

Care Quality Commission

Inspection Evidence Table

Hilltops Medical Centre (1-566368759)

Inspection date: **26 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 were lead members 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.	Partial
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: The practice safeguarding policy was dated as having been reviewed on 23 May 2015. Although much of the information was still accurate the practice could not evidence it had reviewed the contact details listed within the policy to ensure they were still accurate. The practice manager advised a new member of the administration team would be undertaking a policies and procedures audit to ensure that all policies were up to date. We saw up to date contact details for safeguarding agencies were available throughout the practice.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Partial
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>Evidence the practice sourced recruitment references prior to commencement of employment was not available. Files for recently employed staff did not include evidence of employment contracts having been issued. The practice advised that they intended to issue the contracts imminently for recently appointed staff and we were sent evidence following our inspection to support this had been done.</p> <p>There was no system for monitoring the registration of clinical staff. We found no evidence of staff who were not appropriately registered from the records we reviewed on the day of our inspection. The practice advised a system for monitoring clinical registrations and medical indemnity insurance would be developed. We were sent evidence that spreadsheet had been developed immediately following our inspection.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing (PAT) or visual inspection by a competent person Date of last inspection/Test: February/ June 2018</p>	Yes
<p>There was a record of equipment calibration Date of last calibration: November 2018</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs</p>	Partial
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	Yes
<p>Fire risk assessment Date of completion 18 April 2018</p>	Yes
<p>Actions were identified and completed. The risk assessment made several recommendations. For example, that an evacuation chair should be fitted, that any equipment missed during the routine PAT testing schedule should be tested and that a fire exit sign be positioned accordingly. We saw a completed action plan evidencing all recommended and required actions had been completed by 1 July 2018.</p>	Yes
<p>Additional observations: The practice had not undertaken a fire evacuation drill for over twelve months. We were advised that as the practice team had stabilised regular fire evacuation drills would be undertaken on an agreed schedule.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: 25 July 2017</p>	Yes
<p>Health and safety risk assessment and actions Date of last assessment: 25 July 2017</p>	Yes
<p>Additional comments: The practice informed a repeat health and safety, security and premises risk assessment was scheduled to be undertaken on 4 January 2019.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: We saw an infection control checklist had been undertaken in March 2018 and was in the process of being completed again in November 2018. Due to staff changes and difficulties in locating some records the practice was unable to demonstrate historic infection control audits or to source the full practice policy. The practice had advised it was in liaison with the locality lead for IPC and was seeking further advice on undertaking a comprehensive audit and risk assessment for IPC. Following our inspection, the practice submitted an updated IPC policy.	Partial n/a n/a
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

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.	Partial
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:	
Not all staff we spoke with were aware of the signs or symptoms of sepsis.	

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)	1.23	1.00	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)	6.3%	7.2%	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.	No
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	n/a
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	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
Explanation of any answers: Systems for managing the security of blank prescription stationery needed strengthening. Following our inspection, we were sent evidence that the practice had updated their prescription handling policy to improve the security of blank prescription stationery in the future.	

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.	10
Number of events that required action	10

Example of significant events recorded and actions by the practice;

Event	Specific action taken
Two separate referrals were marked as urgent but filed routinely	All applicable staff were advised of the incident and reminded of the correct procedure.

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: The practice pharmacist kept a log of safety alerts and appropriate staff were involved in ensuring action was taken in response to alerts to minimise the risks to patients. The pharmacist undertook repeat cycle audits in response to safety alerts to ensure risks to patients were minimised. Where relevant alerts were discussed in practice meetings.	

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)	0.71	0.85	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)	79.2%	77.9%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (78)	14.0%	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)	70.2%	76.9%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (67)	11.2%	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)	79.8%	83.0%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.0% (71)	13.7%	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)	73.0%	77.3%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (13)	11.0%	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)	91.8%	90.5%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (22)	14.3%	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) <small>(QOF)</small>	80.2%	80.0%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (106)	5.5%	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) <small>(QOF)</small>	92.0%	90.5%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (15)	5.0%	6.7%	

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)	159	169	94.1%	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)	167	177	94.4%	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)	167	177	94.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	169	177	95.5%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

The practice operated childhood immunisation clinics but also offered flexibility for parents and children that needed to attend outside of normal clinic times. Staff advised they maintained a good rapport with their patients and uptake rates for immunisations were good.

