

Care Quality Commission

Inspection Evidence Table

Hollow Way Medical Centre (1-543177293)

Inspection date: 26 November 2018

Date of data download: 13 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

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 answers: <ul style="list-style-type: none">• Safeguarding policies were reviewed in September (adults) and October (Children).• All staff who carry out chaperone duties have completed DBS checks and received appropriate chaperone training.• GPs at the practice met with the child protection team on a monthly basis. This enabled information about at-risk children to be shared and action planned to support this group of patients. A few examples were seen where GPs had informed other agencies of their concerns regarding child protection	

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 05/05/2017	Y
There was a record of equipment calibration Date of last calibration: 17/05/2018	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:14/09/2018	Y
Actions were identified and completed. For example, in kitchen switch off all appliances except fridge overnight.	Y
Additional observations: Manager undertakes additional fire safety checks these are recorded. Last fire drill week commencing 19 November 2018. Firefighting equipment serviced and servicing recorded. Last serviced February 2018.	Y Y
Health and safety Premises/security risk assessment? Date of last assessment: July 2018	Y

Health and safety risk assessment and actions Date of last assessment: July 2018	Y
Additional comments: <ul style="list-style-type: none"> We found two blood pressure monitors that had not been included in the calibration tests, but other equipment had been calibrated and PAT tested (*1) 	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 21 November 2018 The practice acted on any issues identified: Nil significant action required. However, we were told that deep cleaning of chairs and soft furnishings had been completed over the weekend prior to inspection. Detail: The lead for control of infection had reinforced equipment cleaning schedule and responsibilities for the equipment.	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers: <ul style="list-style-type: none"> The legionella management protocol was monitored alongside the infection control procedure. The practice maintained records of monitoring water temperatures in accordance with the legionella risk assessment. 	

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	Y

unwell patient and had been given guidance on identifying such patients.	
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

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.	Partial*1
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:</p> <ul style="list-style-type: none"> There was a system in place for dealing with test results. However, we found one test result (which did not require any clinical action) dating back to 10 November. Within two days of inspection the practice had reinforced their system to ensure that when the GP that requested a test was away the result of the test was reviewed and action taken, when required, by the duty doctor. 	

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)	0.74	0.82	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)	11.1%	10.6%	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.	Partial *2
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	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
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> • The system to log prescriptions to room printers had only just commenced. We found one record of blank prescriptions being allocated to a GP consulting room. It was early to evaluate whether the system was sustainable in the longer term. • The practice had commenced changing prescriptions for a high risk medicine to a lower risk medicine following an audit. The newer lower risk medicines (DOACS) require an annual creatinine clearance to be estimated using an online calculator readily available on websites. We reviewed four records where the creatinine clearance had not been calculated from the serum creatinine blood test (which had been done), and discussing this with 3 doctors, they all stated they do not do this routinely. However, the system for monitoring other high risk medicines was operated consistently and effectively. (*2) • The practice worked closely with the local substance misuse team and a drugs support worker attended the practice to support patients requiring opiate substitute medicines. Two GPs were trained to support the prescribing recommended by the drugs support workers. 	

--

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.	11
Number of events that required action	9

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
Over prescribing of a vitamin.	Practice removed this vitamin from repeat prescriptions. GPs have to check and produce an individual prescription for this vitamin to reduce risk of over prescribing.
GP taken ill whilst on duty resulting in absence of a GP to supervise GP registrars in training.	New cover policy put in place to ensure cover for GP registrars is always available and services to patients maintained.
Incorrect cancer medication administered.	Staff reminded to double check patients names on this type of medicine when administering.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Partial *2
Staff understand how to deal with alerts	Partial *3
<p>Comments on systems in place:</p> <ul style="list-style-type: none"> A new IT system had been brought into use earlier in 2018 to record action on equipment alerts but no records were available to confirm that action had been completed upon safety alerts that were relevant to the practice. (*2) We discussed two safety alerts about medicines. These safety alerts had been issued in the last three months but the GPs at the practice were not aware of them and had therefore not identified whether any registered patients were prescribed the two medicines in question. (*3). Following inspection, the practice confirmed that the practice pharmacist had followed up on these alerts. The staff we spoke with were able to tell us the action taken in relation to other medicines and safety alerts published in 2018. 	

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)	0.45	0.56	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 (01/04/2017 to 31/03/2018) (QOF)	80.9%	79.2%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (17)	13.6%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	89.0%	78.1%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (19)	10.6%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	86.6%	82.5%	80.1%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (32)	13.4%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	76.1%	76.9%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (7)	5.6%	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 (01/04/2017 to 31/03/2018) (QOF)	90.8%	90.6%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (6)	11.0%	11.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	86.7%	82.9%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (30)	4.2%	4.2%	
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 (01/04/2017 to 31/03/2018) ^(QOF)	89.2%	90.1%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (7)	7.8%	6.7%	
Any additional evidence or comments: The practice had achieved above average performance in meeting the QOF measures. This had been achieved with a below average rate of exception which meant more patients with long term conditions were included in the treatment and monitoring measures when compared to other GP practices.				

