

Care Quality Commission

Inspection Evidence Table

Old Road West Surgery (1-3642832586)

Inspection date: 29 November 2018

Date of data download: 20 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.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: December 2017</p>	Y
<p>There was a record of equipment calibration Date of last calibration: January 2018</p>	Y
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Y
<p>Fire procedure in place</p>	Y
<p>Fire extinguisher checks</p>	Y
<p>Fire drills and logs</p>	Y
<p>Fire alarm checks</p>	Y
<p>Fire training for staff</p>	Y
<p>Fire marshals</p>	Y
<p>Fire risk assessment Date of completion January 2018</p>	Y
<p>Actions were identified and completed.</p>	Y
<p>Additional observations: Improvements had been made to ensure that weekly fire alarm testing was now being conducted. Records viewed confirmed this.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: January 2018</p>	Y
<p>Health and safety risk assessment and actions Date of last assessment: January 2018</p>	Y
<p>Additional comments: Improvements had been made to ensure that COSHH products were no longer being inappropriately stored in areas accessible to patients. Additional health and safety checks and risk assessments were also being completed during the period of building work being undertaken at the practice.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: January 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>Significant improvements had been made since our inspection in February 2018, to ensure good systems for the infection prevention control were established and embedded. The practice had conducted an annual infection prevention control audit and checklists were completed with staff confirming cleaning had been undertaken. Actions from the infection control audit which had now either been dated or responded to. For example, the minor tears noted in examination couches. We also found that daily cleaning schedules now contained a comments box for recording any issues identified during cleaning.</p> <p>The practice worked closely with the infection control lead for Dartford, Gravesham and Swanley clinical commissioning group (CCG), in order to ensure that the newly established systems and processes were compliant with current guidance. Records viewed confirmed this.</p>	<p>Y</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
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.	Y

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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Partial
<p>Explanation of any answers:</p> <p>Care plans for patients were not always consistently accessible. In some cases we saw that records showed that the care plan had been reviewed and was appropriate for the patients' needs, however, when we asked to see the care plans, they were not consistently available to view.</p>	

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)	0.97	1.06	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)	9.5%	10.4%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>Significant improvements had been made since our inspection in February 2018.</p> <p>The practice had a defibrillator available at Old Road West Surgery and we found that routine checks were now being conducted, even when the lead staff member was away on leave. Additionally, we found that emergency medicines now contained medicines for the treatment of croup (as per updated guidance).</p> <p>Blank prescriptions were now being stored and monitored appropriately. Weekly monitoring of records maintained were being undertaken and all blank prescriptions were removed from printers when rooms were left vacant.</p> <p>The Advanced Nurse Practitioner was trained to administer vaccines and medicines in accordance with patient specific prescriptions or directions (PSD's). We found that signed PSDs were now scanned in a timely manner to ensure they were maintained appropriately on the patients' medical records.</p> <p>Immunisations/vaccines were stored appropriately and within their expiry date. Tracking sheets to monitor how many vials were stored in the three fridges were now being completed and recorded appropriately.</p> <p>Minor operations were carried out at the practice. At this inspection, we saw that records were written in most cases, in relation to the use, amount, batch number and expiry date of local anaesthetic administered in these procedures. The practice reviewed its policy protocol and had implemented a new patient consent form at the time of the inspection, to incorporate the recording of local anaesthesia used.</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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	23
Number of events that required action	15

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
Delayed diagnosis	The practice had discussed this at a clinical meeting and implemented changes to their protocols. The practice had ensured that clinicians made timely referrals in line with protocols. For example, two-week wait referrals (this is when there is a suspicion of cancer that requires a more urgent response) which were now being monitored appropriately and in accordance with protocols.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Significant improvements had been made since our inspection in February 2018. Medicines and Healthcare products Regulatory Agency (MHRA) and national patient safety (NPS) alert processes had been undertaken. All the staff we spoke with told us that these were disseminated and discussed at practice meetings. Minutes of meetings viewed confirmed this.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.69	0.97	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)	66.7%	79.3%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (9)	17.2%	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)	61.1%	75.8%	77.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (13)	13.3%	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)	73.5%	77.8%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (16)	15.8%	13.5%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	81.6%	77.7%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (27)	12.4%	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)	91.5%	89.0%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.2% (12)	15.4%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QoF)	82.6%	82.1%	82.6%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (131)	5.2%	4.2%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QoF)	83.8%	91.3%	90.0%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (12)	5.1%	6.7%	
<p>Any additional evidence or comments Significant improvements had been made to ensure that the practice's disease registers had been further embedded to ensure that QoF targets would be achieved. For example, improvements had been made to ensure that patients receiving medicine for diabetes were listed on the practice's diabetic register. The provider was now aware of the diabetic figures available for the practice through public health data and action plans were in place to address any shortfalls in these.</p>				

