

Care Quality Commission

Inspection Evidence Table

Merstow Green Medical Practice (1-549726445)

Inspection date: 7 November 2018

Date of data download: 08 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.	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:	

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
<p>Explanation of any answers:</p> <p>We viewed the induction programme and noted that it included a comprehensive familiarisation and initial training schedule.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: October 2018	Yes
There was a record of equipment calibration Date of last calibration: April 2018	Yes
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: June 2018	Yes
Actions were identified and completed.	N/A
Additional observations:	N/A
Health and safety Premises/security risk assessment? Date of last assessment: June 2018	Yes
Health and safety risk assessment and actions Date of last assessment: June 2018	Yes
Additional comments: An external contractor carried out the last Legionella risk assessment in January 2018. In-house checks were carried out every week.	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: November 2018 The practice acted on any issues identified</p> <p>Detail:</p> <p>We noted that the infection control lead for the South Worcestershire clinical commissioning group had carried out the inspection with the practice lead, so that they could benefit from additional expertise.</p> <p>We saw evidence that a carpet which was highlighted as needing a deep clean had been cleaned. A data logger was recommended for an additional method of monitoring refrigerator temperatures and the practice intended to purchase one.</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>	

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
Explanation of any answers: Information about sepsis was displayed in the reception area.	

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
Explanation of any answers:	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.18	1.07	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)	8.6%	10.3%	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.	Yes
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.	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>Explanation of any answers:</p> <p>*Serial numbers of prescription pads were logged on receipt, but were not tracked in the practice.</p> <p>*One emergency medicine expired in September 2018. The practice had tried to replace the medicine, but were unable to do so, because suppliers were out of stock. A significant event was raised immediately this was pointed out and an alternative medicine was sourced after consultation with the practice pharmacist.</p> <p>*On the day of the inspection, we noted that the maximum temperature in one of the dispensary refrigerators had exceeded the recommended maximum for a medicine which was stored there, thus reducing its expiry date to 28 days. We were told that dispensary staff followed procedures for checking refrigerator temperatures and saw that a temperature log was maintained.</p>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Explanation of any answers	
Any other comments on dispensary services:	

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.	5
Number of events that required action	5

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

Event	Specific action taken
A patient left the Minor Injuries Unit (MIU) with an incorrect diagnosis. There was no discharge summary. The patient was treated by a practice nurse, who made an appointment for the following day, because of concerns. The patient did not attend, so a district nurse visited them at home, consulted with the duty doctor and the patient had to be referred to hospital for further treatment.	We saw evidence that the case was discussed both in the practice and with the Health and Care Trust. The issue was also raised at a Locality Meeting. Practice nurses were instructed to direct patients back to the MIU if they thought that the referral to general practice was inappropriate.
A GP performed a minor op. to remove a lesion, but the lesion was not sent to histology.	The error was highlighted very quickly. The patient was informed and the relevant consultant contacted. The consultant offered to see the patient and perform a wider margin biopsy. All staff involved in the minor op. received refresher training and there has not been a recurrence.
Alteration to a patient's medication list was not picked up until a GP carried out a review.	Investigation revealed that the letter authorising the alteration had not been actioned correctly (the system had recently been upgraded). Staff received refresher training on the new system.

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>The practice manager received all alerts and emailed them to the pharmacist or dispensary manager for action as appropriate. Hard copies of the alerts were kept in a folder for ease of reference. The dispensary manager kept a separate copy of all alerts. We noted that alerts were discussed at the weekly practice meetings.</p> <p>We tracked two recent alerts and saw that affected patients were contacted and that appropriate action</p>	

was taken.

Any additional evidence

We saw that significant events were discussed at practice meetings and that actions and learning points were recorded.

