

Care Quality Commission

Inspection Evidence Table

ANERLEY SURGERY (1-4224516819)

Inspection date: 31 October 2018

Date of data download: 28 September 2018

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	No
Explanation of any 'No' answers: There were no Disclosure and barring service (DBS) checks obtained for two members of staff who were undertaking chaperone duties. The practice manager told us he was in the process of obtaining DBS checks however, we were not shown any evidence of this. We were told the two staff members who did have DBS were not undertaking chaperoning duties, and only the practice manager or other staff members that had a DBS check were acting as chaperones. When we spoke with one of the staff members without a DBS check they confirmed they had been undertaking chaperone duties. After the inspection the practice provided us with evidence that they had obtained a DBS dated 12 November 2018 for one staff member.	

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
Explanation of any answers:	

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:</p>	<p>Yes September 2018</p>
<p>There was a record of equipment calibration Date of last calibration:</p>	<p>Yes September 2018</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>No</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment Date of completion</p>	<p>Yes January 2018</p>
<p>Actions were identified and completed.</p> <p>We were told other risk assessments could not be found due to a data migration issue from Vision to EMIS. After the inspection the practice provided us with a copy of a health and safety risk assessment dated 30/10/18. We were told fire drills were done every quarter, however we were told they were not recorded. After the inspection the practice provided us with a Fire drill policy dated October 2018 with a review date of January 2019. After the inspection the practice provided evidence of a fire drill undertaken on 1 November 2018.</p>	
<p>Additional observations:</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment:</p>	<p>30 October 2018</p>
<p>Health and safety risk assessment and actions Date of last assessment:</p>	<p>February 2018</p>
<p>Additional comments:</p>	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers: The practice had no paediatric pulse oximeter and had not undertaken a risk assessment for not having one. After the inspection the practice provided evidence to show they had obtained a paediatric pulse oximeter.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers:	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.58	0.80	0.95	No comparison available
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)	3.0%	9.2%	8.7%	No comparison available

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	No
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.	
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes

Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p data-bbox="60 324 1540 436">Explanation of any answers: On the day of the inspection the practice did not hold Furosemide and had not undertaken a risk assessment for not having this, two days after the inspection the practice informed us they obtained this medicine.</p> <p data-bbox="60 504 1540 721">The practice did not have an effective system in place to monitor patients on high risk medicines, for example on the day of the inspection we identified one patient on amiodarone whose blood test was five months overdue. We checked the records of six patients on warfarin and found that out of these six patients four patients had no recent International Normalised Ratio (INR). We were told two patients were on lithium, however only one record could be found, and for this patient, their blood test was five months overdue.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	2
Number of events that required action	2
On the day of the inspection we saw summaries of significant events, however we were not able to see full versions of significant events. We were told this was due to a data migration issue and not being able to access these files on the new computer system.	

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

Event	Specific action taken
Patient had not received medication at her usual pharmacy. Pharmacist informed the patient that the surgery has not sent the request through. Due to this patient has not had medication for two weeks	Contacted patient straight away, patient was offered an appointment to discuss and also bloods taken to ensure levels were fine. Patient was advised if there are any issues in future they should get in touch with the practice straight away and also ask the pharmacy to inform the surgery.
Diabetic patient informed the practice they had been receiving more than the required number of insulin pens despite not requesting for them.	Pharmacist informed and agreed to undertake a medication usage review. To work more closely with pharmacies in order to identify these sorts of incidents with the use of medication usage reviews.

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 system for managing safety alerts was not effective. We were told by the practice manager it could take up to 48 hours to process an alert as the CCG needed to be contacted to carry out searches on the patient recording system. We were shown a recent EpiPen alert that came to the practice. Because the practice was unable to perform their own search, they contacted 3 local pharmacies to see if any of their 85% of patients who subscribe to electronic prescribing were affected. For the 15% of patients who had paper scripts the GP told us, she felt that she would remember any individuals being prescribed this particular EpiPen.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	1.02	0.48	0.83	No comparison available

