

Care Quality Commission

Inspection Evidence Table

The Redcliffe Surgery (1-572868905)

Inspection date: 8 January 2019

Date of data download: 04 January 2019

Overall rating: Good

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

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

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:	Y July 2018
There was a record of equipment calibration. Date of last calibration:	Y July 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	N/A
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y Oct 2018
There was a log of fire drills. Date of last drill:	Y Jan 2018
There was a record of fire alarm checks. Date of last check:	Y Oct 2018
There was a record of fire training for staff. Date of last training:	Y Oct 2018
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y Oct 2018
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y April 2108
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y Dec 2018

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	July 2017
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Risks to patients

There were adequate 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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

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) <small>NHS Business Service Authority - NHSBSA</small>	0.48	0.55	0.94	Significant Variation (positive)
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) <small>(NHSBSA)</small>	13.6%	10.7%	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.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	N/A

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	10
Number of events that required action:	6

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

Event	Specific action taken
The district nurses had forwarded a result to an individual clinician's inbox who had been away at the time. The patient's daughter had to call the practice to enquire about the warfarin dosing as the duty doctor had not received the task as it was not forwarded to them for action as above.	The practice developed a protocol to ensure tasks from the district nurses were not sent to a specific clinician. These are to be sent to the administration team and if urgent (including any INR blood results), the duty doctor is to be alerted.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was/ was not 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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	

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) <small>(NHSBSA)</small>	1.33	0.89	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool 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.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- 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) <small>(QOF)</small>	73.2%	78.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.7% (14)	11.1%	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) <small>(QOF)</small>	71.1%	77.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.0% (23)	9.4%	9.8%	N/A

	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) <small>(QOF)</small>	82.9%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.4% (32)	11.0%	13.5%	N/A

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) <small>(QOF)</small>	73.3%	79.0%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.8% (10)	4.7%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.5%	89.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	3.3% (4)	10.2%	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)	75.9%	80.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.4% (27)	4.4%	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)	85.9%	87.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.9% (11)	6.7%	6.7%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets.
- 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 31/03/2018) (NHS England)	110	126	87.3%	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) (01/04/2017 to 31/03/2018) (NHS England)	96	126	76.2%	Below 80% (Significant 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)	89	126	70.6%	Below 80% (Significant 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)	96	126	76.2%	Below 80% (Significant variation negative)

Any additional evidence or comments

The practice was aware that their childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. They said this was due to patients either taking their children elsewhere ie private or making decisions not to immunise. However, they would continue to follow up with patients who did not attend.

Working age people (including those

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. 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 medication without the need to attend the surgery.

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, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	58.4%	54.3%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	58.8%	56.2%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	43.4%	37.9%	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. (01/04/2017 to 31/03/2018) (PHE)	69.6%	62.6%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	48.5%	53.2%	51.9%	No statistical variation

Any additional evidence or comments

The practice was aware of their low uptake for cervical smears and said this was due to a high number of their patients having the test carried out privately. However, they continued to pursue women who did not attend for their appointments.

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 including homeless people, travellers and those with a learning disability.
- 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.
- The practice reviewed young patients at local residential homes.

**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 medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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.
- All staff had received dementia training in the last 12 months.

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)	92.0%	91.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.9% (11)	8.7%	12.7%	N/A
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)	88.0%	92.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.4% (10)	7.1%	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)	90.7%	89.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (1)	5.8%	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)	533.7	532.5	537.5
Overall QOF exception reporting (all domains)	4.3%	6.7%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

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

The practice had carried out a number of quality improvement evaluations over the past year, for example:

- An audit of Safety indicators for patients established on warfarin. As a result of their findings they updated their policy to include information about what to do to monitor INR over weekend for patients.
- A quality improvement project for children with Asthma to ensure they were provided with written guidance in the form of a personal Asthma plan. The practice identified that of the 103 children on their register there were no records of any personalised plans and only 27% had had an annual; review. They developed a strategy to address this which included:
 - All children to have a named responsible doctor
 - Recall by birth month and at review complete the plan
 - Checks can be carried out by a GP or the practice nurse

On re-audit they found 50% had had a review and 23% had action plans.