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)	84	88	95.5%	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) (01/04/2017 to 31/03/2018) (NHS England)	105	108	97.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	106	108	98.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	103	108	95.4%	Met 95% WHO based target (significant variation positive)

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)	77.0%	74.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.5%	71.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.2%	53.3%	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)	87.5%	69.5%	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)	38.9%	50.0%	51.6%	Comparable with other practices

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%	91.1%	89.5%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (8)	14.9%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	91.3%	90.1%	90.0%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.5% (9)	12.3%	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)	96.2%	83.1%	83.0%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (1)	6.5%	6.6%	
Any additional evidence or comments				
Improvements had been made to ensure that the practice's disease registers had been further embedded to ensure that QoF targets would be achieved. This had resulted in a positive variation for patients with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	-	-	-
Overall QoF exception reporting (all domains)	5.1%	6.7%	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)	92.5%	93.0%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (26)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.</p> <p>Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.</p> <p>Additionally, the practice monitored the process for seeking consent appropriately.</p>

Any additional evidence
<p>The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.</p> <p>Staff encouraged and supported patients to be involved in monitoring and managing their health.</p> <p>Staff discussed changes to care or treatment with patients and their carers as necessary.</p> <p>The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	24
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
Comments cards	<p>Patients commented on the professionalism and friendliness of staff. The improvements in accessing appointments since the recruitment of allied healthcare staff, for example, the paramedic practitioner, were also noted. They also stated that there was never an issue with accessing an appointment.</p> <p>Mixed feedback related to difficulty in accessing appointments via the telephone. Though patients did state that the clinicians spent quality time with them when they had their appointment.</p> <p>Negative feedback received related to individual care and treatment received.</p>
Patient interviews	<p>We spoke with five patients on the day of inspection. They told us they were either 'happy' or 'extremely happy' with the improvements made at the practice, especially in relation to the availability of routine appointments. All patients commented that staff were kind, helpful and caring and they were treated with dignity and respect.</p>
NHS Choices	<p>The practice overall scored two and a half out of a possible five stars for accessing the practice by telephone and three and a half stars for appointment availability.</p> <p>There were fifteen comments made in the last 12 months. All of which had been responded to by the practice. Two comments were made where no star rating was given. Five positive comments related to the high standard of care received from staff, helpful receptionists and the quality of clinical care provided. Eight commented on either the difficulty in accessing an appointment or their individual care received.</p>

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9700	298	126	42.3%	1.30%

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)	70.6%	85.4%	89.0%	Significant Variation (negative)
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)	70.6%	83.8%	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)	82.4%	93.6%	95.6%	Significant 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)	52.8%	79.1%	83.8%	Significant Variation (negative)

Any additional evidence or comments

The practice had acted to address the low targets. The appointment booking system had been updated, more allied healthcare professionals had been employed and staff training had been conducted in relation to communication. There was an action plan in place which the practice kept under constant review. Additionally, these results precede the date with which the practice became part of The Hub and when the practice had changed its appointment system.

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

Date of exercise	Summary of results
Ongoing	The practice made use of feedback from patients via their own website, Friends and Family Test responses and NHS Choices.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	<p>We spoke with five patients and asked patients whether they felt they were involved in decisions about their care and treatment. They told us they found the information in the patient waiting area and on the practices website was useful. We were told by most of them that they felt involved and that their personal decisions were considered. One patient however, did not</p> <p>CQC comment cards also reflected this feedback.</p>

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%	91.2%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 63 patients who were carers (0.6% of the practice list).
How the practice supports carers	<p>There was a dedicated section on the practices website that indicated support available to carers and encouraged patients to identify whether they were carers.</p> <p>The practice offered carers an annual flu vaccination and an annual health check.</p>
How the practice supports recently bereaved patients	The practice contacted families who had been recently bereaved and offered them an appointment, if required, at a time to suit them. The GP would visit the next of kin or family if appropriate. The practice also provided help with forms or other arrangements and signposted relatives to other support services where appropriate.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	There was a separate private room available at the practice, where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality and all staff had signed confidentiality agreement forms.