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)	83.2%	78.6%	79.5%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.5% (16)	8.6%	12.4%	
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 (01/04/2016 to 31/03/2017) (QOF)	91.5%	75.6%	78.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.2% (11)	7.5%	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) (QOF)	80.3%	77.0%	80.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.5% (16)	10.6%	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) (QOF)	87.8%	75.8%	76.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (3)	9.6%	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) (QOF)	100.0%	92.0%	90.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (1)	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) <small>(QOF)</small>	86.8%	80.9%	83.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (3)	3.5%	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) <small>(QOF)</small>	81.3%	85.2%	88.4%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (1)	6.3%	8.2%	
Any additional evidence or comments				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (to) NHS England)	28	32	87.5%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) (NHS England)	37	44	84.1%	Below 90% minimum (variation negative)
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) (to) (NHS England)	38	44	86.4%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) (NHS England)	39	44	88.6%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice disputed this and told us the figures for immunisations were 90% or above. They were unable to run a search to provide us with unverified data for 2017/18 to demonstrate if they were 90% or above.

We reviewed 2017/18 data which was published shortly after this inspection visit and found the practice was above 90% in three immunisations figures and below for one (see below).

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) (to) NHS England)England	21	26	80.8%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) NHS England)	30	33	90.9%	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) (to) NHS England)	31	33	93.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) NHS England)	31	33	93.9%	Met 90% minimum (no variation)

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)	67.8%	73.7%	72.1%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	60.8%	74.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	37.7%	54.2%	54.5%	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)	25.0%	71.8%	71.2%	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)	37.5%	57.8%	51.6%	No comparison available

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)	95.2%	85.4%	90.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (3)	9.5%	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)	100.0%	85.3%	90.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (1)	8.1%	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)	85.7%	81.7%	83.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.2%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	Data Unavailable	539
Overall QOF exception reporting	4.7%	Data Unavailable	5.7%

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) (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 (01/04/2016 to 31/03/2017) (QOF)	97.1%	94.7%	95.3%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (6)	0.4%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>We saw the practice had a consent policy, the practice will use the following</p> <p>Implied Consent</p> <p>Implied consent will be assumed for many routine physical contacts with patients. Where implied consent is to be assumed by the clinician, in all cases, the following will apply:</p> <ul style="list-style-type: none"> • An explanation will be given to the patient with regards to what the clinician is about to do, and why. • The explanation will be sufficient for the patient to understand the procedure. • In all cases where the patient is under 18 years of age, a verbal confirmation of consent will be obtained and entered into the medical record. • Where there is a significant risk to the patient, "Expressed Consent" is to be obtained in all cases (see below). <p>Expressed Consent</p> <p>Expressed consent (written or verbal) will be obtained for any procedure which carries a risk that the patient is likely to consider as being substantial. A note will be made in the medical record detailing the discussion about the consent given and the risks of the procedure. A Consent Form may be used for the patient to express.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	21
Number of CQC comments received which were positive about the service	20
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Patients said they felt the practice provided a good service, reception staff were helpful, friendly, doctors were good at listening, kind, caring and treated them with dignity and respect. Patients said the doctors were professional, knowledgeable, sympathetic. Patients said the practice was good at signposting.</p> <p>The mixed card was relating to a prescription error, which the patient said the issue had been resolved quickly.</p> <p>We spoke with one member of the Patient Participation Group (PPG). The member told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt the practice listened, and the doctors were very caring and supportive and responsive to their needs. The member said the practice always keeps them informed of how things are progressing.</p> <p>The member felt the GP goes beyond her call of duty, she gave an example of where the GP carried out a case study, and checked information offline then got back to her.</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	Surveys sent out	Surveys returned	Survey	% of practice
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population size			Response rate%	population
2600	392	99	25.3%	3.8%

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)	72.0%	88.9%	89.0%	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)	72.9%	86.9%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	90.9%	94.9%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	71.9%	84.2%	83.8%	Comparable with other practices
Any additional evidence or comments				
The practice was not aware of the national GP patient survey, and had not undertaken any of its own patient surveys.				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Date of exercise	Summary of results
N/A	N/A

Any additional evidence
The practice was not aware of the national GP patient survey, and had not undertaken its own patient survey.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with two patients one was extremely happy with the service they received and all comments received were positive. The other was happy with the service but said it was difficult to get an appointment. Patients said that they felt that staff were approachable so they felt that if they needed to give feedback they would be confident to speak directly to staff.