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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

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 case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.0%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (18)	1.3%	0.8%	N/A

Consent to care and treatment

The practice 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 for was documented in patients records	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	38
Number of CQC comments received which were positive about the service.	37
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment Card - CQC	-GPs are always caring and knowledgeable
As above	All staff are friendly and helpful
Friends and Family	<p>Question - How likely are you to recommend our service to friends and family if they need similar care or treatment?</p> <p>Results</p> <p>Extremely likely – 60%</p> <p>Likely – 36%</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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10279	426	89	20.9%	0.87%

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)	94.8%	88.4%	89.0%	No statistical variation
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)	89.7%	86.5%	87.4%	No statistical variation
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)	96.6%	95.0%	95.6%	No statistical variation
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)	88.0%	83.2%	83.8%	No statistical variation

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

Any additional evidence		
The practice carries out an annual patient survey which included the following question.		
How satisfied you are with the following :		
	Very Satisfied	Fairly satisfied
Phone answering -	51%	34%
Customer care	68%	25%
Online services	23%	17%
Getting same day care, through our telephone call back system (Triage)	43%	21%
Having a named GP	49%	18%

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	<p>Very happy with the service</p> <p>Very good at continuity of care</p> <p>Pro-active in contacting patients on long term medication</p>

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	92.5%	93.1%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	119 on register (1%)
How the practice supported carers.	Offered flexible access and annual; review for screening for physical and mental health needs. Links to social services for carers needs assessment referrals Weekly on-site carers hub run Carers Network
How the practice supported recently bereaved patients.	GP would call the patients and offer a visit.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

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.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	08.00 – 20.30
Tuesday	08.00 – 20.30
Wednesday	08.00 – 20.30
Thursday	08.00 – 20.30
Friday	08.00 – 18.30
Appointments available:	
Monday	As above
Tuesday	
Wednesday	
Thursday	
Friday	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10279	426	89	20.9%	0.87%

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)	90.0%	94.0%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good.

Findings

The practice was rated as good for providing responsive services for older people because:

The Redcliffe Surgery has a lower than national but higher than local prevalence of older adults with 6.2 % of registered patients over 75 years. Of these 672 patients there is a higher prevalence of those over 85 (178), and of those who are housebound (82). They have a mixed socioeconomic demographic with many older adults living alone, with more social isolation and higher mental health needs. (income Depr – Older people 24.5%)

The GPs told us they aspired to create a community of care across the statutory, voluntary sector and local community groups. They said they worked together in order to meet patients physical, emotional and social needs in ways that worked for them, to improve their health and wellbeing

- All older patients had a named receptionist link worker, and a named GP responsible for their planned and unplanned care. They also had a Health and Social Care coordinator who provided support to the patients, their families and carers to provide to provide them with skills and tools needed to better manage their health and social care needs and reduce social isolation.
- The practice used a self-care assessment tool - Patient Activated Motivation Scores (PAMS) for older adult patients. The average PAM score change for Redcliffe Surgery's patients receiving integrated care was a 1 point increase over a year, which evidences significant improvement. (In general an improvement by one point correlates to 2% reduction in likelihood of hospital admission);
- The Health and Social care assistant had arranged a coffee morning for older adults to reduce social isolation, and to introduce locally available events such as yoga. It was attended by 25 patients. Of the 25 participants attending 5 new patients had taken up self-care activities and

engaged with case management.