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

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception staff, they could.
Staff interviews	Staff told us patients who were made anxious by waiting in a busy waiting area, or were distressed, could wait in the private room. Staff told us they would offer the patient support and would call them when it was time for their appointment.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 12.30pm & 1.30pm to 6.30pm
Tuesday	8am to 12.30pm & 1.30pm to 6.30pm
Wednesday	8am to 12.30pm & 1.30pm to 6.30pm
Thursday	8am to 12.30pm & 1.30pm to 6.30pm
Friday	8am to 12.30pm & 1.30pm to 6.30pm

Extended hours opening
The practice was part of a wider network of GP practices, known as The Hub, which came into being in July 2018. Patients from Old Road West Surgery could access appointments at any of these practices for extended hours up to 8pm, including Saturdays. Details were on the practices' website.

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	Y
If yes, describe how this was done	
All home visits were triaged by the duty GP and, if clinically appropriate, a visit was completed by a GP or the paramedic practitioner.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9700	298	126	42.3%	1.30%

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)	88.9%	93.3%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	55.8%	59.2%	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)	43.2%	59.7%	68.6%	Variation (negative)
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)	34.3%	59.4%	65.9%	Variation (negative)
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)	54.5%	69.3%	74.4%	Variation (negative)
<p>Any additional evidence or comments The practice had acted to address the low targets. The appointment booking system had been updated and patients we spoke with gave positive feedback about the changes made. There was an action plan in place which the practice kept under constant review. The national GP survey results precede the practice going live as part of The Hub. Therefore, this change is not reflected within the survey results.</p>				

Examples of feedback received from patients:

Source	Feedback
Comment cards	Mixed feedback related to difficulty in accessing appointments via the telephone. However, many patients stated they did not have a problem booking an appointment now that the system had been changed and improved.
Patient interviews	We spoke with five patients, four of whom stated that they appreciated being able to book extended hour appointments within The Hub.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	21
Number of complaints we examined	9
Number of complaints we examined that were satisfactorily handled in a timely way	9
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>Significant improvements had been made to ensure the systems and processes for responding to complaints was effective. We saw that the practices complaint policy and procedures were in line with recognised guidance. Information about how to make a complaint or raise concerns was available in the form of a leaflet and on the practices website. However, when the practice manager was absent, not all complaints were acknowledged to within the 48-hour timescale, as stated within the complaint policy.</p> <p>Staff treated patients who made complaints compassionately. The practice learned lessons from individual concerns and complaints and from analysis of trends.</p>	

Example of how quality has improved in response to complaints
<p>Following several complaints regarding staff attitude, the practice had conducted a number of training sessions for staff, including conflict resolution. Where appropriate, individual staff members were spoken with and human resource processes were followed and/or agencies (if staff were a locum), were informed of the complaint and staff members conduct.</p>

Well-led

Leadership capacity and capability

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

There was a clear management structure which included lead roles for the whole staff team (GPs, nursing team staff and administrative staff) and staff felt supported by management.

The practice was continuously reviewing their staffing numbers and skill mix to ensure they provided services to meet patients' needs.

The practice were transitioning following considerable challenges experienced as a result in the near change in partnership (which was due to occur but did not). As a consequence, the practice had implemented a realistic strategy and supporting business plan to achieve priorities, with the aim of continual improvement and safe patient care being the centre of focus.

Vision and strategy

Practice Vision and values

There was a clear vision to provide patients with good clinical care. The practice aimed to be transparent and open in all matters and to recognise when things went wrong, they apologised and learnt from them. The vision aimed to treat all patients with respect, without discrimination or prejudice and to continue to improve patient experience.

Culture

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

Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically. They told us that there was a real team spirit for improving the practice and that moving forward, as well as the patient experience, was at the forefront of their plan.

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

Source	Feedback
Staff interviews	<p>Staff said they were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they felt involved and engaged to improve how the practice was run.</p> <p>Staff reported that the morale within the team was high and that all staff were approachable. Staff commented that the culture remained positive.</p>

