

Care Quality Commission

Inspection Evidence Table

Dysart Surgery (1-551388737)

Inspection date: 12 February 2019

Date of data download: 06 February 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.	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, including locum GPs).	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	Yes

Safeguarding	Y/N/Partial
professionals such as health visitors, school nurses, community midwives and social workers. to support 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 for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes

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: 26 April 2018	Yes
There was a record of equipment calibration. Date of last calibration: 20 November 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure. April 2018	Yes
There was a record of fire extinguisher checks. Date of last check: 16 April 2018	Yes
There was a log of fire drills. Date of last drill: 16 June 2018	Yes
There was a record of fire alarm checks. Date of last check: 25 January 2019	Yes
There was a record of fire training for staff. Date of last training: e-learning various dates	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: July 2018	
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: Signage had been put up warning of hazardous materials on site.	

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

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: September 2018	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 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
There was a computerised alarm system 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 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	Yes

impact on safety.	
Written guidance was available for staff to use to help them identify and manage patients with severe infections such as sepsis. Records showed that all staff had received relevant training in the recognition and management of patients with severe infections such as sepsis.	

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

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)	0.67	0.79	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)	6.0%	9.3%	8.7%	No statistical variation
Average daily quantity per item for	6.81	6.82	5.64	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.08	1.51	2.22	Variation (positive)

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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	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
For 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

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes

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:	Eight
Number of events that required action:	Eight

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

Event	Specific action taken
An incorrect vaccination had been administered	Copies of the protocols for administering different vaccines were laminated and placed prominently in the treatment room where the vaccinations were administered.
There had been a failure in the document management system linking the GPs actions to the administration services that supported the GPs action	There had been a review of the processes and technology to help ensure that the tasks that the GPs raised with the administrators were correctly received. The practice had undertaken further work to check that the new systems were effective.

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

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.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	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) <small>(NHSBSA)</small>	0.25	0.47	0.81	Variation (positive)

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.
- The patient's named doctor, rather than a duty doctor, undertook the home visit wherever possible. Housebound patients were therefore afforded the same level of continuity as non-housebound patients.
- 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice engaged closely with the local Integrated Care Network. This was a clinical commissioning group (CCG) the multidisciplinary team (MDT) who supported patients with complex needs. The practice appointed a lead administrator to coordinate communication between the MDT and the patient's GP.

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>	82.6%	75.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	12.0% (54)	9.0%	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) <small>(QOF)</small>	78.0%	75.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.1% (41)	9.2%	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>	77.1%	77.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	12.7% (57)	11.1%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England	England
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			average	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>	71.5%	73.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.5% (11)	8.1%	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>	93.1%	90.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.0% (1)	12.0%	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) <small>(QOF)</small>	81.3%	79.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.3% (38)	3.9%	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) <small>(QOF)</small>	85.9%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (2)	5.5%	6.7%	N/A

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)	136	153	88.9%	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)	153	173	88.4%	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)	156	173	90.2%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	155	173	89.6%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice was aware that their returns for child immunisation were below the target level. They had worked hard to identify the reasons for this. Those reasons included a large cohort of foreign nationals, many Eastern Europeans, where the immunisations status of the children was not clear and for whom the practice had no records. Other reasons included a substantial turnover of patients. The practice had identified the families who had not had the vaccinations. Each GP had been allocated a small number of families to follow up. The practice's experience was that if families received a telephone call, and an explanation, from a GP they were more likely to respond than, for example, to a letter. As a result of this work the practice produced, unverified, data that all the WHO targets had been met with a minimum 92% immunisation rate.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine.
- 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.
- There were appointments, on Saturdays, to cater for patients with long-term conditions who were working.

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)	67.4%	73.2%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	72.7%	74.3%	70.0%	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)	55.9%	55.4%	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)	65.5%	74.9%	70.2%	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)	55.9%	55.8%	51.9%	No statistical variation

Any additional evidence or comments

The practice was aware of the lower than average take up of cervical smears. Their analysis of the figures suggested that they were in keeping with the CCG average for the uptake by patients aged 50-64 years olds but were dropping below the CCG average with the younger patients (25-49yrs). To encourage a better uptake for these patients the practice had been holding Saturday morning smear clinics and extended access clinics in the early mornings.

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 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 patients at a local extra care 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 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.
- The practice had reviewed the prescribing of a group of medicines with known side effects on patients suffering from dementia. As a result, they have made changes to the prescribing practice, in some cases, so as to reduce the burden of these side effects.
- All staff had received dementia training.

