

Care Quality Commission

Inspection Evidence Table

Dr Isis Neoman (1-494009863)

Inspection date: 17 October 2018

Date of data download: 16 October 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.	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

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: n/a	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: April 2018</p>	Yes
<p>There was a record of equipment calibration Date of last calibration: April 2018</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs</p>	Yes
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	Yes
<p>Fire risk assessment Date of completion: 12 September 2018</p>	Yes
<p>Actions were identified and completed. A fire risk assessment was carried out by the London Fire Brigade and their findings showed the practice was meeting the requirements of the fire safety regulations and no further action was required.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: 8 May 2018</p>	Yes
<p>Health and safety risk assessment and actions Date of last assessment: 8 May 2018 Actions identified and completed included securing blind loop cords in the waiting room and a wet floor sign.</p>	Yes

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 25 April 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice had acted on the previous inspection findings in relation to the lack of a handwashing basin in the staff toilet. On inspection, we found that a handwashing basin had been installed.</p>	<p>Yes</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:</p> <p>The Infection control policy required a review date.</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)	0.59	0.64	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)	8.7%	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 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.	*Yes
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.	*Yes
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.	n/a
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
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
<p>*Although there was a process for the management of medicines and all patients had received their medication reviews, the system in place required monitoring as the GP did not always review on the allocated dates. The GP told us that they would review the patient notes and decide if they required a face to face review. For some patients on stable medicines, the GP did not always limit their prescribing to set timescales.</p> <p>Prescription pads:</p> <p>The practice had a system in place to monitor the use of blank prescriptions, however, monitoring was required to ensure this was effective. We observed the use of an appropriate blank prescription log with a list of all the clinical rooms to be checked at the end of each day, except for the nurse's room that was not on this list despite storing blank prescriptions in a locked drawer. However, we saw evidence that this was raised during the last practice meeting and a reminder was issued to the responsible staff to ensure that blank prescriptions left in the nurse's room were removed at the end of each day.</p>	

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	3

Example of significant events recorded and actions by the practice;

Event	Specific action taken
Appointment booked in wrong patient name	Patient with a similar name to a relative incorrectly booked in for an appointment. Patient not adversely affected as error picked up by GP before consultation. Action taken included a double check of patient's date of birth at the point of booking an appointment and an alert was placed on both patient's notes. Significant event discussed and learning shared at practice meeting.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Significant events:</p> <p>The practice implemented a traffic light system to grade the seriousness of significant events from green which was classed as minor incident to red being classed as serious risk. All significant events were recorded on a spreadsheet that highlighted the event and outcome. The significant events log did not show evidence of learning from significant events but rather the outcome only. However, when we reviewed the significant event records and meeting minutes, we saw that learning had taken place and information was disseminated during practice meetings.</p> <p>Safety alerts:</p> <p>The practice implemented a new safety alert protocol. Incoming safety alerts were sent to the generic practice email and checked daily, all alerts were managed by the GP. The GP would action and distribute them accordingly, ensuring all relevant staff had read and signed them. A copy of the safety alerts log was placed at the front of a new safety alerts folder and added to the agenda to be discussed at their practice meetings.</p>	

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) <small>(NHSBSA)</small>	0.94	0.43	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) <small>(QOF)</small>	61.7%	76.9%	78.8%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (1)	11.4%	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) <small>(QOF)</small>	81.2%	79.3%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.1%	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)	62.2%	78.5%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (9)	8.9%	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)	74.4%	78.9%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (2)	2.6%	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)	100.0%	93.0%	89.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.5%	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)	93.9%	82.5%	82.6%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (5)	3.7%	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)	92.3%	85.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.8% (3)	10.6%	6.7%	

Any additional evidence or comments:

The practice was aware of their diabetes performance and stated that language barriers were a factor in compliance with treatment. The practice carried out a virtual clinic with the diabetes specialist nurse to review patients who had uncontrolled diabetes. This was followed by an action plan to either adjust their medication or refer them to the multi-lingual diabetes education programme. The practice also took steps to identify 105 pre-diabetic patients and referred them to the diabetes prevention programme.

They had implemented a new call-recall system for disease management areas including diabetes. Evidence for December 2018 provided by the practice showed that performance for patients with diabetes on the register whose cholesterol levels were within normal range had improved to 71% and performance for average blood sugar levels had improved to 70%.

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)	22	26	84.6%	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)	20	24	83.3%	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)	20	24	83.3%	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)	21	24	87.5%	Below 90% minimum (variation negative)
Any additional evidence or comments				
<p>The practice disputed these figures and provided verified data from NHS England that showed that between 1 April 2016 and 1 April 2017, they had achieved the 90% target for childhood immunisations for children aged two and below.</p> <p>The practice offered a nurse-led baby clinic every week and immunisations were also offered at the baby's six-week check clinic.</p>				

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)	60.0%	63.6%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	66.3%	60.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	42.6%	42.7%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	60.0%	74.9%	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)	25.0%	51.8%	51.6%	Comparable with other practices
Any additional evidence or comments				
The practice had a call and recall system in place and patients who did not wish to attend cervical screening signed a disclaimer, after having received a letter and an appointment with the GP or nurse to discuss undergoing cervical screening. Cervical screening data for 2017/18 showed that the practice had improved their cervical screening uptake to 68%.				