- The practice offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In order to support their person centred coordinated model of care they prioritise good communication and held weekly practice multidisciplinary team meetings (MDT) for case discussion of vulnerable older patients attended by Health and Social Care coordinator, Mental Health workers, District Nurses, GPs, practice pharmacist and the practice nurse.
- They also had an older adult clinical lead GP who ran monthly MDT meetings with wider attendance such as social care, Carers Network and palliative care nurses. This was to share local service updates and look at aspects of older adult care and to ensure their care plans were reviewed and followed.
- A practice partner and the practice manager lead on older adult integrated care team development for the local Primary Care Network which covered 48K population.
- The practice was also participating in an integrated community team pilot using quality improvement (QI) methodology to identify a patient cohort of high users of unplanned care and to test new ways of working with patients to address triggers for use of unplanned care such as anxiety, social isolation, frailty, or end of life.
- The GPs told us the impact of team working, collaboration, and valuing and nurturing professional skills with one-stop solutions had reduced onward referrals to secondary care and duplication of work. This was evidenced by a 30% reduction in GP appointments in case managed older adults and a reduction in home visits for GPs;
- The practice had established a Learning Lab in April 2018, which had developed a self-rating questionnaire for the extended team to reflect on their performance against their integrated care principles (such as patient focused and proactive care, prioritising risk, and team work). The output from the Learning Lab has included an increase of GP patient sessions for older people from 3 to 6.
- 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.
- There was a medicines delivery service for housebound patients and they also provided blood testing at home for older people.

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 and community matrons 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.
- The practice held virtual clinics with consultants in relation to COPD

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until at appropriate times 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. Records we looked at confirmed this.
- 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.
- The practice was open until 8.30pm on a Monday to Thursday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP hub. Appointments were available Saturday and Sunday 10am until 1pm.

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, travellers and 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: Outstanding

Findings

The practice was rated as outstanding for providing responsive mental health services because:

- The involvement of other organisations and the local community was integral to how services were planned and ensures that services met people's needs.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex mental health needs

The practice had a high prevalence of mental health needs with 2.2% of their patients had severe mental health and 9% with common mental health (including 10% of those with complex common mental health needs); and average dementia

They offered a personalised holistic approach to care for those with serious and longer term, common mental health needs, and dementia. They worked in partnership with the Community Living Well Service (CLW) offering a pro-active and preventative approach for their patients and carers with Mental Health needs.

When supporting these patients they used words such as *hope, resilience and well-being*, and *enduring recovery*. CLW and the GPs were the accountable clinicians who brought together a menu of services to wrap round the individual with mental health needs, to improve the mental, physical and social resilience.

Their integrated primary care offer for those with Mental Health needs included:

- a named doctor, and a named receptionist, where required to give continuity (all SMI and complex Common mental health)
- a comprehensive bio-psychosocial annual review to identify needs and a minimum of two proactive follow-up appointments to help engage patients especially those who were hard to reach
- longer appointments and re-call including involvement of a CPN for outreach where no response has been received
- a meaningful care plan to detail how needs are to be met and linking it to CWL services;
- regular use of well being rating scales - The Short Warwick-Edinburgh Mental Well-being Scale (SWEMHWB) to measure impact of care plans encouraging GPs to have wider conversations;
- allocation of a case manager (CLW CPN) for those who are have complex needs (for example for

medication review or support for a physical health review such as Diabetes eye testing);

- use of navigators to help fulfil identified social needs, for example debt advice, benefits support;
- employment support workers and peer support for social connectivity
- For patients with dementia they were offered an integrated personalised care through the GP and My Care My Way (MCMW) who also worked closely with the memory assessment service and Age UK Dementia Services.
- 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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	86.7%	n/a	70.3%	-
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)	70.7%	73.8%	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)	72.6%	72.5%	65.9%	No statistical variation
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)	77.2%	74.7%	74.4%	No statistical variation

Source	Feedback
NHS Choices	Really kind and helpful service today From a hardworking receptionist determined to secure an appointment with a senior GP partner to a sympathetic yet professional consultation with the doctor of my choice, my latest contact with the Redcliffe Surgery was a model of outstanding quality care.

