

# Care Quality Commission

## Inspection Evidence Table

### Southernhay House Surgery (1-548069701)

Inspection date: 21 November 2018

Date of data download: 19 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

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 11 November 2017	Yes
There was a record of equipment calibration Date of last calibration: 24 November 2017 (Next one booked for 23 November 18)	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 July 2018	Yes
Actions were identified and completed.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: Feb 2018	Yes
Health and safety risk assessment and actions Date of last assessment: Feb 2018	Yes
Detailed risk assessments of equipment, products and the environment were stored on the practice computer system.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 18 July 2018 The practice acted on any issues identified Detail: The lead nurse was responsible for infection control processes at the practice. The last audit had identified the need to maintain a record of weekly blood pressure cuff cleaning which had been implemented.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

## 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)	0.88	0.93	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)	8.1%	9.7%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	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>A medicines management review of Controlled drugs in September 18 had prompted a review of three patients who had been identified as having a higher than desired number of prescriptions. Action included individual GP reviews of the patients records and appropriate actions being taken.</p> <p>Learning included further control of the prescription of controlled drugs which was scheduled for the next Clinical Governance Meeting.</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.	Eight
Number of events that required action	Eight
The practice had developed a detailed spreadsheet for recording significant events which used drop down menus to identify the types of incident and contained embedded links to original documents which were linked to the investigation, learning and reporting tools. This document was used at the clinical governance meetings where all significant events were reviewed.	

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

Event	Specific action taken
A failure of the telephone system and also of the back up system by the external provider.	<p>The practice attempted to contact the telephone provider but was unable to do so due to large amounts of other affected businesses. The Practice:</p> <ul style="list-style-type: none"> <li>• GPs used their own mobile telephones (using the withheld number facility)</li> <li>• NHS England, the CCG, Devon doctors out of hours provider and NHS 111 providers were alerted</li> <li>• The local pharmaceutical committee were alerted who in turn informed local pharmacies</li> <li>• Phone lines were diverted to a mobile phone at the practice</li> <li>• Staff went to a neighbouring practice, who used the same computer system, to contact patients</li> </ul> <p>Learning included recognising the business continuity plan worked well and recognising the branch surgery could be supplied with a mobile phone.</p>
A vaccine fridge temperature failure.	<p>Following a neighbouring power cut over a weekend period it was noted that one of the three fridges, storing vaccines, had exceeded maximum temperature ranges.</p> <p>Appropriate action was taken, including contacting external stakeholders and re ordering vaccines. Patient appointment times were readjusted.</p> <p>Learning included acknowledgement that the cold chain worked well but actions required following this was time consuming for nursing staff. Action included agreeing that should a significant event occur again the deputy manager or practice manager would follow the procedure to reduce the impact on patient appointments.</p>

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>A policy was in place which stated that alerts were:</p> <ul style="list-style-type: none"> <li>Printed off and circulated to the appropriate persons.</li> <li>Indication that the alert has been read and/or action taken is noted.</li> <li>If a search was necessary to identify the patients involved this would be done and attached to the circulating alert.</li> <li>The alert would be dealt with within the timescales detailed on the alert.</li> <li>The Reception Manager collated all alerts.</li> <li>If action was needed this would be agreed and also who would carry out the necessary actions within the advised timescales was identified.</li> <li>Emailed response returned to the appropriate person/department (as detailed on the alert) asking for a Read Receipt.</li> <li>Copies of Alerts and Responses were filed both in e-format and hard copy.</li> </ul>	

## 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)	1.61	0.99	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)	85.2%	82.4%	78.8%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.4% (96)	14.8%	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)	61.9%	76.0%	77.7%	Variation (negative)

We spoke with staff about this lower than expected performance score. They highlighted the lower than average exception reporting score and considered that this could affect the overall figures in this domain. In addition, GPs were mindful of complications from the over treatment of diabetic patients with medicines to lower blood pressure. The GPs had this issue as an agenda item on the next practice clinical governance meeting (the day after the inspection) but also planned to review and monitor the figures. GPs also made all clinical staff aware of the need to appropriately exception report.

