

Inspection Evidence Table

The Ashchurch Medical Centre (1-571200162)

Inspection date: 10 October 2018

Date of data download: 15 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.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes*
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: *However, the cleaner who had worked within the practice for over 20 years had not had a Disclosure and Barring Service check.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers: None.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 04/07/2018
There was a record of equipment calibration Date of last calibration:	Yes 19/06/2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 16/02/2018
Actions were identified and completed.	No issues Identified.
Additional observations:	N/A
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 16/02/2018
Health and safety risk assessment and actions Date of last assessment:	Yes 16/02/2018
Additional comments: None.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>An infection prevention and control audit report and action plan was carried out in July 2018 by the NEL Primary Care IPC Team.</p> <p>The environment was said to be visibly clean. Staff were aware of the importance of hand hygiene.</p> <p>However, 10 standards out of 14 were identified as non-compliant. An action plan was developed with an agreed timeframe. No immediate risks to patient safety were identified. At the time of inspection, the practice had completed eight of the 10 identified actions within the 4-week completion target. For example, the audit found that the practice did not have a second minimum/maximum thermometer or data logger temperature recording device, independent of mains electricity suppl. During the inspection we found that this had been rectified.</p>	<p>Yes</p> <p>03/07/2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers: Clinical waste was kept in a lockable waste bin at the rear of the building and collected weekly.</p>	

Any additional evidence
<p>None.</p>

Risks to patients

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

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

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)	0.63	0.65	0.95	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	10.7%	10.7%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	No
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.	No
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes

The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	4
Number of events that required action	4
Explanation of any answers:	
<p>Although, we saw evidence of significant events being discussed during meetings, not all staff were aware of the resulting actions from incidents and stated that they had not received meeting minutes. There was a folder containing all of the minutes of meetings in the practice manager's office.</p>	

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

Event	Specific action taken
<p>Theft of blank prescriptions from GP room which were subsequently used by the patient. Pharmacy called the practice to query prescription because it was not signed. GP rubber stamp detailing name and surgery address also taken.</p>	<p>The police and NHS England were notified.</p> <p>Blank prescriptions were relocated to a locked cupboard in the practice manager's office.</p> <p>Patient removed from the practice.</p>
<p>Telephone call to surgery after 1pm from consultant. A GP refused to take the call because they were not the named GP for the patient and the relevant GP would be in later that day. The consultant insisted on speaking to duty doctor.</p>	<p>Practice discussed call taking after 1pm at practice meeting. Staff accessing on call doctor.</p> <p>Reiterated on call doctors' responsibilities.</p>
<p>Health care professional called regarding onward referral to the, Older person's rapid access clinic. The message was not relayed to the GP who was notified three days later.</p>	<p>Incident discussed with the reception team.</p> <p>Staff informed to complete one task at a time.</p> <p>Staff informed to forward a message to the appropriate GP if they are not contactable by the telephone.</p> <p>Staff asked not to write messages on loose pieces of paper to avoid the message being mislaid.</p> <p>Staff requested to contact the practice manager or the doctor on call if they have any concerns or if clarification is required.</p>

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	No

Comments on systems in place:

At the time of inspection, the practice did not have a system in place to manage safety alerts. Following the inspection, the practice forwarded a newly created safety alert protocol, which included the requirement for incoming safety alert information to be emailed to all staff. In addition, two members of staff were identified to undertake clinical system searches on receipt of an alert to ascertain the number of patients within the practice that may be affected.

Any additional evidence

- The practice did not keep a log of prescription serial numbers to assure themselves that all prescriptions could be accounted for. After the inspection, the provider forwarded a newly created prescription register.
- The practice did not have a safe system for monitoring high-risk medication. For example, we reviewed the records of the three patients prescribed lithium at the practice. One patient had not received a blood test since 19/12/2017 which was outside the required timeframe. Another, received a blood test in March 2018 and was issued a prescription by the practice in September 2018. The patient record at the practice had not been updated to reflect the date of the blood test. This information was received directly from the hospital's records. The remaining patient had received blood tests appropriately.
- In addition, we reviewed the records of the four patients being prescribed Azathioprine at the practice. One of the patient's medication ran out in July 2018. It was unclear from the clinical notes whether the patient had returned to the practice or had received any correspondence for a follow-up. Another patient had not had a follow-up with a GP since May 2018. The remaining two patients had their medications prescribed and monitored appropriately.
- The practice did not have the full list of emergency medication available. They had not completed a risk assessment in relation to the medication which was not stocked. Following the inspection, we were provided evidence that the practice had made arrangements to stock all of the required emergency medication.
- Clinicians were aware of the most recent safety alerts. However, there was not a system in place to ensure all staff had received the information.
- The practice did not check whether patients had attend their urgent two-week wait referral appointments. We saw evidence that they responded to letters from the hospital informing them that a patient had not attended.

