

Care Quality Commission

Inspection Evidence Table

Waverley PMS (1-606141899)

Inspection date: 10 January 2019

Date of data download: 13 December 2018

Overall rating: add overall rating here

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, locum GPs and nurses and level one as a minimum for administration staff.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, community midwives and social workers. to support	Yes

Safeguarding	Y/N/Partial
and protect adults and children at risk of significant harm.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including 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 required medical indemnity insurance had it in place.	Yes
Each staff member had a recruitment and training file. These all contained pre employment checks including (Disclosure and barring) DBS checks, proof of identity, evidence of previous employment, training records, references and evidence of immunisation status.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: November 2018	Yes
There was a record of equipment calibration. Date of last calibration: November 2018	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. These were maintained by the cleaning company but monitored by the practice manager.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: 7 January 2019	Yes
There was a log of fire drills. Date of last drill: 15 November 2018	Yes
There was a record of fire alarm checks. The practice did not have a fire alarm but staff were aware of how to alert staff to a fire.	No
There was a record of fire training for staff.	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been booked with an external company for the end of January 2019. This would include reviewing the previous fire risk assessment	Partial
Actions from previous fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 15 August 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 15 August 2018 Date of legionella assessment: 2017 and due for re assessment at the end of January 2019	Yes
Explanation of any answers and additional evidence: Actions from previous risk assessments had been addressed. For example, replacing broken lights and clearing wires under desks.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: NHS England audit 2017 and in-house infection control audit July 2018. No actions were identified.	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Risks to patients

There were adequate/ gaps in systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Yes

There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>The practice had oxygen and a defibrillator at both the practice and branch practice.</p> <p>Staff had completed online first aid training in the last year. However, the leadership team were considering reinstating face to face practical training to ensure staff had the experience to manage emergency situations.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was 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
<p>Explanation of any answers and additional evidence: All referrals were recorded in the patient record. Patients were contacted 7-10 days following the two-week referral to ensure they had received an appointment from the secondary care service.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.86	0.77	0.94	No statistical variation
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). (01/10/2017 to 30/09/2018) (NHSBSA)	5.6%	8.4%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance. New monitoring records were in the process of being introduced to improve the process for effective audit purposes.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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
There was a process for monitoring patients' health in relation to the use 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, investigation of 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
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes

Medicines management	Y/N/Partial
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
A pharmacist worked at the practice for seven sessions a month and was assisting on tasks including the management of repeat prescribing, high risk medicines and collecting data for medicines audits. The pharmacist was also planning to complete medicine reviews with patients.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and 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:	six
Number of events that required action:	six
Explanation of any answers and additional evidence: There was an established significant event analysis process. All significant events were reported to the practice manager who ensured they were recorded on the significant event form. Significant events were discussed as a standing agenda item at the weekly clinical meetings and details recorded on a spreadsheet so that they could be monitored for trends and action taken where required. Administration staff were included where issues related to administration tasks.	

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

Event	Specific action taken
It was discovered that four vaccines had	The vaccines were disposed of and staff reminded to follow the

been left on the worktop and not within the fridge.	cold chain policy. Action included introducing an additional check by administration staff who checked all clinical areas to ensure vaccines were correctly stored.
A patient was prescribed a specific dose of medicine by hospital consultant. When trying to prescribe the medicine the GP was prompted to issue an alternative medicine by the online formulary. This was prescribed. This alternative medicine had a different dosage. This was identified by the pharmacist and no harm came to the patient.	The correct medicine was prescribed and the consequences discussed at the clinical meeting with the GPs, locum GPs, nurses and the practice manager. Action included checking doses on any 'switched' medicines.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: Any alerts and changes in guidance were discussed at weekly clinical meetings.	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed and processes were in place to monitor the systems used.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated. There was a policy in place for this.	Yes

Prescribing	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) (01/10/2017 to 30/09/2018) (NHSBSA)	1.44	0.97	0.81	No statistical variation
The GPs told us they monitored the use of hypnotics and only issued one month supply each time. These were usually for elderly patients who required night sedation. The clinical team recognised their prescribing was higher in this area and were due to audit and review in order to determine whether it was appropriate or not.				