At the time of writing the report all GPs had been made aware of these figures and a plan implemented to review and audit these patients.

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (20)	13.0%	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)	70.8%	80.5%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (30)	17.0%	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)	70.0%	75.8%	76.0%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9%	(42)	11.6%	
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)	80.4%	89.3%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0%	(8)	13.6%	

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)	83.1%	83.9%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9%	(29)	5.6%	
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%	90.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1%	(7)	7.0%	

## 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)	76	84	90.5%	Met 90% minimum (no variation)
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)	76	82	92.7%	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)	72	82	87.8%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	74	82	90.2%	Met 90% minimum (no variation)
The practice were aware of the lower percentage of patients receiving immunisations and had identified these patients. They had recognised that some of these patients did not have English as their first language and had sourced some recall letters in alternative languages. The group of GP practices in the area had also received additional funding to identify and address reasons the immunisation uptakes were lower than expected in the city. This work was ongoing.				

#### 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)	68.3%	75.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.0%	76.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	57.9%	61.2%	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)	73.8%	68.0%	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)	43.5%	56.4%	51.6%	Comparable with other practices
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### 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)	63.3%	86.6%	89.5%	Significant Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (4)	16.4%	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)	66.7%	87.2%	90.0%	Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (3)	14.7%	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)	84.3%	84.5%	83.0%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (3)	8.1%	6.6%	

We spoke with the GPs about these lower than expected figures. They were not aware of the figures but had already identified an issue with coding (a method used for identifying these patients on the practice computer system). The practice had recently changed from using information recording templates designed by the practice to a commercial template which was different.

The practice had this issue as an agenda item on the next practice clinical governance meeting (the day after the inspection).

Patients on the mental health register were invited to a two step review, firstly with the nurse and then a few days later with the GP. The mental health review code was only added at the GP appointment and the practice had recognised patients often failed to attend this second appointment. GPs had planned to discuss steps to rectify these issues at the governance meeting.

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	7.6%	6.9%	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)	91.2%	94.7%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (7)	1.1%	0.8%	

### Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was discussed at clinical governance meetings. Staff used a consent form which was

embedded within the patient electronic record. These templates were used for routine procedures. For example, immunisations and minor surgery.

## Caring

### Kindness, respect and compassion

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

Examples of feedback received:

Source	Feedback
For example, comments cards	All comments were positive about the care and treatment and staff. Patients described the care and treatment as being 'excellent', 'wonderful' and 'brilliant' and the staff as 'kind', 'caring' and 'helpful'.
NHS Choices	There were five reviews on NHS Choices giving an average of three out of five stars. Positive comments included feedback about the staff and care received. Four negative reviews related to individual issues and access to appointments. All four negative comments had received a response from the practice manager inviting the patients to get in contact to find a resolution.

### 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
8153	238	108	45.4%	1.32%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	91.2%	92.5%	89.0%	Comparable

Indicator	Practice	CCG average	England average	England comparison
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)				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)	91.3%	91.7%	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)	97.2%	97.0%	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)	90.1%	89.0%	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
November 2018	The practice were working towards increasing the online facilities at the practice and improving the 34% user rate. An internal survey had been launched to ascertain patients awareness of the services available on line. In the week the survey had been operating 51 results had been obtained which contained additional positive feedback about the service, care and treatment and staff.

## Involvement in decisions about care and treatment

### 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	92.8%	95.9%	93.5%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)				

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	The practice had received a NHS England news bulletin in July 2018 raising the awareness for carers. An action from the bulletin had included completing a review of the records to ensure carer information was accurate. The percentage of carers reduced from 2% to 107 patients (1.3%). The practice manager was aware of this figure and was working with other practices in the locality to improve identification information for carers.
How the practice supports carers	Carers continued to be identified at registration and as part of the consultation with the clinician. Once identified: <ul style="list-style-type: none"> <li>• A carers code was included on the patient record to help identify carers.</li> <li>• Information relating to carers was recorded on patient record with the carers permission</li> <li>• Information of a person cared for was recorded on carer record with cared for person's permission.</li> <li>• Information relating to local support services was given to the carer.</li> </ul>
How the practice supports recently bereaved patients	The patients usual GP telephoned or visited to offer support and signpost to external services. A note was added to the patient record. Leaflets of support organisations and information were located in the waiting room. These included charities offering bereavement support and information leaflets from Exeter City Council about what action was needed following a person's death and where support could be obtained from.