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) (01/04/2017 to 31/03/2018) (NHS England)	109	114	95.6%	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) (01/04/2017 to 31/03/2018) (NHS England)	116	127	91.3%	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) (01/04/2017 to 31/03/2018) (NHS England)	117	127	92.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	117	127	92.1%	Met 90% minimum (no variation)
Any additional evidence or comments:				
<ul style="list-style-type: none"> The practice achieved above target child immunisation results within a registered population with above county average deprivation levels and multi ethnic background. Data shows that patients in these groups are often hard to reach and do not always access preventive healthcare. Practice nurses followed up non-attenders. 				

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)	67.6%	71.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.5%	74.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	49.3%	57.6%	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)	69.7%	78.5%	71.3%	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)	70.8%	61.2%	51.6%	Comparable with other practices
Any additional evidence or comments:				
<ul style="list-style-type: none"> The practice was aware that registered patients had a lower than average uptake of cancer screening programmes. Discussions with the local clinical commissioning group (CCG) had taken place and an action plan was being developed to increase uptake. Measures already identified included a) training of non-clinical staff in benefits of cancer screening to assist them in giving advice to patients and b) provision of leaflets explaining the benefits of screening in different languages. 				

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 (01/04/2017 to 31/03/2018) (QOF)	95.8%	91.4%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (9)	9.0%	12.7%	

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 (01/04/2017 to 31/03/2018) (QOF)	97.2%	89.2%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (9)	8.2%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	79.3%	84.7%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (2)	4.9%	6.6%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	546	537
Overall QOF exception reporting (all domains)	3.6%	5.5%	5.8%

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 (01/04/2017 to 31/03/2018) (QOF)	Y

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 (01/04/2017 to 31/03/2018) (QOF)	96.6%	95.0%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (9)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice monitored that written consent was obtained for patients attending for minor surgery and when a video of a consultation was to be taken. The practice had not considered seeking written consent for insertion of the contraceptive coil. We discussed this with the GP that undertook this procedure and they will consider introducing a requirement to obtain written consent when fitting a coil, or a verbal consent checklist template on their clinical system

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	3
Number of CQC comments received which were positive about the service	1
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
NHS Choices	In the last year six patients offered feedback via NHS choices. On a scale up to 5 stars the practice average was four stars. There had been three patients who gave the maximum five star rating. The comment from all three was that they received excellent care.
Speaking with patients	We spoke with four patients at the practice and with two patients by telephone. All six said they found staff to be caring and helpful and that they felt they had sufficient time during appointments to discuss their symptoms and concerns with the GPs and nurses. One patient told us the staff at the practice will always do everything they can to help you.
CQC comment cards	One patient raised concerns about a recent treatment experience. The other two patients commented that they felt GPs and staff were kind and professional.
Friends and family test.	Since October 2017 a total of 1,027 patients completed the friends and family test (a questionnaire asking whether a patient would recommend the practice to others). A total of 91% of the patients who completed the test said they would recommend the practice and 792 rated the practice at a maximum score of five out of five.

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
8,890	409	118	28.9%	1.33%

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)	88.8%	91.1%	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)	87.9%	89.7%	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)	90.9%	96.7%	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)	90.7%	87.3%	83.8%	Comparable with other practices
Any additional evidence or comments: The feedback from the national GP survey was consistent with the seven comments received in comment cards or discussions with patients on the day of inspection.				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	N*9

Any additional evidence
<p>The practice was aware of the feedback from the national GP patient survey and had reflected upon this. Specifically, the GPs had individually reviewed their consultation techniques in response to below average feedback from patients about their involvement in decisions about their care. In addition, some GPs were seeking consent to video consultations for review after the consultation concluded enabling further reflection on how patients could be involved in their care and treatment.</p> <p>The practice used the friends and family test to obtain feedback and was actively reviewing the role and composition of the patient participation group to establish a wider range of sources of patient feedback. (*9)</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Of the six patients we spoke with, five felt they were fully involved in decisions about their care and treatment. However, one patient said they found it difficult to ask questions about their care during consultations. The five patients who were positive about being involved in decisions about their care and treatment all told us that they usually were able to see their preferred or usual GP. This reflected the practice commitment to offer continuity of care and whenever possible enable patients to consult with their usual GP.

