

Care Quality Commission

Inspection Evidence Table

Southway Surgery (1-569432657)

Inspection date: 21 November 2018

Date of data download: 29 October 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) 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 (DBS) checks were undertaken where required	Yes
Explanation of any 'No' answers: A risk assessment was completed for administration staff where a DBS check was not deemed necessary.	

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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
Staff added that the induction process felt supportive and not rushed. GP trainees staff said they were	

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provided with a welcome pack which had proved very useful.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 15 August 2018	Yes
There was a record of equipment calibration Date of last calibration: 15 August 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 17 August 2018	Yes
Actions were identified and completed.	Yes
Health and safety	
Premises/security risk assessment? Date of last assessment: August 2018	Yes
Health and safety risk assessment and actions Date of last assessment: Weekly 'walk arounds' were completed by the lead nurse.	Yes
Additional comments: A recent 'walk around' had identified faulty lighting in the car park. Practice staff, along with the neighbouring school, had reported the issue to Plymouth City Council who were in the process of making arrangements to fix this.	
A patient at the practice volunteered on a regular basis to pick up litter surrounding the practice.	

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Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: November 2018 The practice acted on any issues identified	Yes
Detail: Weekly walk arounds were completed by the lead nurse and often identified cluttered areas which were immediately addressed. In addition, annual infection control audits were completed.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

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Explanation of any answers:

A grey sample box was provided at reception so that non clinical staff did not have to handle specimens.
Secure storage was provided for clinical waste.

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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: A sepsis manual containing reviewed protocols and guidance was circulated October 2018 to raise staff awareness following an incident of a baby showing signs of declining health. Staff had been sent and had watched an educational video showing the symptoms of sepsis.	

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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: A duty doctor was available each day who reviewed test results and completed any action required. Patients told us that any referrals were completed quickly by staff at the practice.	

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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)	0.89	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)	9.6%	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. A new improved system was being introduced to monitor where these were distributed.	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

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

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	13
Number of events that required action	13
When incidents were identified the appropriate protocols were immediately followed. For example, for a medicine error. The GP and/or partner were informed and the patient informed if they had not already been aware. The incident and immediate action were documented on a standard form. The incidents were then discussed immediately to identify any further action and then reviewed at the monthly clinical governance meetings. All staff attended these meetings to discuss any learning or action taken. We looked at the meeting notes kept for the reviews of these incidents and noted that they did not always reflect the depth of discussion, action and learning described and taken by staff. Completed significant event records were kept in a file. Any monitoring of trends was done manually by the practice manager as required.	

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

Event	Specific action taken
A wrong immunisation was given to a baby	No harm came to the patient. The nurse had immediately identified the error, informed the parent, given an apology and reported to the GP who confirmed no harm would occur. The GP, parent and nurse agreed to re immunise at a later date when the vaccine was due. The incident was discussed at the clinical meeting. The nurse explained that they felt supported.
The wrong information was given to patient regarding INR test results (blood thinning medicine test result). The patient had identified the error and contacted the practice.	The patient was immediately asked to return to the practice where a second test was performed. The correct information was then given to the patient. No harm came to the patient. The incident was discussed at the clinical meeting.
The allergy of a new patient was not entered on computer screen	No harm came to the patient. The incident was discussed at the clinical meeting. Action included agreeing that following registration the forms go to administration staff who enter the codes onto the computer system which in turn alerts all staff to any

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	important information, including allergies.
There had been a delay in a two week referral due to staff absence.	No harm came to the patient. The incident was discussed at the clinical meeting. Action included staff putting an 'Out of office' message on the intranet and sign on their desk to remind staff of their absence.

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Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	yes
Staff understand how to deal with alerts	yes
Comments on systems in place: All alerts came through to the practice manager who then forwarded them to the relevant staff.	