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)	76.6%	71.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	73.7%	74.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	54.4%	53.7%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	67.7%	64.2%	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)	65.2%	56.2%	51.6%	Comparable with other practices
Any additional evidence or comments				

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)	97.1%	86.6%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (6)	18.2%	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)	90.1%	91.1%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (5)	16.7%	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)	88.5%	84.9%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (10)	7.1%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	98.7%	98.4%	98.2%
Overall QOF exception reporting (all domains)	5.4%	7.1%	5.8%

Any additional evidence

We reviewed exception reporting for the practice and were satisfied that the practice was working in line with guidelines when excepting patients. We were told that patients received two letters and phone call from the practice before being excepted. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

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)	93.5%	94.6%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (34)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.</p> <p>When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.</p> <p>Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.</p> <p>We were advised that written consent forms were used for specific procedures as appropriate in the practice, for example for contraceptive device fittings.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	None
Number of CQC comments received which were positive about the service	None
Number of comments cards received which were mixed about the service	None
Number of CQC comments received which were negative about the service	None

Any additional evidence
The practice did not receive the CQC patient's comments box prior to the inspection and did not inform the CQC in advance of the inspection. Therefore, no comments cards were received from patients.

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with six patients during the inspection. They described practice staff as friendly and helpful. Patients told us that GPs and nurses were good at listening to their concerns and informing them of the treatment options available to them. Patients told us they felt they were generally given adequate time in appointments and that the standard of care was good, although three patients commented that the allotted ten minutes for a single appointment was often not long enough to discuss all concerns. One patient commented on the inability to always see the same GP.

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
16529	325	122	37.5%	0.74%

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)	81.2%	85.1%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	75.2%	82.3%	87.4%	Variation (negative)
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)	88.8%	93.0%	95.6%	Variation (negative)
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)	62.8%	77.4%	83.8%	Variation (negative)

Any additional evidence or comments

The practice was aware of the lower than average performance in some areas of the most recent national GP patient survey. The practice ascertained this was due to the period of change and disruption that had occurred over the preceding 12 months and unsuccessful attempts to recruit GPs over the preceding two years. Patients we spoke with were positive in their comments when referring to their experience of consultations and the attitude of practice staff. The practice was able to evidence patient satisfaction was regularly monitored and actions were taken in an effort to improve patient satisfaction where possible.

We observed a patient centred culture within the practice. All staff we spoke with emphasised the importance of providing good care and a professional, friendly service to patients.

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

Date of exercise	Summary of results
August 2015	The practice undertook an internal patient survey with the support of the patient participation group (PPG). The survey demonstrated that the majority of patients would book appointments on the day and that there was a demand for early morning appointments from 7am. We saw that the practice had structured the appointment system in line with the results of this survey. A patient information leaflet was also distributed following the survey to explain the rationale for the changes.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	All patients we spoke with said they felt involved in decisions about their care and treatment by both GPs and nurse.

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)	86.6%	89.4%	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 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 identified 325 patients who were carers (2% of the practice list).
How the practice supports carers	Carers were identified at registration by the practice. The practice's computer system alerted GPs if a patient was also a carer. The carers champion provided support for carers and sign posted patients to voluntary organisations where appropriate.
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, a GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 patient seating area was situated away from the reception desk to promote confidentiality. The reception desk was large with two desks at opposite ends to improve privacy for patients when speaking to receptionists. In addition, the practice utilised a queue barrier to improve confidentiality. Self-check-in screens were also available.</p> <p>Staff ensured they spoke quietly and telephones were answered in the reception office to ensure privacy was respected.</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

Examples of specific feedback received:

Source	Feedback
Interviews with patients.	All patients we spoke with told us they felt their privacy was respected and if they needed to discuss something privately with reception, staff would facilitate this by talking quietly or inviting patients into a separate area.
Interviews with staff.	Staff told us that patients suffering from contagious conditions, those with particularly distressing conditions or those requesting privacy had access to a private room to wait to be seen

Any additional evidence
The practice sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. We saw that between February and November 2018 the practice received 5,568 FFT responses of which 4,571 (82%) of patients said they were highly likely or likely to recommend the practice to friends of family.