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)	88.9%	95.6%	93.5%	Comparable with other practices
Any additional evidence or comments: See earlier additional 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	The practice had 210 (2.3%) carers from their registered population on their carers register.
How the practice supports carers	<ul style="list-style-type: none"> • Visiting citizens advice bureau worker able to offer on site advice to carers on benefits, allowances and local services. • Social prescribing service for access to local clubs and support organisations. • Information for carers on practice website. • Care navigators employed by local GP federation available to support carers and those they cared for.
How the practice supports recently bereaved patients	When the death of a patient becomes known administration staff send a message to the GP that knows the family. The GP follows this up with a phone call to the bereaved relatives to offer telephone advice and support or the opportunity of a consultation or home visit. The practice sends a bereavement card to the next of kin.

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	<ul style="list-style-type: none"> • The practice had installed a barrier with a sign requesting patient's stand back behind the barrier away from reception until the person ahead of them had concluded their discussion with reception staff.

	<ul style="list-style-type: none"> • Calls from patients seeking to book appointments could be taken in an office behind reception to reduce the possibility of telephone discussions being overheard. • The waiting room on the ground floor was set back from reception to reduce the chance of patients waiting overhearing conversations at the reception desk.
--	---

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 and patient interviews.	All nine patients who gave feedback during the inspection reported their privacy and dignity was respected.

Responsive

Responding to and meeting people's needs

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

Appointments available	
Morning 8.30am to 11.30am	Afternoon 2pm to 5.40pm.
Extended hours opening	
Telephone consultations every weekday from 6.25pm to 7pm.	Local federation of GPs provide appointments which Hollow Way Medical Centre patients can book. These run until 8pm every weekday and on Saturday and Sunday mornings.

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	
Reception staff received the call requesting a home visit and took brief details of the reason for the request. The duty GP then assessed the call. The GP called the patient or their representative back and either offered telephone advice or arranged the most suitable clinician to carry out the visit. GPs undertook visits to patients with long term or complex conditions and there was a paramedic visiting service for patients that required advice or treatment of a short term illness or accident.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,890	409	118	28.9%	1.33%

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	92.9%	95.3%	94.8%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
were met (01/01/2018 to 31/03/2018)				

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)	94.9%	82.3%	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)	71.4%	75.8%	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)	63.4%	69.6%	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)	77.5%	80.3%	74.4%	Comparable with other practices

Any additional evidence or comments:

- The survey was carried out before the seven day appointment service was in operation in Oxford. There were more appointments available at the time of inspection than at the time of the survey.
- Reception staff told us, and our review of the appointment system confirmed, that additional telephone consultations had been added to clinics since the survey took place.

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The six pieces of feedback contained on NHS choices for the practice were positive about gaining access to appointments.
Friends and family test	See earlier positive feedback from 1,027 patients.

Inspection feedback	The six patients we spoke with told us they could mostly get appointments when they needed them and could always be seen when they needed urgent medical support. Two of the patients described the options they were given when needing urgent advice when they were offered either an appointment with the duty GP or a telephone consultation. We asked the six patients we spoke with whether prescriptions were processed promptly. The four patients who had repeat prescriptions said they had no problems getting their medicines in a timely way.
---------------------	--

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	12
Number of complaints we examined	12
Number of complaints we examined that were satisfactorily handled in a timely way	12
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice had two complaints in the last year reviewed by NHS England (NHSE). In both cases NHSE found the practice had acted appropriately in dealing with the complaints. The practice had referred one complaint to the GMC (professional body for GPs).	

Example of how quality has improved in response to complaints
GPs now request a read receipt when they e-mail a referral to another service. This arose because a referral was delayed when sent by e-mail when it was not picked up promptly by the receiving service. By requesting a read receipt the GP can be assured that the referral for the patient has been received by the provider.

Well-led

Leadership capacity and capability

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

- A third GP was training to be a GP trainer. Their accreditation visit was due on the Wednesday following inspection. A third trainer would enable the practice to support a third registrar thus expanding training opportunities.
- Succession planning had been considered and the practice had recently recruited a partner to replace an outgoing retiring partner. There was evidence of planning for future retirements of senior staff.
- Lead roles were shared between GP partners to enhance the resilience of the practice and share leadership responsibilities.

Any additional evidence

- The practice worked with the local GP federation. For example, it hosted evening appointments for the locality and was a pilot site for clinical pharmacists working in GP practices.
- The practice also hosted a range of visiting support workers and professionals. For example, a mental health support worker visited the practice to support patients with a range of mental health problems and there was a worker from the local Citizens Advice Bureau on site one day a week to offer benefits and other advice about local services.
- However, leaders at the practice had failed to identify that systems to manage risk were operated inconsistently. For example, when switching high risk to lower risk medicines, following up safety alerts and dealing with test results in a timely manner.