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)	0.83	0.90	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	63.6%	76.2%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (7)	12.0%	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)	60.4%	74.7%	78.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (6)	11.7%	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)	66.9%	77.9%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (10)	11.9%	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 questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	37.4%	75.8%	76.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (7)	4.5%	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)	23.8%	87.8%	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (2)	9.6%	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)	70.8%	81.1%	83.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (17)	6.2%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	100.0%	86.4%	88.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (6)	7.6%	8.2%	

Any additional evidence or comments

The Quality Outcomes Framework clinical results for the practice in 2017/18, for the above indicators are as follows:

- 67% of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months. This was below the CCG and national average.
- 51% 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. This was below the CCG and national average.
- 63% of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less. This was below the CCG and national average.
- 26% 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. This was below the CCG and national average.
- 33% 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. This was below the CCG and national average.
- 73% The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less. This was comparable to the CCG and national average.
- 71% of 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. This was below the CCG and national average.
- Results from the Quality Outcomes Framework 2017/18 showed that the practice achieved 353 out of the available 559 points available. This was lower than the CCG and national average. The practices' overall exception rate was lower than the CCG and national average. They had a significantly lower exception report rate (15%) for 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.

During the inspection we found five prescriptions had not been collected. Two of the patients were being prescribed antidepressants. One of the patients had been prescribed a 14 day course on 20/09/2018 and again on 05/10/2018. The patient record did not indicate that there had been a review of the patients' compliance with the medication. The other patient was issued a prescription of antidepressants on 14/08/2018. There was no information in the patient record detailing why this medication was issued.

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)	33	37	89.2%	Below 90% minimum (variation negative)
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)	48	58	82.8%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	49	58	84.5%	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)	49	58	84.5%	Below 90% minimum (variation negative)
Any additional evidence or comments:				
The practice provided us with their most recent figures for childhood vaccinations (not validated up to 01/10/18). 100% was achieved for all indicators.				

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)	55.9%	57.2%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	67.7%	59.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	47.7%	42.3%	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)	66.7%	59.1%	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)	50.0%	46.1%	51.6%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The Quality Outcomes Framework clinical results for the practice in 2017/18, for one of the above indicators is as follows:</p> <ul style="list-style-type: none"> 100% percentage of patients with cancer, diagnosed within the preceding 15 months, had a patient review recorded as occurring within 6 months of the date of diagnosis. This was above the CCG and national average. <p>The practice had achieved their forecast points for this indicator.</p>				

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)	32.3%	87.0%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (1)	13.4%	12.5%	
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)	64.5%	88.3%	90.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (1)	9.2%	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)	54.2%	80.8%	83.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.7% (2)	11.7%	6.8%	

Any additional evidence or comments

The Quality Outcomes Framework clinical results for the practice in 2017/18, for the above indicators are as follows:

- 49% 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. This was below the CCG and national average.
- 74% 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. This was below the CCG and national average.
- 68% of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months. This was below the CCG and national average.

During the inspection we reviewed the practices mental health and dementia register. Seventy patients were identified on the mental health register; 16 of those patients had a care plan completed.

Twenty patients were identified on the dementia register; nine patients had a completed review.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	348	517	539
Overall QOF exception reporting (all domains)	4.4%	6.7%	5.7%

Coordinating care and treatment

Indicator	Y/N
The provider had regular (at least 3 monthly) multidisciplinary team meetings where all patients on the palliative care register were discussed. The lead GP also attended a monthly diabetic network meeting with local practices.	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)	86.6%	94.4%	95.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (10)	1.0%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice had a consent protocol which set out their approach to consent. Among other procedures, consent was required to treat children and patients requiring minor surgery. Details of consent were added to the patients' notes.

Any additional evidence
None.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	18
Number of CQC comments received which were positive about the service	17
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Care Quality Commission (CQC) comment cards.</p> <p>We received 18 CQC cards. Seventeen were positive about the service received from both clinical and support staff at the practice. Some patients specifically commented on GPs going beyond their expectations to provide a caring service. Five of the 18 comments received, mentioned long waiting times at the practice.</p> <p>NHS Choices:</p> <p>Overall rating: 3 out of 5 Telephone access: 3.5 out of 5 Appointments: 2.5 out of 5 Dignity & respect: 3 out of 5 Involvement in decisions: 3 out of 5 Providing accurate information: 3.5 out of 5</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
4971	371	105	28.299999999999997%	2.11%

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)	90.0%	85.6%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	89.6%	83.1%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.3%	94.2%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	83.9%	81.1%	83.8%	Comparable with other practices