Older people

Population group rating: Good

Findings

- The practice was able to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Practice staff met with specialist nurses when required and regularly to discuss patients with chronic obstructive pulmonary disease (COPD).
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	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)	74.0%	73.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.2% (13)	10.0%	13.2%	N/A
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)	60.4%	72.7%	77.7%	Variation (negative)
Exception rate (number of exceptions).	3.0% (12)	7.0%	9.8%	N/A
The practice was aware of these negative variations in scores and said they thought the patient population group understanding and engagement in the monitoring of their health influenced scores. There had been an increase in nursing hours to support with patient education and recent unverified data showed an increase in figures from 60.4% to 63%.				

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	70.8%	75.4%	80.1%	No statistical variation
Exception rate (number of exceptions).	4.2% (17)	8.7%	13.5%	N/A
We looked at current unverified data which showed an improvement in these scores from 70.8% to 76% for the two quarters of 2018/19.				

Other long-term conditions	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)	65.2%	74.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (4)	2.9%	7.7%	N/A
More recent (unverified) QOF data provided by the practice showed that this figure had increased from 65.2% to 72%. GPs said an increase in practice nurse sessions was starting to help the scores but added they continued to monitor performance.				
The percentage of patients with COPD who have had a review, undertaken by a healthcare	92.5%	89.3%	89.7%	No statistical variation

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)				
Exception rate (number of exceptions).	0 (0)	7.2%	11.5%	N/A

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)	76.9%	79.3%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.2% (20)	3.3%	4.2%	N/A
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)	86.4%	85.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.4% (3)	8.7%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. Young people could access services for sexual health and contraception.

Child Immunisation	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	40	47	85.1%	Below 90% minimum (variation negative)

31/03/2018)(NHS England)				
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)	52	59	88.1%	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) (01/04/2017 to 31/03/2018) (NHS England)	52	59	88.1%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	54	59	91.5%	Met 90% minimum (no variation)

Any additional evidence or comments

Childhood immunisation uptake rates were lower than World Health Organisation (WHO) targets for one year olds. Staff told us this was due to a non-compliant population group. Proactive follow up was starting to increase these figures. For example, current non verified data provided by the practice showed that the percentage of children aged one year old who had completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) had increased from 85.1% to 87.7%. The percentage of children aged two years old who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) had increased from 88.1% to 94%.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and there was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the practice.

Cancer Indicators	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,	65.0%	68.9%	72.1%	No statistical variation

and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.5%	64.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46.7%	45.8%	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)	54.5%	73.2%	71.3%	N/A
Number of ne cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	43.8%	58.8%	51.6%	No statistical variation