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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)	0.81	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 (01/04/2016 to 31/03/2017) (QOF)	71.9%	81.5%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (29)	13.6%	12.4%	
Indicator	Practice	CCG	England	England

	performance	average	average	comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) <small>(QoF)</small>	88.4%	76.5%	78.1%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions) 5.1% (15)	CCG Exception rate 12.1%	England Exception rate 9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) <small>(QoF)</small>	76.0%	81.2%	80.1%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions) 9.9% (29)	CCG Exception rate 15.7%	England Exception rate 13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) <small>(QoF)</small>	81.2%	76.8%	76.4%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions) 1.1% (4)	CCG Exception rate 11.3%	England Exception rate 7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QoF)</small>	90.7%	90.0%	90.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	2.0% (2)	13.0%	11.4%

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	89.9%	84.1%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (27)	5.1%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	97.3%	89.9%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (8)	8.5%	8.2%	

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 influenzae type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) (NHS England)	74	75	98.7%	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)	64	66	97.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have	63	66	95.5%	Met 95% WHO

received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)				based target (significant variation positive)
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)	64	66	97.0%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				
We spoke with the nursing team about the positive variation of these scores. Staff explained that appointment dates and times were automatically sent to parents or guardians and follow up appointments made on the same day. This approach had seen positive attendance.				

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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)	70.6%	75.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.0%	76.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	54.4%	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)	47.1%	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)	43.8%	56.4%	51.6%	Comparable with other practices
Any additional evidence or comments				
The practice were aware of the low practice percentage scores for 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. Coding had been identified for reason. All new cancer cases were discussed and followed up as part of a standing agenda item at the monthly clinical governance meetings.				

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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 (01/04/2016 to 31/03/2017) (QOF)	84.6%	85.3%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 7.1% (2)	CCG Exception rate 15.5%	England Exception rate 12.5%	
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 (01/04/2016 to 31/03/2017) (QOF)	88.0%	87.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 10.7% (3)	CCG Exception rate 13.5%	England Exception rate 10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	88.2%	86.0%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 22.7% (5)	CCG Exception rate 8.4%	England Exception rate 6.8%	
Any additional evidence or comments				
We spoke with GPs and reviewed records of patients who had been exception reported. Appropriate clinical reasons were given for the cases we reviewed or evidence seen to show reviews had taken place. One issue was that this information was collected within the text area of the computer record rather than being recorded as an identifiable code.				

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Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	539	542	540

Overall QOF exception reporting (all domains)	6.2%	6.5%	5.7%
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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 (01/04/2016 to 31/03/2017) <small>(QOF)</small>	Yes
We spoke with staff who said attendance from the health visitors had reduced in recent months and had affected communication regarding safeguarding issues. The plan was to reinstate the meetings.	

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Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	97.4%	95.0%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 1.3% (16)	CCG Exception rate 0.9%	England Exception rate 0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was recorded within the patient electronic record. Written consent was obtained for all minor surgery procedures. The forms used were in line with national surgical guidelines.

Caring

Kindness, respect and compassion

CQC comments cards	
Comments cards were left at the practice but none were completed	NIL
Number of CQC comments received which were positive about the service	NA
Number of comments cards received which were mixed about the service	NA
Number of CQC comments received which were negative about the service	NA

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Examples of feedback received:

Source	Feedback
NHS Choices	Four responses had been received in the last year. A full 5* had been given for all four reviews. Positive comments related to staff being extremely helpful and the GPs being very professional.
Friends and Family	38 Responses were received in 2018. An audit was performed of comments. 36 comments referred to efficient and helpful staff and 26 referred to good access to appointments.
Patient Participation Group	We spoke with three members of the PPG who gave overwhelmingly positive feedback about the service they received, the staff and the environment.
GP Survey	The partners had completed individual patient questionnaires as part of revalidation. All results were provided. There were no negative responses received.

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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
5577	251	97	38.6%	1.74%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	88.7%	92.5%	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)	88.0%	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	94.8%	97.0%	95.6%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)				
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)	91.3%	89.0%	83.8%	Comparable with other practices

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

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with three patients who explained that they had positive working relationships with the staff at the practice. Patients told us they did not feel rushed and added that they thought the care and treatment was excellent and were encouraged to be involved in decisions about their care.

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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)	93.2%	95.9%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 138 (2.5%) of patients as carers.
How the practice supports carers	Once identified carers were offered health checks and were signposted to external support services. A notice board was situated at the practice and information leaflets available. The staff promoted and hosted the services of a charity providing social prescribing. Carers and other patients could access support and information regarding debt, housing advice, benefits, befriending, transport services and lunch clubs.
How the practice supports recently bereaved patients	Information about a patient's death were entered into the patients record and in the family/carer records. A white board for staff awareness was situated in the general office area and displayed on the GP home visit screen. Leaflets about bereavement services were available. Patients were also referred to the social prescribing charity as necessary. The patients usual GP made contact with the family and bereavement cards were sent by practice.