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

Any additional evidence
<p>Additional results from the National GP Survey:</p> <ul style="list-style-type: none"> • 60% of patients said they were satisfied with the general practice appointment times available. This was in line with the CCG and national average. • 73% of patients were satisfied with the type of appointment they were offered. This was in line with the CCG and national average. • 52% of patients waited 15 minutes or less after their appointment time to be seen at their last general practice appointment. This was below the CCG and national average. • 82% of patients said the healthcare professional they saw or spoke to was good at giving them enough time during their last general practice appointment. This was in line with the CCG and national average. • 94% of patients said that they felt involved in decisions about their care and treatment during their last general practice appointment. This was in line with the CCG and national average. <p>The practice carries out the National Annual Friend and Family Test</p> <p>Three main issues identified in 2018:</p> <p>Reception staff could be nicer Waiting time for children Making appointments – 48hr appointments not available Document handed in for completion by GP two weeks ago had not been completed</p> <p>We discussed the results with the practice and were shown an action plan, which was in motion, to deal with the issues highlighted from the survey. Actions included:</p> <p>Analysis of appointment system – GPs and receptionists encouraged not to fill the 48 hours appointment slot unless for an emergency.</p> <p>In house triage training for GPs</p> <p>Clear instructions to be created for GPs and patients on the timeframe for completing requested paperwork.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	During the inspection, we spoke with five patients, all of whom informed us that they felt involved in decisions about their care and treatment. This was in line with the results of the National GP Survey and the comments on the Care Quality Commission comment cards.

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)	94.4%	91.1%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	122 patients (2.5%)
How the practice supports carers	Information leaflet available.
How the practice supports recently bereaved patients	The practice secretary forwards letter offering support.

Any additional evidence
None.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Reception staff ensured patient confidentiality at the reception desk. For example, they did not use identifiable information when speaking with patients at the desk or on the phone.</p> <p>The reception desk was situated far from the seating area.</p>

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

Examples of specific feedback received:

Source	Feedback
Patient interviews	All five patients interviewed stated that they felt treated with dignity and respect by administrative and clinical staff.
NHS Choices	The practice scored 3 out of 5 for providing privacy and dignity to patients.

Responsive

Responding to and meeting people's needs

Practice Opening Times		
Day	Time	
Monday	08:30-18:00	15:00-18:30
Tuesday	08:30-13:00	15:00-18:30
Wednesday	08:30-13:30	13:30-18:30
Thursday	08.30-13:00	
Friday	08.30-13:00	15:00-18:30

Appointments available		
Monday	08:30-11:40	15:20-17:50
Tuesday	08:30-11:40	15:20-17:50
Wednesday	08:30-11:40	13:30-17:50
Thursday	08:30-11:40	
Friday	08:30-11:40	15:20-17:50
Extended hours opening		
No extended hour access		

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
The provider informed us that if the patients required a home visit the receptionist took the patients' details and added them to the home visit book in reception. The duty doctor would check the book daily and call these patients to ascertain if a home visit was necessary.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4971	371	105	28.30%	2.11%

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)	98.8%	93.4%	94.8%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>This was in line with the feedback from the five patients interviewed during the inspection and the CQC comment cards.</p>				

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	76.8%	74.1%	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)	75.8%	65.2%	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)	59.8%	64.5%	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)	73.0%	68.6%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The practice scored 2.5 out of 5 for appointment availability on NHS Choices. Responses highlighted difficulty in getting routine appointments.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	2
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
One of the complaints received was forwarded by NHS England to the practice. A patient complained of discrimination because they were refused registration at the practice as a temporary patient. We reviewed the practice's written response to the complainant and meeting minutes where the complaint was discussed and found that they were both appropriate.	

Example of how quality has improved in response to complaints
Staff were given training on the practice's criteria for accepting patients.

Any additional evidence
None.

Well-led

Leadership capacity and capability

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

The leadership team were visible in the practice. Staff were aware of which staff had lead roles in specific areas such as safeguarding, complaints, training and infection prevention and control.

Vision and strategy

Practice Vision and values

The practices' vision and values aligned with prioritising compassionate patient care. However, there was a lack of effective leadership and governance which impeded practice's ability to deliver high quality care for patients.

Culture

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

Staff in the practice spoke of a culture of putting patients' needs first, and working well together as a team, and having openness to consider new ideas.

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

Source	Feedback
Staff interview	Staff felt supported by their colleagues and were proud to work in the practice.
Staff interview	Staff spoke of a culture of openness and respect among the staff team. They could raise concerns and felt they would be listened to.

Any additional evidence

None.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There were practice specific policies and procedures in place and these were subject to review and kept up to date. However, the practice did not have a policy for managing safety alerts. Following the inspection the practice forwarded a newly created policy which outlined how information on safety alerts would be stored and disseminated to the team.
Staff Recruitment	Active recruitment of clinical staff. The practice employed a nurse practitioner in June 2018.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
None.

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Major incident affecting business	The provider had a business continuity plan in place which provided the details of services to call in the event of a major incident affecting their ability to operate. A book with emergency contact numbers was located at reception.

Any additional evidence
None.

Appropriate and accurate information

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

Any additional evidence
None.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice informed us that they were in the process of developing a patient participation group. Three potential members were invited to the practice to be interviewed as part of the inspection. They provided feedback that they have been supported and had received good care and treatment.

Any additional evidence
The practice arranged for us to speak with three of their patients. They provided feedback that they have been supported and felt involved in the practice developments.

Continuous improvement and innovation

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

Audit area	Improvement
Methotrexate	We reviewed a two-cycle audit designed to check whether patients were being monitored properly across three criteria. The results showed that all 15 patients identified had been monitored appropriately. However, this audit did not demonstrate quality 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 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](#)).