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)	0.96	1.04	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)	87.3%	82.3%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 16.0% (118)	CCG Exception rate 11.6%	England Exception rate 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)	81.3%	81.2%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 8.1% (60)	CCG Exception rate 6.8%	England Exception rate 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)	83.8%	81.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.7% (116)	12.8%	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)	72.4%	76.1%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (7)	5.3%	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)	93.9%	91.6%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (19)	9.4%	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)	88.0%	86.5%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (50)	2.7%	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)	99.6%	94.7%	90.0%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (22)	9.1%	6.7%	
Any additional evidence or comments				

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)	91	95	95.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	113	117	96.6%	Met 95% WHO based target (significant variation positive)
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)	111	117	94.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	112	117	95.7%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				

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)	71.7%	74.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.8%	75.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.6%	61.5%	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)	79.2%	78.8%	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)	48.6%	51.2%	51.6%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>We saw data from Public Health England which showed that the cervical screening uptake had risen to 81%. The practice said that this uplift was the result of the practice staff telephoning eligible patients and holding additional clinics in extended hours and at weekends.</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 (01/04/2017 to 31/03/2018) (QOF)	94.6%	92.7%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (3)	10.9%	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)	94.4%	92.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (5)	8.1%	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)	97.0%	83.8%	83.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.0% (9)	3.8%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	100%	99.1%	96%
Overall QOF exception reporting (all domains)	6.3%	5.1%	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)	94.6%	95.8%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.0% (1)	0.4%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw that the practice had a policy for recording consent in the patient's medical record and we viewed an example where consent was recorded appropriately.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	10
Number of CQC comments received which were positive about the service	8
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
Comments cards	<p>Patients wrote that all staff were very caring and friendly. Patients appreciated that clinical staff took the time to listen to their concerns</p> <p>There were two mixed comments, which reflected dissatisfaction with the appointment system.</p>
NHS Choices	<p>Patients had posted five comments in the previous 12 months. Three were negative, one was positive and one was mixed. Negative comments were made about the difficulties in accessing appointments and staff attitude. The patient who left the positive comment was complimentary about the appointment changes.</p>
In-house patient survey	<p>Patients wrote that they were happy with the standard of care and treatment. Individual GPs were said to be kind, friendly, thorough and prepared to listen to concerns.</p>
Friends and Families Test	<p>95% of respondents to the September survey wrote that they would be extremely likely or likely to recommend the practice (39 out of 41 replies). Patients said that they valued the excellent service and that staff were friendly, sympathetic and helpful. GPs were said to be reassuring and ready to listen.</p>
Care home manager	<p>We were told that all staff were very caring and respectful towards residents. We heard that nurses would call in to the care home to see patients or drop off medicines out of working hours.</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
10351	237	121	51.1%	1.17%

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)	92.9%	93.2%	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)	90.8%	90.8%	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)	99.0%	96.9%	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)	81.6%	88.2%	83.8%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
June 2018	<p>The practice carried out patient surveys on a quarterly basis and the results were published in the practice newsletters.</p> <p>The June survey included questions about the new appointment system. 33 patients took part and 27 thought that the new system was either very good or fairly good.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	The patient we spoke with said that they were always involved in decisions about care and treatment options.

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)	93.9%	95.3%	93.5%	Comparable with other practices
Any additional evidence or comments				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	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	266 patients were on the carers' register, which represented 3% of the practice population.
How the practice supports carers	There was a carers' section on the practice website as well as information in the reception area. There was also a question about caring responsibilities on the new patient questionnaire.
How the practice supports recently bereaved patients	The Patient Liaison Manager sent a condolence letter to recently bereaved patients, which included contact details for the Patient Liaison Manager and a leaflet from the local hospice, which provided a self-referral service for bereaved people. We were told that next of kin would be contacted by a GP and that a GP appointment would be offered if this was considered to be appropriate.

Any additional evidence
Deaf Direct interpreters could be booked if requested for patients who had hearing impairments. Patients who had hearing impairments were given a hearing alert card, which enabled the patient to book a double appointment with a clinician. The card also gave the patient the details of a generic email address for their use only.

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	We noted that patients complied with the notice by the reception desk to respect patient confidentiality by standing back so that 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 told us that staff were always very professional. Patients confirmed that they were aware of the chaperone system.

Responsive

Responding to and meeting people's needs

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

Appointments available	
Extended hours opening	
Practice (Pre-bookable appointments only)	Wednesday and Thursday evenings until 8pm
The Hub, Riverside Surgery (provided by the South Worcestershire clinical commissioning group) Pre-bookable appointments with a GP or nurse were available via the practice reception	Monday to Friday: 6.30pm – 8pm Saturday and Sunday: 8.30am – 12 noon