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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	There was a sign available at the front desk reminding patients a private space was available if required.

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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	The practice was open from 7.45-6pm Appointments with nurses and health care assistants (HCA) were available from 7.50am onwards. GP appointments available between 8.40am- 6pm
Tuesday	The practice was open from 7.45-6pm Appointments with nurses and HCA available from 7.50am onwards. GP appointments available between 8.40am- 6pm
Wednesday	The practice was open between 8am-9pm. Appointments available with all staff from 8.40am
Thursday	The practice was open between 8am-6pm. Appointments available with all staff from 8.40am
Friday	The practice was open between 8am-6pm. Appointments available with all staff from 8.40am
Appointments available- Urgent 5-minute face to face triage appointments with the GP were available each morning. Routine appointments could be booked up to three weeks in advance.	
Extended hours were offered until 9pm on Wednesdays	

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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	
Any requests for home visits were entered onto a visit screen which could be accessed, assessed and triaged by the GPs throughout the morning.	

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National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5577	251	97	38.6%	1.74%

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)	96.0%	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)	84.1%	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)	91.6%	78.0%	68.6%	Variation (positive)
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)	84.5%	73.2%	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)	92.2%	82.5%	74.4%	Variation (positive)

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices and speaking with three patients	Feedback about access to appointments was positive. Patients said they found it easy to make an appointment with a GP and could access an urgent same day appointment.

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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	6
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>Complaints came to the practice manager who respond immediately. Clinical matters were then passed to a partner and the clinician involved and treated as a significant event if appropriate. The staff communicated with patients, displayed the duty of candour and gave an apology wherever appropriate. Patients were usually invited to the practice outside of clinic time to discuss concerns further. We spoke with staff about the action taken as a result of a complaint and the discussions at the monthly review meetings. Records did not always reflect the action and discussions described by staff.</p>	

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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. Any concerns were shared with external organisations and support was sourced where appropriate. For example, the local medical council (LMC). The leadership team were proactively planning for the future organisation of the practice and prioritised work patterns and systems to ensure patient safety was kept a priority.</p> <p>The clinical team worked effectively with external health care providers to ensure patients received evidence based care. For example, the GPs and nurses worked with local diabetic consultants to provide virtual diabetic clinics.</p> <p>The practice were part of a group of 11 practices in the area (SOUND group) and met together regularly to share ideas, support each other and bid together for additional funding and resources. For example, pharmacy support.</p>

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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.

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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 although formal team meetings were not held, communication was good. A small number of staff considered that more formal meetings would continue to improve this communication.

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The practice focused on the needs of patients and where possible to provide continuity for their patients.

Patient feedback was welcomed and acted upon and was usually through the active PPG group.

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
Staff conversations and questionnaires	Staff said the practice was a good place to work and added that many staff had worked at the practice for a long time. Staff said that the support from the practice manager and GPs had contributed to this. Staff said they worked well together and also supported each other socially.

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Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Policies were available to all staff via the computer system used at the practice. Systems were in place to keep these up to date.
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Some governance arrangements were well established at the practice whilst others had been identified as requiring improvement.

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All staff were aware of their roles and responsibilities in relation to governance. For example:

- The nursing team were responsible for the maintenance of emergency equipment in the practice. Checklists were maintained and monitored to highlight when medicine or equipment expiry dates were approaching.

- Infection control audits and fridge temperature monitoring were completed by nursing staff.
- GPs monitored the clinical performance, recent cancer diagnosis, at the practice at the monthly clinical governance meetings
- The practice manager had recently introduced an improved method of recording the flow and movement of prescription pad stationary.

The practice staff explained the process followed for significant events and complaints. We looked at records and minutes of meetings kept regarding these discussions and actions but noted they did not always reflect the actions and discussions described by staff. The practice manager had identified that additional support was required with some administration aspects of the practice. The leadership team had supported a decision to employ a member of staff to assist with this role.

	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
COSHH (Control of substances hazardous to health)	COSHH risk assessments were in place
Clinical Equipment	Annual calibration checks were completed at the practice and next due August 2019
Health and Safety	Health and Safety policies and risk assessments were in place and last reviewed in December 2018. A recent more informal walk around had identified faults with external lighting. The practice staff had promptly reported this to Plymouth City Council who were in the process of fixing the fault.