The practice staff were aware of these screening figures and were looking at ways of further engaging with the local population. Data from Public Health England showed that over 62% of the patient population were of mixed ethnicity, Asian, black or white non-English origin. Staff at the practice spoke four different languages and had access to language services but said the culture, compliance and beliefs of some patients prevented access to screening. The staff were looking at ways to improve patient engagement. For example, working with external healthcare staff who spoke other languages.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances. This included: homeless people, people who were housebound, those with mental ill health, vulnerable families and those people with a learning disability. This information was used when identifying and addressing patient needs.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medicines.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	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)	55.2%	86.0%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	0 (0)	6.0%	12.7%	N/A
GPs were aware of these significantly negative variation scores and thought 'coding' could be an issue and were looking at this data. We looked at three patient records in detail and saw that in all three records, two thirds of the care plan had been completed.				
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)	75.9%	85.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	3.6%	10.5%	N/A
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)	81.8%	84.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.3% (1)	4.7%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	487.7	-	537.5
Overall QOF exception reporting (all domains)	3.6%	4.9%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives. These had been limited to local medicine audits in recent months.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>Osteoporosis medicine audit.</p> <p>The purpose of the audit was to review patients taking medicines for osteoporosis for at least five years using the parameters set by the Greenwich CCG with the view to initiate a treatment break (holiday).</p> <p>62 patients had been identified to be receiving the medicines in the last 12 months. Of these, 54 had been excluded in line with the criteria detailed by the audit. Seven (11%) had been included within the audit. Four of the patients who did have recent bone density scans documented had a score applied to them which suggested that patient could stop taking the medicine. This was discussed with both the clinicians and patients. Treatment was subsequently stopped in line with local guidance following an agreement with both parties.</p> <p>The plan was to re audit in six months' time.</p>
<p>Opioid Pain medication (Tramadol) to treat severe pain audit.</p> <p>The purpose aimed to audit and review prescribing of tramadol at the practice to ensure its use was appropriate and did not interact with other medicines used. The audit aimed to discourage long term use and change the brand where appropriate to ensure practice was in line with national recommendations (NICE, 2019) regarding minimising side effects and/or dependency.</p> <p>The first audit cycle identified 92 patients. Of these, 86 had been prescribed tramadol after trying other pain relief medicines. The most common reason for taking the medicine was lower back pain. All patients received a review of their medicine and were offered alternatives.</p> <p>A repeat of the audit showed that the number of patients taking the medicine had reduced to 13.</p>

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development. This included personal development and practice development learning where the practice was shut and calls put through to the out of hours provider.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary (MDT) case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence: The multi-disciplinary team meetings were in the process of being reinstated following a spell of meetings not being fully attended by the MDT members. The next meeting had been scheduled for February 2019. GPs had spoken with other health care professionals on an ad hoc basis regarding palliative care needs where the need arose to ensure patient needs were met.	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

Smoking Indicator	Practice	CCG average	England average	England comparison
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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)	87.7%	93.7%	95.1%	Variation (negative)
Exception rate (number of exceptions).	0.9% (11)	0.6%	0.8%	N/A

Any additional evidence or comments

GPs were aware of this negative variation in scores and thought 'coding' within the patient records could be an issue and were investigating this.

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Partial
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence:	
Consent was recorded within the patient records and prompts used on clinical templates Where minor surgery was offered, written consent was obtained and then scanned onto the patient records. Where patients first language was not English, the GP used translation services or family members (with consent). This was done to ensure patients were aware of the risks and benefits of the surgery.	
Staff were aware of the Mental Capacity Act responsibilities but not all staff were fully aware of their individual role in this or when making a best interest decision. For example, one member of staff was not fully aware of the correct process to follow but gave assurances that they would continue to discuss any capacity with colleagues at the clinical meetings and attend refresher training.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Practice staff had in-depth knowledge of patients and were able to offer consistency of care due to the longstanding GP partners. Patients said the GPs and nursing staff were friendly, supportive and gave good care.	

CQC comments cards

Total comments cards received.	16
Number of CQC comments received which were positive about the service.	10
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	0
The comment cards were strongly positive about the GPs, nurses, care and treatment received. Mixed comment cards were negative about the access to the service.	

Source	Feedback
Interviews with two patients	We spoke with two patients whose views reflected the comment cards. Patients said staff were kind, helpful and caring. A parent said they appreciated that children were always seen on the first day.

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 changed in 2018.

Practice	Surveys sent out	Surveys returned	Survey Response	% of practice
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population size			rate%	population
4599	367	104	28.2%	2.26%

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)	65.5%	86.0%	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)	62.1%	84.2%	87.4%	Significant 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)	79.8%	93.8%	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)	68.0%	81.3%	83.8%	No statistical variation

Any additional evidence or comments
The practice manager said they were aware of the national survey findings and said our comment cards reflected the more recent improved feedback from the practice's own internal survey. Since the national patient survey results the practice had introduced additional telephone consultations. The introduction of the community hub extended hours had helped improve access for patients. This had previously been negatively reported on by patients.