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 systems that helped to keep governance documents up to date.
Other examples	<p>The principal GP and practice manager had a schedule for managing and monitoring progress being made with governance arrangements. This was being routinely monitored and discussed with staff. Minutes of meetings seen confirmed this.</p> <p>A comprehensive understanding of the performance of the practice was now being provided to staff by the GPs. Staff spoken with were aware of performance issues and patient satisfaction data. These had been acknowledged by the practice and there was a documented action plan, with the exception of monitoring accessibility of care plans and physical health check recording in patients' notes. The practice were engaged with their patient participation group (PPG) who were supporting the practice with improving communication with patients, as well as supporting the improvements being made.</p>
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
<p>The systems and processes to underpin the services provided had been improved. For example; significant events, complaints, infection control audits, checks of equipment, staff training/appraisal, MHRA and patient safety alerts, policies and procedures.</p> <p>The practice confirmed there was an induction pack for clinical staff defining roles and responsibilities, signposting policies and procedures and referral pathways. Policies in the induction pack were now up to date and aligned with those on the practices computer system.</p> <p>There had been many staff changes and new staff recruited, there had previously been a need for these roles to be further developed to ensure clear roles and responsibilities. This had now been embedded and all staff were clear about their roles and responsibilities.</p>

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Prescription issues identified through complaints and significant events	The practice had reviewed its prescription issuing systems and processes. Staff were aware of the changes made because of this review. Records seen confirmed this. Additionally, two members of staff had been trained to be prescription clerks, to help reduce the risk of further issues.

Any additional evidence
<p>We saw that information about safety was being reviewed regularly and was now being used to promote learning and improvement, as evidenced by talking with staff and minutes of practice meetings. Additionally, the practice had positive examples of clinical significant events being investigated as well as administrative ones, which were previously lacking. Staff we spoke with were aware of the reporting process and verified that all significant events were being discussed at practice meetings and they were all involved in sharing and learning from these.</p> <p>Improvements had been made to ensure the practice had risk assessments to monitor safety of the premises, such as control of substances hazardous to health and for legionella.</p> <p>Actions from the Legionella assessment for both surgeries had been conducted. Repeat testing had been planned, in view of the low water temperatures in Old Road West, building work being undertaken and the advanced age of the boilers.</p>

Appropriate and accurate information

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

Any additional evidence
<p>The practice utilised their website to improve the flow of information to and from the practice.</p> <p>The practice gathered feedback from patients through analysis of the results of the NHS Friends and Family Test, as well as comments made on NHS Choices, the national GP survey and a comments and suggestions box in the waiting area.</p>

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>There was ongoing assessment of services and discussion of any suggested improvements. For example, the patient participation group (PPG) were in the process of raising awareness of the PPG, online services, health education and formulating the next patient survey.</p> <p>Members of the patient participation group (PPG) who we spoke with said they felt they were kept informed by the practice. The PPG reported that it was run in an open manner, where everybody was able to raise their thoughts. Ideas raised by the PPG were discussed and implemented where appropriate. The PPG felt involved in the practice and its ongoing improvements.</p>

Any additional evidence
<p>Staff told us they felt valued and supported and were being kept informed about developments within the practice. There was now documentary evidence to support this. They were aware of significant events, complaints and safety issues and they were encouraged to raise concerns or identify areas for improvement to the services provided.</p> <p>Staff appraisals had now been conducted and we saw records to confirm this. All the staff we spoke with knew the appraisal system.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Patients on warfarin (a blood thinning medicine) receiving appropriate monitoring	The practice undertook a search of all patients on warfarin. As a result of the audit, the practice implemented changes to their systems and protocols. For example, ensuring staff were trained on International ratio (INR) blood test results when the lead nurse for warfarin clinics was absent, reviewing all patients at risk of falls to switch to Non-Vitamin K antagonist oral anticoagulants (NOAC) and monitoring of patient records to look for patients that had not had their INR test carried out done within the last 90 days.
Patients on inhalers with no diagnosis of asthma	The practice undertook a search of all patients prescribed inhalers. The audit showed that 275 patients were prescribed an inhaler without a diagnosis of asthma. The practice were implementing changes to their systems and protocols. For example, educating clinicians about use of inhalers, ensuring follow up in asthma clinic if a diagnosis was suspected and not to add inhalers to repeat prescriptions until the patient had been reviewed and a formal diagnosis made.

Any additional evidence
<p>The practice had an improvement plan that was ongoing and under review on a consistent basis. All staff were aware of the plan and actions/tasks they were allocated to support improvements.</p> <p>The leadership drove continuous improvement and staff were accountable for delivering change. There was a focus on continuous learning and improvement at all levels within the practice. There was a clear approach to seeking out and embedding new ways of providing care and treatment. For example, employing staff relevant to the changing needs of their patient list.</p> <p>Formal arrangements for monitoring safety, using information from audits, risk assessments and routine checks had been embedded. For example, the infection control audit and actions to be taken had been completed. There were six clinical audits completed and a further five in the early stages of being conducted, as well as second cycles of previous audits planned. All clinicians were encouraged to complete audits.</p>

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](#)).