Responsive

Responding to and meeting people's needs

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

Appointments available	
	Appointments were available throughout the day with GPs and nurses.
Extended hours opening	
	Tuesdays, Wednesdays and Thursdays from 7am till 8am. Alternate Saturdays from 8.30am to 11.30am

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	
Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16529	325	122	37.5%	0.74%

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)	95.1%	93.2%	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)	52.8%	58.4%	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)	59.8%	59.5%	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)	49.2%	61.9%	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)	60.6%	68.6%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Interviews with patients	<p>All of the patients we spoke with advised of difficulties accessing appointments. Patients said they were able to access urgent appointments when needed but the wait time for routine appointments was usually two to three weeks.</p> <p>The practice was aware of patient's increased frustrations with appointment access and was taking a proactive approach to improvement. For example, through the recruitment of a diverse clinical team to improve accessibility for patients.</p>

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	Four
Number of complaints we examined	One
Number of complaints we examined that were satisfactorily handled in a timely way	One
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
Additional comments:	
<p>One of the complaints received in the preceding 12 months was still under review due to referral to external sources.</p> <p>We reviewed complaints handling specifically since the appointment of the practice manager and found it had been satisfactorily handled.</p>	

Example of how quality improved in response to complaints
<p>We saw that complaints were discussed routinely during practice meetings and learning was disseminated accordingly.</p>

Well-led

Leadership capacity and capability

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

The practice had undergone significant challenges and change in the 12 months preceding our inspection. The practice team demonstrated a positive approach to ensuring patient care was not compromised during this time. The leadership team had a good understanding of the existing and future challenges facing the practice and worked innovatively to improve patient care.

Vision and strategy

Practice Vision and values

There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities. Leaders spoke of a three-phase improvement plan for the practice, to be undertaken over the forthcoming two years.

The practice had a statement of purpose which reflected the vision and values and was regularly monitored.

Culture

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

The practice team demonstrated a cohesive approach and shared commitment toward the provision of high-quality sustainable care. Feedback from staff was positive about the culture. Staff said they felt respected and valued. Staff members told us that there was an open culture and described the practice manager and GPs as approachable and supportive.

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

Source	Feedback
Staff interviews	Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff advised that there were good relationships between managers and staff and that GPs were visible and approachable. They described a positive and inclusive culture which promoted openness and supportive learning.
Patient Participation Group	The PPG members we spoke with told us that they felt there was a partnership between the group and the practice. They told us that they felt listened to and that their work between the practice and patients was valued.

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 number of practice specific policies in place. We found some policies had not been reviewed for two years. The practice manager advised us that a recently appointed member of the administrative team was due to undertake a full policies and procedures audit.
Clinical leads and buddying system	The practice had clearly assigned clinical leads for all areas, including but not limited to audits, complaints, long-term conditions, clinical governance, safeguarding and prescribing. There were buddy arrangements in place for all assigned responsibilities to ensure care and quality were not compromised due to staff absence or limited availability.
	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*

Any additional evidence
*On the day of inspection, the practices' business continuity plan was out of date. Immediately following our inspection, the practice sent an updated plan that reflected more accurately any proposed action to be taken in the event of adverse incidents.

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Delayed staff appraisals	The practice manager had identified the need to ensure an effective appraisal system was in place. They had developed a policy and a template for this and had a schedule for the appraisals to be completed.
Increased prevalence of diabetes.	The practice provided a pre-diabetic service for patients with a fasting blood glucose level ranging from 5.5 to 5.9. This enabled early intervention in an effort to reduce the likelihood of patients identified as at risk developing diabetes.

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;

Feedback
We spoke with a representative of the PPG who advised that the group was active and that the practice regularly engaged with them. We were told the PPG were also consulted in the development of the patient survey questions and with proposed changes to the website. We were informed that the practice was open and honest in sharing information with the PPG and that members felt their input was valued particularly by the new practice manager.

Any additional evidence
The practice worked actively alongside its local GP cluster. Meeting as a locality helped to map out service provision and plan for future developments. This enabled services to be planned and delivered effectively and for better sustainability of service provision in the future.

Continuous improvement and innovation

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

Innovation and improvement area	Impact
Involvement in local pilot schemes.	This enabled the practice to proactively develop services for its patients and the locality.
Innovative workforce development.	The practice had successfully recruited two advanced nurse practitioners, a paramedic and a physiotherapist. The practice pharmacist had also been supported to qualify as a prescriber. The practice advised that the newly recruited team would all be in situ from January 2019 and they anticipated improved patient access and satisfaction to follow.

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](#)).