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>The reception area was situated away from waiting areas. Signs were displayed asking patients to respect the privacy of others. Patients were also offered to speak away from the desk if required.</p> <p>Staff were discreet and detected if patients were uncomfortable and offered to move away from reception if required.</p>

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

## Responsive

### Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am-6.30pm (phones) 8am-7.30pm (premises)
Tuesday	8am-6.30pm (phones) 8am-7.30pm (premises)
Wednesday	8am-6.30pm (phones) 8am-7.30pm (premises)
Thursday	8am-6.30pm (phones) 8am-7.30pm (premises)
Friday	8am-6.30pm (phones & premises)

Appointments available- Routine, urgent, telephone
<p>Extended hours opening- The practice were part of Exeter Primary Care (EPC), Federation of Exeter Practices which meant that practice patients could make routine appointments Monday to Friday between 6.30pm and 8pm and at weekends between 9am and 5pm. Patients spoke with reception staff who informed them which practice was operating on that day.</p> <p>Appointments could be made three months in advance.</p>

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	
Home visit requests were taken by telephone. If the request was deemed urgent by the patient or reception staff a GP was messaged/spoken with for appropriate triage.	

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8153	238	108	45.4%	1.32%

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)	95.1%	96.4%	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)	93.1%	81.0%	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)	86.9%	78.0%	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)	69.3%	73.2%	65.9%	Comparable with other practices



Indicator	Practice	CCG average	England average	England comparison
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)	87.0%	82.5%	74.4%	Comparable with other practices

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	Two
Number of complaints we examined	Two
Number of complaints we examined that were satisfactorily handled in a timely way	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman	Nil
<b>Additional comments:</b>	
<p>The practice had developed a detailed spreadsheet for recording complaints which used drop down menus to identify the types of complaints and was in line with the national complaints reporting system. The spreadsheet also contained embedded links to original documents which were linked to any investigation, learning and reporting tools. This document was used at the clinical governance meetings where all complaints were reviewed.</p> <p>There had been no identified trends in complaints.</p>	

## Well-led

### Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
<p>Leaders were knowledgeable about issues and priorities relating to the quality and future of services and participated in external groups to ensure they understood the local changes and challenges. The leadership team proactively planned for the future organisation of the practice and prioritised work patterns and systems to ensure patient safety was kept a priority. They understood the challenges, had reported any concerns or incidents to external organisations. For example, external organisations were immediately alerted during a failure of the telephone system.</p>

Any additional evidence
Staff said the practice was a good place to work and that morale was good and they felt supported to

develop within their roles. Staff said they worked well together and also supported each other socially. The GPs had hosted social events throughout the year to sustain morale and develop team building. Many of the staff had worked at the practice for over ten years.

**Vision and strategy**

**Practice Vision and values**

The practice had a clear vision and credible strategy to deliver high quality, sustainable care. Staff were aware of and understood the vision, values and strategy and their role in achieving them.

**Culture**

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

Staff said the GPs and leadership team were visible and approachable and added that communication was good.

The practice focused on the needs of patients and provided a personal patient list where possible to provide continuity for their patients.

A structured diary of meetings were held at the practice. Staff said they felt included in discussions and able to contribute where necessary. Patient feedback was welcomed and acted upon.

Staff said the leadership team all had an open-door culture where staff could discuss anything of concern at any time regarding work, support needed either at work or at home.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints and patients were supported to achieve a positive outcome wherever possible.