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.	7
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy about cancelled nursing appointments	The practice set up a nursing grid showing nursing availability to help reception staff with booking nursing appointments

Well-led

Rating: Outstanding

The practice was rated as outstanding for providing well-led services because:

- The leadership drove continuous improvement and staff were accountable for delivering change. They held annual away days for all staff where they updated the business plan and strategy, including key priorities for the year. All staff would then be part of working groups to implement changes. They had protected time for learning sessions on a monthly basis to bring together the practice staff to feedback proposals from each working group and to reach agreement.
- There was a clear proactive approach to seeking out new ways of providing care and treatment. The practice recently introduced two new roles into the practice, case managers and the practice pharmacist which has freed up two hours a day of doctor time to enable them to do other medical tasks.
- The practice had developed a patient partnership charter in conjunction with the PPG that stated the practice vision and what the patients could expect from the practice and in turn what the practice expected from patients.
- Safe innovation was encouraged, for example we saw the Health and Social care assistant had arranged a coffee morning for older adults to reduce social isolation, and to introduce locally available events such as yoga.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and	Y

external partners.	
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had reviewed and revised its vision and values following their away day in 2018 to take account of the new challenges facing primary care. The revised vision and values included an updated practice charter defining how they worked as a team to facilitate an open and honest culture.</p> <p>They prioritised three key developmental areas from the away day and each had a working group consisting of a partner, receptionist/admin, salaried GP and a nurse or HCA. The three areas were:</p> <ul style="list-style-type: none"> • Access - Despite a national survey which showed their patients were mainly happy with access, as a practice they wanted to improve access further. The aim was to move their baseline of 72 appointments per 1000 weighted patients to 100 appointments per 1,000 of face to face / telephone appointments. • Staff retention – had been a challenge for the practice over the past few years. This group instigated more practice social events, baking cakes for birthdays, and sharing all patient compliments for staff. In the past 6 months there has been no staff turnover, a significant improvement from the previous 24 months. • Continuity of care - A practice survey in 2017 highlighted continuity of care as an issue, especially for those with complex or chronic conditions. The practice immediately implemented extra routine bookable telephone consultations for patients with complex or chronic conditions to ensure that they could speak to their named doctor in a timely fashion. They also expanded the group of patients with complex conditions, to include all those who have a named doctor who leads their care (for example patients with long term mental health needs). Further, they now offer a named receptionist to be a point of contact for all those with complex chronic conditions. <p>They have protected time for learning sessions on a monthly basis to bring together the practice staff to feedback proposals from each working group and to reach agreement from the whole team towards implementing improvements. They revisit the vision and practice and patient charters at each meeting to consider what has been achieved and what can be improved further.</p>	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice believed that a benefit of regular time with staff enabled them to develop, learn and had led to faster and better implementation of improvements. The leaders said it enabled all staff to contribute ideas.</p>	

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

Source	Feedback
Staff	I feel well supported all the time. I can attend any training I identify and can raise anything with any of the seniors.

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 which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice manager felt that a further benefit of regular staff meetings enabled staff to understand new roles better, such as the practice pharmacist.</p>	

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 which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Appropriate and accurate information

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

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

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.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. The practice held regular staff away days to ensure all staff had the opportunity to contribute to the practice strategy and the patient charter.	

Feedback from Patient Participation Group.

Feedback
The Patient Participation Group (PPG) meets six times a year and they felt very involved in the running of the practice. They told us they felt their role was to gather regular patient feedback and input to help shape future developments, for example in relation to the proposed new site. They had also been involved in developing the Patient Partnership document, which was another suggestion from the away day. The Patient Partnership documents demonstrated how the practice wants to work in partnership with their patients to achieve the best outcomes for their care.

Any additional evidence

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Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

The Practice operated as a learning organisation with opportunities for all staff to improve their leadership and involvement in practice activities such as:

- The Health Care assistant was training to be a practice nurse.
- Administrative staff leading on non-clinical areas such as the practice environment and social activity planning.
- Clinicians (doctors nurse and pharmacist) lead on designated clinical areas such as homeless and learning disability and areas such as commissioning.

A partner and the practice manager are leading for the locality in developing the integrated community team for the local South network of GP practices (population of 48k).

The practice was a teaching practice for ITP trainees, foundation doctors and medical students.

The was in the process of piloting new roles such as case manager and pharmacist.

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 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.
- 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 uses a rules based approach for scoring, due to the distribution of the data

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.