received ten were specific about involvement in care

Comment cards	and treatment and were positive.
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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)	96.9%	92.8%	93.5%	Comparable with other practices
Any additional evidence or comments				

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	Data provided by the practice showed that the practice had identified 12 carers, which was less than 1% of the practice population. The practice told us that many patients who are carers do not identify as carers as they were family members.
How the practice supports carers	The practice provided signposting for carers to community support groups and provided flu vaccinations annually.
How the practice supports recently bereaved patients	The practice policy was to send a letter to the bereaved family and the GP of the deceased patient would call the family to offer support and condolences. The practice told us that depending on the relationship with the deceased patient and their family, GPs at the practice have attended patient's funerals to show continued support for the family.

Any additional evidence

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The patient seating areas were set back from the reception desk so ensure patient confidentiality and staff we spoke with knew to offer patients a private space to discuss confidential information if necessary.

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
CQC comment cards	Of the 43 comment cards we received, one was specific about dignity and was positive.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30 am – 6.30 pm
Tuesday	8.30 am – 6.30 pm
Wednesday	8.30 am – 6.30 pm
Thursday	8.30 am – 6.30 pm
Friday	8.30 am – 6.30 pm

Appointments available	
	The practice offered appointments throughout the opening times of the practice from 8.30 am until 6.30 pm.
Extended hours opening	
	The practice offered their patients extended opening hours through the Smartcare federation at local hub centres from 6.30 pm until 8 pm and at weekends. Saturday hub opening hours are from 9 am until 6 pm and Sunday opening hours are from 10 am until 1 pm.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
The receptionists received home visit requests from patients and entered these on the computer system along with a reason for the request. The GP then called these patients to triage them and attended the patient's home if necessary.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8447	424	73	17.2%	0.86%

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)	100.0%	94.5%	94.8%	Significant Variation (positive)
Any additional evidence or comments				

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)	38.4%	59.7%	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)	48.5%	62.2%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	56.5%	62.5%	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)	64.7%	69.7%	74.4%	Comparable with other practices

Any additional evidence or comments

*The practice was aware of their lower than average scores in patient satisfaction in relation to access to care and treatment. The practice demonstrated that they had done work to address this.

*The practice had changed the telephone system twice to ensure that more staff were available to answer the calls of those patients calling for appointments. In response to patient feedback in 2016, the practice removed their premium number and replaced with a free number and increased the number of telephone lines to four, so that more patients could access appointments on the telephone. More recently in 2017, the practice changed their telephone system to an internet based cloud system, so that more patients could wait in a que and not get the busy tone. They also ensured that any telephone in the building could be used to answer patients calls. The practice demonstrated that all available non-clinical staff, including the practice manager would answer calls during busy periods. From July 2018 the practice also offered extended hours through their membership to the federation at local hub centres. They demonstrated that they had surveyed those patients who used these

Indicator	Practice	CCG average	England average	England comparison
<p>services, which indicated that some improvement to satisfaction had begun. The practice's national GP patient survey results had not yet reflected changes in patient satisfaction however. CQC comment cards and patient conversations we received on the day of the inspection showed that access was still an issue for patients, however the practice told us that due to the latest telephone line only being installed in July, they were confident that this; and a large number of patients being registered for online services, would begin to show more improvement going forward.</p> <p>*In order to reduce the burden on telephone lines the practice had been proactive in registering patients for online services, including the booking of appointments. Data provided by the practice showed that over 50% of patients in their population had registered for online services. Overall in 2018, 87 patients were surveyed, 36 in relation to the extended hours and services at local hub centres and 51 patients about online services. Out of these patients the unverified data from the practice showed that satisfaction was high.</p>				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Of the five comments left on the NHS choices website three were specific about access, two were positive and one was negative.
CQC comment cards	Of the 43 comments we received, 11 were specific about access to care and treatment. Four were positive and seven were less positive.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Example of how quality has improved in response to complaints
<p>*The number of complaints the practice received overall in 2017 was seven, three of which related to access to care and treatment. In 2018, the number of complaints received was four, none of which were in relation to access to care and treatment. The practice had responded to patient feedback including complaints, however the practice had not yet been able to demonstrate that satisfaction levels are in line with local and national averages.</p>

Well-led

Leadership capacity and capability

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

The provider was aware of all areas within the practice that required improvement and had a comprehensive and proactive approach to addressing these areas. For example, surveying patients on the use of the practices online services and hub extended hours, to ensure that satisfaction as a whole was improving. The practice changed their telephone system twice in response to patient feedback in order to ensure that patient satisfaction continued to improve. The practice demonstrated proactive clinical quality improvement activity in order to ensure that patient care remained at a high standard, whilst reviewing QOF results and patient feedback to ensure they were targeting their efforts in the most efficient way.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice provided us with their vision and mission statement;
There are two aspects to our vision covering both purposes of the park medical centre;
1 – As a GP surgery – we strive to provide the best service possible to all our patients at all times and are constantly striving to improve the care we provide.
2 – As a training practice – we are a committed teaching practice, hoping to improve the future of primary care and the quality of primary care.

Culture

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

The practice had a marked focus on safeguarding. Staff we spoke with knew how to manage safeguarding situations and how to report these both within the practice and externally. The practices focus was on all aspects of safeguarding, including, children, vulnerable adults and victims of domestic abuse. Files and records we viewed confirmed this, including significant events, meeting minutes and patient notes.

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

Source	Feedback
Staff	All staff we spoke with at the practice commented that they enjoyed working at the practice and felt supported. They further commented that the team were close and worked well together.

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a comprehensive suite of policies and procedures that were regularly reviewed and communicated to staff. Staff we spoke with were aware of the policies and their contents.
	Y/N
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
Health and safety	The practice performed individual risk assessments for each room within the practice and these were reviewed annually.
Fire	The practice ensured that all aspects of fire risk assessment were mitigated, including fire extinguishers, fire drills and alarm checks. Staff were trained in fire safety and knew how to respond should there be a fire related emergency.
Legionella	The practice had taken action to ensure water safety by testing water for legionella every two years. They were able to demonstrate comprehensive documentation of checks.

Any additional evidence

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We received feedback from two patients on the day of the inspection. Both patients commented that the service at the practice was good and that doctors and staff were helpful and caring. However, both patients also commented that they struggled to get appointments and were not yet signed up to online services, although they were aware that these were available.

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Clinical Audit	The practice conducted a post-exacerbation of asthma review audit, which aimed to assess whether all patients that had presented with an exacerbation of asthma were followed up by a GP or practice nurse within the defined two to four-week time frame. The audit showed that the practice had increased their follow up percentage from 85% between April 2017 and September 2017, to 93% between Oct 2017 and March 2018. The practice was aware that there were improvements still to be made and had devised actions and reviewed their procedures to ensure continued improvement.

Any additional evidence

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](#)).