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

Any additional evidence
The last three months (October- December 2018) of the Friends and Family test reflected improving patient feedback and gave 132 results. Of these, 105 said they'd be extremely likely or likely to recommend the practice 10 said they'd be neither likely or unlikely, 14 said they would be unlikely or extremely unlikely to recommend the practice and three did not know.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Data from Public Health England showed that over 62% of the patient population were of mixed ethnicity, Asian, black or white non-English origin. Staff at the practice spoke four different languages and had access to language services. However, staff told us the culture, compliance and beliefs of some patients prevented access to screening and services. Staff added that community services were available at the town hall where signposting and support services were available in variety of languages.	

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)	84.8%	90.2%	93.5%	No statistical variation

	Y/N/Partial
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
A small number of information leaflets were available in other languages. Other leaflets were made available from within the locality.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage of carers identified.	1.29% Patients were identified at registration and within patient consultations.
How the practice supported carers.	Once identified, these patients were automatically offered longer appointments and given information or signposted to additional services.
How the practice supported recently bereaved patients.	Bereaved patients were sent a bereavement card and given leaflets of where to access further support. The GP most familiar with the patient would be the point of contact for any follow up care.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
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
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

Practice Opening Times		
Day	Time	
Opening times:		
	Main Practice	Branch Surgery
Monday	8am-6.30pm	9am-1pm
Tuesday	8am-7.30pm	9am-1pm
Wednesday	8am-7.30pm	9am-1pm
Thursday	8am-6.30pm	9am-1pm
Friday	8am-6.30pm	9am-1pm
Appointments available:		

	Main practice	Branch Surgery
Monday	9am-1pm and 3pm-5pm	9am-1pm
Tuesday	9am-1pm and 4pm-7.30pm	9am-1pm
Wednesday	9am-1pm and 4pm-7.30pm	9am-1pm
Thursday	9am-1pm and 4pm-5pm	9am-1pm
Friday	9am-1pm and 4pm-6.30pm	9am-1pm

Extended hours were offered on Tuesdays and Wednesdays until 7.30pm and as part of local agreement at the community hub. These extended hours were offered each day between 4pm and 8pm and between 8am and 8pm on Saturdays, Sundays and Bank Holidays. The practice were able to offer up to two patients hub appointments until 3pm during the week and then unlimited at the weekends. Appointments were accessed by the practice or via the NHS 111 service. Staff said this had helped reduce pressures on appointments

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4599	367	104	28.2%	2.26%

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)	77.6%	92.8%	94.8%	Significant Variation (negative)
We saw more recent survey data to show that patient satisfaction around appointments and care had improved. For example, there had been improvements in the last three months of the Friends and Family test.				

Older people

Population group rating: **Good**

Findings

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could access extended hours appointments on a Tuesday and Wednesday evening and at a local community hub as part of locality services. Appointments were available Saturday and Sundays between 8am and 8pm.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, housebound, vulnerable adults and families those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

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)	71.3%	68.4%	70.3%	N/A
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)	53.4%	66.0%	68.6%	No statistical variation
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)	58.8%	63.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of	53.2%	66.7%	74.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)				

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	12
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: There had been a trend of negative feedback and complaints about the access to appointments. Since this time the practice had introduced additional telephone appointments and the introduction of the community out of hours extended hours hub had been introduced which had reduced the amount of negative feedback.	

Example(s) of learning from complaints.

Complaint	Specific action taken
The GP had suggested a patient accessed an alternative 'over the counter medicine' for a condition which would be cheaper for the patient and practice.	The patient had complained that the alternative was not as effective. The patient was given an apology and given a prescription for the preferred product.
A patient had requested a repeat prescription at short notice at the branch surgery. The GP was not at the branch to authorise the practice so request was refused as the request was outside the practice requested 36-hour timescale. The patient was also been asked to complete a request form which they said was too small to complete.	The patient was given an apology, advised of the online services available and services offered by the local pharmacy. The patient was offered the opportunity to attend the main branch and thanked for feedback about the form. The form was redesigned onto an A5 form which was easier to read.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate and inclusive leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: Leaders were knowledgeable about issues and priorities relating to the quality and future of services. The leadership team understood the challenges and were addressing them. For example, working with other practices within the area (Locally called a 'Syndicate').	
Staff said the GPs and practice manager were visible and approachable and added that communication either informally, electronically or during staff meetings was good.	