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>Patients were asked to ring the practice between 8am and 11am whenever possible if they needed to request a home visit.</p> <p>Brief details of the request for a home visit were logged on the appointment screen and triaged by the duty GP. A GP and the Nurse Manager carried out the home visits, which reduced the workload for the GP (in a two-week period, the Nurse Manager carried out 16 of the 26 visits). The duty doctor was alerted by reception staff if there was an urgent request.</p> <p>An information leaflet about home visit requests was available.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10351	237	121	51.1%	1.17%

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)	96.2%	95.6%	94.8%	Comparable with other practices
Any additional evidence or comments				

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	63.9%	73.5%	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)	54.3%	73.2%	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)	55.6%	68.9%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	68.6%	78.9%	74.4%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The practice was aware that the patient survey results were lower than local and national averages. We were told that the practice management team monitored the appointment system on a regular basis, because they were aware of the levels of dissatisfaction with the appointment system. Adjustments were made in response to patient feedback. For example, telephone consultations with GPs could be booked and routine appointments were available in extended hours and via the hub at Riverside Surgery.</p>				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Patients posted comments regarding the difficulties they experienced when trying to book a routine appointment.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	21
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:	
<p>The Patient Liaison Manager was the lead for handling complaints.</p> <p>We saw that complaints were a standing item on the agenda of practice meetings.</p> <p>We noted that trends were highlighted and learning points recorded.</p> <p>We looked at two complaints in detail and found that they had been satisfactorily handled in a timely manner in accordance with the practice's complaints policy.</p>	

Example of how quality has improved in response to complaints
<p>The practice monitored the new appointments system on a regular basis, because they were aware of patient dissatisfaction. Although the June 2018 survey was small scale (there were 33 respondents), results indicated an improvement in patient experience in this area.</p>

Any additional evidence
<p>Information about how to lodge a complaint was available on the practice website and in reception.</p>

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
The GP partners and management team had maintained and built on the standards achieved at the previous inspection in 2015.

Any additional evidence
The practice had diversified its workforce in order to meet the increasing demand for appointments. For example, the pharmacist carried out medicines reviews and audits and the nurse manager helped with the home visits, thus freeing up GP time. We were told that the practice had submitted a bid for an Advanced Nurse Practitioner to join the integrated care team with effect from January 2019 and that this bid had been approved.

Vision and strategy

Practice Vision and values
The patient focused ethos was shared by all staff.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
The practice was open to learning and improving processes as a result of incidents and complaints. Practice staff showed that they were aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Regular meetings were held, including multi-disciplinary meetings attended by staff from external agencies.

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

Source	Feedback
Staff	Staff we spoke with told us how much they liked working at the practice and that all staff worked very well as a team. Staff said that the GPs and management team were approachable and very supportive.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	A wide range of policies was available on the practice intranet and regularly reviewed.
Quality improvement activities	We saw that the practice monitored performance through a variety of quality improvement activities, for example, audits and the Quality and Outcomes Framework.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
GPs and the practice nurse team had lead roles in key areas and underwent additional training to support these roles. For example, minor surgery and long term condition management.

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
Infection	Infection and Prevention Control audit
Loss of premises/staff/utilities	Business Continuity Plan a communication cascade as well as contact details for utility companies and staff.
Health and welfare of staff and patients	Health and Safety Policy and Procedures

Any additional evidence
The Business Continuity Plan included a communication cascade as well as contact details for utility companies and staff. There was a reciprocal arrangement with local practices to share facilities in the event of a major incident.

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We spoke with a member of the virtual PPG, who told us that they were keen to work with the practice and had helped to distribute the in-house patient surveys. We were told that another member of the PPG had taken part in a 'walk-through' of the practice building in order to raise awareness of issues faced by dementia patients.

Any additional evidence
Staff told us that they felt encouraged to provide feedback and that their opinions were valued.

Continuous improvement and innovation

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

Audit area	Improvement
Urology referrals	Audit findings showed that the majority of referrals were appropriate. In April 2018, all five referrals were found to be appropriate. In June 2018, four out of five referrals were found to be appropriate.
Antimicrobials prescribing	Repeat audits showed improvement in prescribing in accordance with national and local guidelines, though the target of 100% compliance was not reached. All clinicians had access to the Worcestershire Antimicrobial Guidelines on their computer desktops for ease of reference. Further training was planned.

Any additional evidence
Audits tended to be instigated by the South Worcestershire clinical commissioning group. Evidence of learning and methods of adjusting practice to improve prescribing were lacking in detail.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to

the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.([See NHS Choices for more details](#)).