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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

We spoke with three members of the PPG. They were complimentary about the practice and response from the GPs and practice managers to suggestions and feedback. The group said 5-6 members met three or four times a year and were kept up to date with changes at the practice. The PPG said although the majority of the members were older they felt they represented the community groups well.

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Any additional evidence

We were provided with examples of thanks from patients and health care professionals. For example, we saw three testimonials and positive feedback from the counsellor, student nurse and local pharmacy manager.

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Feedback from GP trainees was overwhelmingly positive. These staff said they were given sufficient time and support during their clinical sessions but also offered additional de briefing time to learn and discuss specific cases until they felt confident.

Staff added that they were able to offer feedback informally to the practice manager who listened and acted on suggestions. For example, staff suggested that patients who were picking up controlled drug prescriptions should sign to say the prescription had been collected. This was being done.

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Staff had also suggested introducing a white board to record patients of note or those who had recently died or given birth so information could be seen visually in addition to the computer record.

A change to the communication of home visits had been made following staff feedback. The information was recorded on the practice computer system so that the GPs could access this remotely and help them triage their workload.

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Continuous improvement and innovation

We discussed clinical audit and evidence of quality improvement at the practice with the GPs who had identified the need to increase the number of audits and complete full audit cycles.

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We looked at two examples of improvements demonstrated as a result of clinical audits in past two years:

Audit area	Improvement
Macmillan cancer audit	<p>GPs at the practice took part in the Macmillan cancer audit and had identified 365 patients currently on the cancer registers. GPs identified 237 of these had had cancer for more than 5 years. OF these, GPs randomly selected five patients with cancer over five years and looked at:</p> <ol style="list-style-type: none">1. Was it clear from the notes that these patients had a past diagnosis2. Was it clear what treatment they had received

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	<p>3. Had they had a cancer care review 4. If so, what topics were discussed</p> <p>The audit identified that all the patients had a cancer care review and their treatment recorded but it was unclear what was discussed. 18% of these had been done by telephone (in line with the national average of 16%)</p> <p>The audit then triggered a further audit of patients with prostate cancer. 21 patients were identified and 16 were currently being reviewed by secondary care. Two were having six monthly blood screening tests with clear instructions on when to re refer. One patient was identified as failing to attend two outpatient appointments. This patient was followed up.</p> <p>The results were discussed at practice lunchtime meeting prior to being fed back to the Macmillan Support group. Action included making an amendment to the cancer template currently used so this was used as an aide memoir to ensure that the major topics were discussed. Actions also including changes to the standard letter inviting patients to attend for a cancer review. The wording of the letter now used the phrase 'possible cancer'.</p> <p>The plan was to rerun this audit in six months to see if the cancer care information had become more robust.</p>
<p>Why were diabetic patients not attending their annual eye screening?</p>	<p>The aim of this audit was to determine the reasons for which diabetic patients have not attended their annual eye screening in the last 12 months.</p> <p>It was identified that of the 319 patients with diabetes who were registered at the practice 108 patients had not been recorded as having attended for eye screening. Reasons for 'did not attend' (DNA) were searched on the system prior to ringing patients. Where a reason for non-attendance could not be found, patients were contacted through their preferred telephone number and their responses added to the spreadsheet.</p> <p>Many patients had attended in the last 12 months, evidenced by a letter from the screening service, but were not updated on the system and were highlighted in yellow. Patients with revised recall dates (e.g. ophthalmology in/outpatients) were highlighted in blue. Lastly, patients who were excluded from the programme or opted out were highlighted in red.</p> <p>The data showed that almost a quarter of patients had attended eye screening letter, but the information had not been updated on the computer system. A further quarter of patients appeared as 'DNA' because their recall date had changed as a result of a referral to ophthalmology. A total of 22 patients responded to phone calls and 25 could not be contacted. One patient opted out of the audit.</p> <p>The audit identified the true DNA rate over the period as 18.2% (turnout rate of 81.8%) which was identified as lower than the standard set by NICE (100%)</p>

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Actions identified included:

- Improvement of recording attendance at eye screening appointments.
- Looking at ways of increasing corroboration between allied healthcare professionals. For example, working with pharmacists to give a leaflet on the dangers of diabetic retinopathy, and how to make a screening appointment, with every diabetic patient's prescription.
- Advising the eye screening service to implement a text reminder service about appointments.

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](#)).