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)	100.0%	88.3%	89.5%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.1%	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)	100.0%	90.2%	90.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.8%	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)	100.0%	84.5%	83.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (1)	4.1%	6.6%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	91.7%	96.8%	95.8%
Overall QOF exception reporting (all domains)	4.3%	5.9%	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)	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 (01/04/2017 to 31/03/2018) (QOF)	97.7%	95.8%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (2)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty.</p> <p>The practice had protocols in place to ensure that consent was sought appropriately. We saw examples of where patient consent had been sought before undertaking tasks such as phlebotomy.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	21
Number of CQC comments received which were positive about the service	19
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Comment cards: Patients felt that the practice offered a good service and staff were caring. Patients also felt they were listened to and some felt the service had improved in the last year. Two of the mixed comments referred to delayed appointment waiting times and not always feeling listened to.</p> <p>NHS Choices: There were mixed patients highlighted issues with staff attitude and access to the service.</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
2270	408	104	25.5%	4.58%

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)	87.0%	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)	81.7%	82.8%	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)	92.7%	93.1%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	84.1%	78.2%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
July to October 2018: Friends and Family Test (FFT) results	Nineteen patients had completed the FFT and 75% of these patients said they were extremely likely or likely to recommend the practice to friends and family.

Any additional evidence
<p>The practice acted to proactively seek patient views in relation to the quality of care. For example, they placed a notice in the waiting area requesting feedback from patients. They also displayed the results of surveys on the waiting room notice board.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with two patients who were also members of the Patient Participation Group (PPG), who felt involved in decisions regarding their care and treatment. This included decisions about choosing their preferred hospital.

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)	89.6%	89.9%	93.5%	Comparable with other practices

Any additional evidence or comments

The practice had reviewed the results of the patient survey and took action that included setting up an active Patient Participation Group (PPG). The practice took steps to improve the patient experience. Action taken included clinicians working with patients to provide them with appropriate support and education to manage their conditions.

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 at the practice	Yes

Carers	Narrative
Percentage and number of carers identified	52 (2% of the practice population).
How the practice supports carers	Carers were signposted to the local carers support group which aided and respite services. The practice also offered carers annual health checks and annual flu immunisations.
How the practice supports recently bereaved patients	The GP would telephone the family and send a card. They were signposted to bereavement counselling and leaflets were displayed in the waiting area.

Any additional evidence
The practice had completed a carers audit in response to the previous inspection findings. The audit aimed to assess if all identified carers had alerts on their records and to ensure that they were all offered annual health checks. This audit carried out in August 2018 identified 31 carers, with only 29 of these patients having received health checks. Prior to this inspection, the practice carried out another search to identify carers and identified a total of 52 carers.

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	The reception staff were situated inside a reception office and patients had access to the reception desk through a privacy latch. The reception desk was located in a separate area to the seating area, which did not compromise patient confidentiality and conversations could not be overheard.

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
Patients	Patients felt that privacy and dignity was respected by reception and medical staff and were aware of the chaperone system if required.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm

Extended hours opening	
No extended opening hours offered	

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	
<p>When patients requested a home visit, details were collected by the reception staff, who then passed on the information to the lead GP, who would then triage, call the patient and carry out a visit if required. If urgent, the staff would transfer the call directly to the GP.</p> <p>Every three months, together with the practice nurse and healthcare assistant carried out a home visit to undertake a full review of their needs. On these days, the practice booked a locum GP and nurse to cover the surgery.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2270	408	104	25.5%	4.58%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	91.1%	91.3%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	83.4%	66.5%	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)	63.6%	63.3%	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)	67.6%	65.0%	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)	67.8%	67.5%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	There were generally positive reviews regarding access to appointments from patients on NHS Choices. Patient feedback on the day of inspection and most of the comment cards was that patients were satisfied with access to appointments and telephone access.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	3
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:	
The practice updated their complaints processes and procedures, including displaying complaints posters displayed in the waiting area. The practice created a complaints spreadsheet with an analysis of the complaints. When we reviewed the complaints spreadsheet, we saw that although it recorded the complaint details and action taken, there was no recording of what learning had taken place. We did see evidence of learning discussed in practice meetings, so we were assured that learning was being shared.	

Example of how quality has improved in response to complaints

Following a complaint regarding lack of information about medicines prescribed, the practice had a policy to give leaflets to patients explaining the reason for the medicine, as well as explaining in detail during consultation.