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)	87.4%	93.8%	93.5%	Comparable with other practices
Any additional evidence or comments				

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified more than one percent of their patient list as carers (42) 1.6%.
How the practice supports carers	Offer flu immunisation. Signpost patients
How the practice supports recently bereaved patients	Keep checking on them, offer appointments if required.

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>Staff recognised the importance of patients' dignity and respect.</p> <p>Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.</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
Cards from patients	We saw the GP had received three thank you cards, detailing how kind, and caring the doctor was

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.00am - 6.30pm
Tuesday	8.00am - 6.30pm
Wednesday	8.00am – 8.00pm
Thursday	8.00am - 6.30pm
Friday	8.00am - 6.30pm

Appointments available	
	9.00am-12.00pm / 4.00pm-6.00pm Monday, Tuesday, Friday 9.00am-12pm Thursday. 9.00am-12.00pm / 4.00pm-8.00pm Wednesday
Extended hours opening	
	Wednesday 6:30pm – 8:00pm

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Home visits are managed by call back, a GP will assess a patient and decide if a home visit is necessary.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
Not available	392	99	25.3%	Not available

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)	93.0%	95.1%	94.8%	Comparable with other practices
Any additional evidence or comments				

Indicator	Practice	CCG average	England average	England comparison

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)	68.2%	70.2%	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)	68.1%	70.5%	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)	57.9%	65.4%	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)	77.8%	74.6%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Patients that we spoke to on the day of the inspection, one found it easy to get an appointment the other find it difficult to get an appointment.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We were unable to fully examine complaints as the practice could not show us any of the complaints they had received as we were told these could not be found.	

Example of how quality has improved in response to complaints
Unable to review any complaints to determine how quality has improved.

Any additional evidence
We saw a complaints policy and leaflet available for patients, the complaints process was also visible on the practice website.

Well-led

Leadership capacity and capability

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

Staff told us that leaders in the practice involved them in decisions, and all staff in the practice were clear about their roles and the policies and procedures which guided the way they worked.

The practice held quarterly practice meetings, we were told complaints and significant events would be discussed with staff. We saw minutes of the quarterly meetings. The nurse attending nurse meetings within the Bromley area with other nurses

Vision and strategy

Practice Vision and values

The provider had vision and values. In taking the practice forward it was clear how these vision and values had contributed to how the practice was being managed, the leaders confirmed they needed to have a better understanding of the computer patient management system.

Culture

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

Staff interviewed	Staff told us that they felt the culture of the practice was positive. They told us managers were available and supportive.
Patient interview	Patients said the GP was kind, caring and good at listening
Comments cards	Patients commented that the staff at the practice were very friendly.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	<ul style="list-style-type: none"> • The practice had a range of policies and procedures which met national and local guidelines. All staff were aware of these. • The practice did not have an effective system in place to monitor patients on high risk medicines. • There were ineffective arrangements for managing safety alerts. • Asthma management plans were not documented. After the inspection the practice provided us with evidence of an asthma patient action plan and a protocol for managing asthma patients, which included adding alerts to patients records if the patient's asthma status needed to be reviewed, or if the patient required a review. The practice provided us with evidence of a search undertaken on 1 November 2018 which showed out of 119 patients on the asthma register, 70 had an action plan in past year. • The practice did not have an effective system in place to manage the effective use of their computer system and had not undertaken a risk assessment to mitigate any issues this could cause. • There were no Disclosure and barring service (DBS) checks obtained for two members of staff who were undertaking chaperone duties. After the inspection the practice provided us with evidence that they had obtained a DBS dated 12 November 2018 for one staff member. • A number of documents could not be found on the day of the inspection including risk assessments, significant events records, and complaints. • The system for managing tasks sent to admin was not effective. • There was no formal policy for admin staff handling letters on paper or through Docman.
Other examples	The practice had a system of audits and quality improvement in place.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

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
	We were told a number of risk assessments had been undertaken, however we were unable to see these on the day of the inspection. The practice explained this was due to a data migration error.
	The practice did not have an effective system in place to manage the effective use of their computer system and had not under taken a risk assessment to mitigate any issues this could cause

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The PPG reported that the practice was very receptive to their suggestions, the practice always listens and will makes changes if they can.

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Audit on vitamin D prescribing in practice.	Improvement in the prescribing of vitamin D in line with the local Bromley guidelines

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](#)).