Vision and strategy

The practice had a clear vision and credible strategy to provide sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The strategy was in line with health and social care priorities across the local area. The practice worked with local GP practices within the syndicate and community organisations (hubs) to offer patients additional services including minor surgery and extended hours.	

Culture

The practice had a culture which drove sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and	Yes

values.	
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was an emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: Staff said the practice was a good and supportive place to work. Patient comment cards and patients spoken to said the staff were supportive, caring and professional.	
There were processes for providing all staff with the professional development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.	
Staff said that because the practice was quite small communication was effective and a mix of formal and informal meetings.	

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

Source	Feedback
Seven staff questionnaires	All seven questionnaires contained positive comments about working at the practice. Staff said that although the practice was 'busy' and 'hectic' but that it was a 'good' and 'supportive' place to work. Staff said they would appreciate additional staff and added that the 'clinicians and management team were caring and approachable'.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
The majority of governance arrangements were well established at the practice. However, some processes had been identified as needing further attention.	
For example:	
<ul style="list-style-type: none"> • Infection control audits and fridge temperature monitoring were completed by nursing staff. These were detailed and any actions were acted upon promptly. • The nursing team were responsible for the maintenance of emergency equipment in the practice. 	

Checklists were maintained and monitored to highlight when medicine or equipment expiry dates were approaching.

- Risk assessments for fire, health and safety, waste management and cleaning systems were maintained.
- Recruitment records and checks were complete.
- Practice policies had been reviewed in the last year.
- Records and minutes of meetings relating to complaint and significant events reflected the actions and discussions completed.
- Systems were in place to monitor two week wait referrals to ensure patients had received an appointment within the suggested timeframe.
- Minor surgery audits were maintained to monitor any post-operative complications.

It had been recognised that further action was required on clinical audit and quality outcome framework and childhood immunisation targets.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: The practice manager reacted promptly when improvements were identified. For example, ensuring emergency equipment was available at the branch practice, when improvements were required to prescription stationary monitoring and updates to policies to be made.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
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Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The practice worked with other practices within the area (Syndicate) to share resources, support and apply for additional services.	

Feedback from Patient Participation Group.

Feedback
The practice had a small but active Patient Participation Group (PPG) who offered feedback on the services offered. For example, the PPG had been consulted about questions to be included in the internal survey and had requested alternative seating and redecoration of communal areas of the practice. These suggestions had all been implemented. The PPG also facilitated themed notice boards in waiting areas and had been instrumental in setting up 'educational talks' for patients.

Any additional evidence

Staff were also encouraged to suggest changes and offer feedback. Staff had suggested extending appointment length for patient reviews which had been implemented.

Continuous improvement and innovation

There were / there was little evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

The practice was one of four in the locality (syndicate) who shared resources, support and application to access additional services and equipment. The syndicate also facilitate educational talks and speakers including personnel from public health the CCG and clinical specialists.

The practice had employed a clinical pharmacist for seven sessions a month who assisted with repeat prescribing issues, introducing information leaflets for patients, helping with medicine audits and was planning to host medicine reviews.

GPs at the practice offered a minor surgery and vasectomy service for patients and those in the locality. The GP completed approximately 350 vasectomies per year for Greenwich, Bexley and Bromley CCGs. Audits showed low (less than 1%) complication (infection and bleeding) rates.

One of the GPs had an interest in women's health and provided advice and guidance on infertility, menstrual services and menopause issues.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, 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 no statistical variation 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	No statistical variation	$-2 < Z < 2$
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:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **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.