Well-led

Leadership capacity and capability

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

The practice secured support from the local resilience team, as well as recruiting an external part-time practice manager support lead. This support ensured that the gaps identified at the previous inspection were addressed and led to a significant improvement in the quality of care provided to patients.

The findings of the previous inspection received a complete review, covering all five domains and the practice implemented a, 'You said, we did' action plan presented to the inspection team on the day of inspection. This action plan included a complete review of all safety systems and a comprehensive review of all practice policies, with the development of a custom practice logo and the introduction of appointment flowcharts.

The lead GP received IT training and had access to the practice shared drive.

Vision and strategy

Practice Vision and values

The practice reviewed their vision and strategy in response to the findings of the previous inspection and implemented a new mission statement to 'provide quality healthcare to our patients and the people in each community we serve'. The vision and values of the practice were displayed in the waiting room and on the homepage of their 'Emis web'. Practice staff were aware of the vision and values.

The practice also developed a business plan which included plans to merge with a large local practice. The practice felt this was a sensible approach and staff had been notified. Discussions were underway with a view to reaching a conclusion by the end of the year. The lead GP and practice manager from the local practice were present on the day of inspection to provide the practice with support.

The practice had a plan to recruit a clinical pharmacist to carry out medicines reviews.

Culture

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

Following the previous inspection findings, the practice took steps to ensure there were processes for providing all staff with the appropriate training and support they required for personal and professional development. A support plan was put in place for a junior clinician to be supported and supervised by the nurse and the GP. Their work was reviewed at the end of each day, feedback would be provided and any identified issues would be discussed with the GP.

Minutes of meeting were in place for all meetings held at the practice.

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

Source	Feedback
Clinicians	Enjoyed working for the practice and felt supported by the management team.

	They felt they there was a good relationship between all staff.
Non-clinical staff	Felt the practice was a small and friendly practice and there was good support. They all felt part of the team.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	<ul style="list-style-type: none"> The practice had updated practice specific policies. All new policies were discussed during a practice meeting and a summary of the new policies shared with staff via email. All the policies were kept stored in a shared electronic folder for staff to access easily. Hard copies of all policies were kept in the reception office.
Other examples	<ul style="list-style-type: none"> The practice held monthly clinical and practice meetings which were minuted. All staff were given lead roles and an organisational chart with all individual lead roles was implemented and added to the locum pack. Flowcharts were created which included doctor and nurse appointment charts to assist the reception team when booking patients in for their appointments. Other flowcharts included the identification and management of patients with suspected sepsis and displayed in reception and clinical rooms.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

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	The business continuity plan with details of all major incident risks and contact details was updated and stored on the shared drive as well as sent to all staff members via their emails, in case there was no access to the surgery.
Safety risk	The practice designed a risk management policy to help identify risk within the practice and had implemented a risk register that would monitor all identified risk such as, legionella, health and safety and fire safety. The risk register measured the consequences of the risk using a scale rating from insignificant to severe and the likelihood of the risk rated from rare to almost certain, as well as action taken and review dates.

	A risk management policy was also designed to help identify risk within the practice and carry our
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Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group (PPG);

Feedback
<p>The practice GP attended locality and CCG events and attended meetings with members of the multi-disciplinary team.</p> <p>Following the previous inspection findings, the practice took steps to create a PPG that was actively involved with the practice and met every three months. They supported the practice and were integral in contributing to improvements in the practice. For example, their suggestion to improve signage around the practice was implemented and they assisted in creating in-house surveys for practice patients to complete. Some suggestions included adding 'smiley faces' feedback for patients to complete after their consultation. The practice together with the PPG, were actively trying to promote the PPG to increase the number of patients in the group.</p>

Any additional evidence
<p>The practice implemented new colour laminated flyers in the waiting area which included 'Patient Information', 'Patient Notices' and 'Health and Wellbeing'. A carers poster was also placed in the waiting room and a display of their CQC inspection ratings. Patient survey results and invitations to complete a newly developed practice survey were also displayed.</p>

Continuous improvement and innovation

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

Audit area	Improvement
<p>Methotrexate monitoring audit to check blood test monitoring was according to current best practice.</p>	<p>The audit identified that five out the eight patients prescribed this medicine were receiving blood tests every three months as recommended by best practice guidelines, whereas three of the eight patients were not being monitored as per guidelines. Changes made as a result of this audit included the introduction of a methotrexate monitoring book where all blood tests scheduled for every three months were recorded. Prescriptions would not be issued unless the recommended blood tests had been completed and recorded in the book. Patients would also be discussed at clinical meetings and provided with further information regarding this medicine. A re-audit was carried out and results showed 100% compliance, with all patients</p>

prescribed this medicine having received blood tests every three months as recommended by best practice guidelines.

Any additional evidence

Although the practice had carried out seven audits, three of which were two-cycle audits in the last two years, these required monitoring to ensure that they were reviewed at the allocated timeframe. For example, one CCG-led audit was due a review in January 2018 but the practice had not provided us with the second-cycle audit.

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](#)).