Vision and strategy

Practice Vision and values

The practice had a vision, that was not formalised, to offer the best possible service to the registered patient group. Staff we spoke with all showed a focus and commitment to providing professional and caring services.

The practice strategy incorporated working with others to meet both the medical and social needs of the patients. We found evidence to support the strategy in the way the practice worked collaboratively with other organisations to bring care and support close to the patient. For example, by hosting a variety of visiting professionals and services including a specialist mental health worker and benefits advice.

Culture

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

- High levels of achievement in providing tests and treatment for patients with long term medical conditions.
- Better than average inclusion of patients with long term conditions within monitoring measures that support the care for this group.
- Provision of interpreter support for patients whose first language is not English. Provision of written material in languages spoken by the multi ethnic registered patient group.
- Commitment to continuity of care with patients encouraged to consult their usual GP. This was

borne out by the four patients we spoke with and by comments on NHS choices.

- Collaboration with others to provide holistic services at the practice.
- Above average completion of medicine reviews for patients that receive repeat prescriptions.
- Prompt response to findings of inspection to address risks identified.

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

Source	Feedback
Discussions with nursing staff.	The two members of the practice nursing team we spoke with told us they received prompt support from the GPs when they sought assistance. They said it was a good practice to work in and that they were encouraged to develop their skills. For example, the nurse prescriber who joined the practice only three months prior to inspection had attended a two day course to enable them to carry out a specific test for patients diagnosed with asthma and COPD (a type of lung disease).
Discussions with reception staff.	Reception staff told us they felt valued and listened to. They told us about the administration and reception team meetings which were held once a month and covered a wide range of topics. They gave us examples of where ideas from the reception team had been adopted to improve patient services. These included; reception staff being provided with a guide to the types of appointment offered by practice nurses and how long each appointment required to ensure patients had the best experience of their nurse appointment and influencing the addition of telephone appointments at the end of each GP clinic.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Practice protocols and policies were reviewed annually or when provision of services was altered. There were review dates evident on the seven sample policies we reviewed. Staff knew where to access policies and were able to describe policies and protocols relevant to their role. For example, staff were aware of and could describe the practice whistleblowing policy and safeguarding policies and procedures.
Other examples	The practice had a wide ranging meeting and briefing structure in place that staff said kept them involved and aware of the way the practice worked. The practice held monthly multi-disciplinary team meetings. However, during inspection the practice did not identify how actions allocated to members of the multi-disciplinary team were followed up to ensure they had been completed.
	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
	<p>The practice had an approach to management of risk. Whilst most clinical risks were identified, assessed and managed some aspects of risk management had been inconsistently managed. For example, oversight of risk management had not identified;</p> <ul style="list-style-type: none"> • The system to cover GPs in dealing with test results was not optimised by recording that a result had been viewed and further action awaited. • The practice had not included two blood pressure monitors in the annual calibration of medical equipment. • The system for managing medicines alerts was administered by the practice pharmacist. During inspection the practice did not demonstrate that there was a system in place to check that the actions arising from medicine safety alerts had been completed.
Childhood immunisation coverage	Practice nurses personally followed up families that failed to attend for immunisations resulting in immunisation targets being met.
Completion of medicine reviews for patients on repeat prescriptions.	Working with a local pharmacist and operating a recall system that resulted in high levels of medicine reviews on a regular basis.
Insufficient number of appointments	Appointment systems kept under review and examples of expanding the range of appointments. For example, adding additional telephone consultations to clinics.

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
We spoke with two members of the patient participation group (PPG) by telephone. Both said their views were listened to and taken seriously by the practice. One of the PPG members told us about the improvements brought about from PPG feedback. For example, a better range of information leaflets available in the waiting rooms and photographs and paintings of the local area installed to brighten up the waiting areas. They told us they visited the practice or used e-mail contact to obtain the views of other patients about the services provided by the practice. Both the practice and the PPG members told us that the PPG had become less active during the last year. The practice provided us, in advance of inspection, with their action plan to revitalise the PPG to maintain input from patients to the management of the service. One of the initiatives proposed was to hold medical educational events to which all patients would be invited. In addition, the practice was exploring the possibility of working with other local practices to combine patient views.

Continuous improvement and innovation

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

Audit area	Improvement
Safer prescribing of B12	Two audit cycles. Second showed higher level of safer prescribing of oral B12 reducing need for injection of B12.
Diabetes	Regular review (four in last two years) that all relevant tests and treatments offered and annual reviews carried out. Above average results in achieving QOF targets for this group of patients.

Any additional evidence
The practice has adopted the 'year of care' programme for patients diagnosed with diabetes. Better levels of compliance with treatment and attendance for monitoring had been achieved since adopting this care programme.

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](#)).