There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

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

Source	Feedback
12 staff questionnaires and discussion with four staff	Staff feedback was overwhelmingly positive. Staff acknowledged that the practice was a busy place to work but added that they were able to provide a safe service and meet patient need. Staff said they could access education and training to develop their roles and received support from the leadership team and from each other. Staff said the practice was a good place to work and despite the pressurised workload team work and communication were good.

**Governance arrangements**

**Examples of structures, processes and systems in place to support the delivery of good**

quality and sustainable care.	
Practice specific policies	The practice had a set of policies which were located on the shared drive on the computer system. These policies were kept under review to ensure they were effective. We were informed of two policies (business continuity and cold chain) which had been recently used during significant events. Both policies were followed and learning from the significant event investigation had highlighted the policies had been easy to follow and worked well. This was recorded as a positive during the review.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
<p>Governance arrangements were well established at the practice.</p> <ul style="list-style-type: none"> <li>All staff were aware of their roles and responsibilities in relation to governance. For example, the acting lead nurse was responsible for the maintenance of emergency equipment in the practice and medicines within doctor's bags. Descriptive posters showed where the equipment was stored and in addition to paper checklists, an electronic spreadsheet was maintained and monitored to highlight when medicine or equipment expiry dates were approaching. This was identified by colour coded automatic electronic alerts, allowing staff time to order replacements before the expiry date was reached.</li> <li>The practice had developed a detailed spreadsheet for recording complaints and significant events which used drop down menus to identify the types of complaint or event which were in line with external reporting systems. The spreadsheet contained embedded links to original documents which were linked to any investigation, learning and reporting tools. This document was used at the clinical governance meetings where all complaints were reviewed.</li> </ul>

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes
The current business continuity plan was tested earlier in 2018 during heavy snow and found to work well. One of the GPs could not travel to Exeter so was able to log in and triage patients from a local GP practice.	

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Environmental	A full set of environmental risk assessments were completed and monitored at the practice. For example, fire safety, COSHH (control of substances hazardous to health) and premises/safety risk assessment.

## 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
<b>Feedback from Patient Participation Group (PPG):</b> The practice PPG had recently reduced in number due to ill health. The group was being promoted once again. We spoke with one representative who was happy with the service provided and the response to suggestions and their involvement.
<b>Feedback from staff:</b> Staff told us they felt supported in suggesting ideas and changes. For example, the leadership listened to suggestions that patients paper records were merged and centralised to make it easier to locate paper records. Staff also suggested using an electronic address book. Both ideas had been implemented.
<b>Feedback from patients:</b> Patients were able to offer feedback or suggestions face to face, through the website or by writing on a whiteboard in the reception area which was monitored by the leadership team. Patients had requested a baby changing facilities which had been introduced. The whiteboard had also resulted in posters displaying patients being able to request drinking water and the potential roll out of WIFI throughout the practice.

## Continuous improvement and innovation

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

Audit area	Improvement
Audit of Tamoxifen and certain antidepressants. (Tamoxifen is a type of hormone therapy used to treat breast cancer)	Following publications in the British Medical Journal and recent NICE guidance it was suggested that Tamoxifen should not be prescribed with certain types of antidepressant. In November 2017 the practice initially found 11 patients taking tamoxifen and three taking antidepressants. These patients were reviewed and alternatives agreed for two of these patients and agreements in place for the third patient. The audit was repeated a year later and a search identified 19 patients taking tamoxifen and the same one patient appropriately taking the antidepressant.
Measuring Growth in Children with Asthma	The GPs were aware that there is a small but significant link between the use of steroid inhalers and restricted childhood growth. NICE recommended regular monitoring of growth so the GPs decided to re-audit whether children using inhalers were having their growth monitored compared to figures with a previous audit carried out in 2015  The audit identified 51 children. 93% of which had had their height and weight recorded. This was a 45% improvement on the results collected in

2015.

The reasons why children didn't have growth recordings included

- 1) Asthma review over the telephone
- 2) GP asthma review in two cases. One review did have a weight but it was recorded in free text.
- 3) One patient had only been diagnosed recently and not had an asthma review

Recommendations included a reminder to GPs to record this if they perform opportunistic asthma reviews.

**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](#)).