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)	87.8%	86.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.7% (4)	10.3%	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)	75.0%	84.8%	90.0%	No statistical variation

Exception rate (number of exceptions).	7.0% (6)	8.2%	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)	78.6%	80.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.1% (3)	4.8%	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)	542.2	532.2	537.5
Overall QOF exception reporting (all domains)	4.3%	4.6%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	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

The practice conducted a review of the anticholinergic drug burden on patients with dementia. Overall this identified prescribing was balanced and safe. However, they were able to identify areas for change to improve the anticholinergic for some patients.

The practice had noted that their prevalence of osteoporosis fell below the national average. A review of patients' records identified that this was primarily an issue of how clinicians coded their findings in the patient's record. Appropriate patients were followed up with investigations. Prior to this audit there were 25 patients recorded as having osteoporosis. This process led to a further 50 patients being correctly coded and who were, therefore, being treated accordingly.

There had been an audit of direct-acting oral anticoagulants. These medicines require careful monitoring and a quite complex calculation of underlying data to ensure safe prescribing. The audit, amongst other things, looked at the numbers of patients where the calculation had been carried out. The first cycle, August 2017, identified that in 27% of cases the calculation had been carried out. This was discussed at clinical meeting and the importance of the issue emphasised. A second cycle, December 2017, identified that the calculation had been carried out in 69% of cases.

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.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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, paramedics, pharmacists and physician associates.	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 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.	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

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
The practice funded a full-time care navigator. This person referred patients to healthy support groups such as "walking away from diabetes" and "my time active" a support group for those with heart conditions.	

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>	92.0%	94.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (17)	0.5%	0.8%	N/A

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.	Yes
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

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
<p>The practice had been a founder member of two separate projects aimed at supporting vulnerable patients and their carers. When these had ended, the practice recognised that this meant a lack of focus on these patients' wellbeing. To address this the practice had funded a full-time role of care navigator. The care navigators had undertaken specialist training. This included safeguarding children (level2) and adults, dealing with domestic violence and female genital mutilation, understanding mental health as well as gaining an extensive knowledge of the available support locally.</p> <p>Appropriate patients were asked by GPs and nurses if they would like support and if they did the care navigator would, generally, see them after their consultation or contact them if the patient did not have time on the occasion of the first referral. The care navigator dealt with approximately five referrals a week.</p> <p>The care navigator signposted patients to a variety of supportive services. These ranged from financial advice, to respite care for carers, to activities aimed to reduce social isolation such as coffee mornings and knitting circles. The practice reviewed all unplanned admissions to hospital.</p> <p>There was evidence of treating patients as individuals, this included seeing patients who were claustrophobic outside the confines of the practice for example in the practice's car park. Patients with learning disabilities were encouraged to attend at the beginning of a clinic so that they were seen promptly. GPs and nurses had longer appointments for these patients.</p>	

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	21
Number of comments cards received which were mixed about the service.	none
Number of CQC comments received which were negative about the service.	none

Source	Feedback
Comment cards	All the comment cards were positive. Of the 21 cards 11 cards specifically used the words care or caring.
NHS choices	There had been 15 reviews of the practice over the last two years. Every review rated the practice with 5*. Areas commented on included: the helpfulness of reception staff, the ease of obtaining appointments, a caring attitude and the professional knowledge of GPs and other healthcare staff.

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
11976	289	109	37.7%	0.91%

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)	88.3%	89.0%	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)	88.6%	87.0%	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)	93.1%	94.9%	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)	78.4%	84.3%	83.8%	No statistical variation

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

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

Source	Feedback
Interviews with patients.	We spoke with four patients. All were pleased with the care they had received. They talked of being looked after by a caring traditional family GP, where they were known by the GPs and staff.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.4%	93.8%	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
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 165 carers. This is approximately 2% of the practice population.

How the practice supported carers.	<p>The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. Patients who were also carers were offered influenza vaccinations annually. The practice's computer system alerted staff if a patient was also known to be a carer.</p> <p>In suitable cases carers were referred to a local social action provider, aiming to support people's independence and reduce social isolation.</p> <p>The practice website contained links for further sources of support and the waiting room had information, signposting and sources of support.</p>
How the practice supported recently bereaved patients.	<p>All bereavements were notified to all staff so they are aware when talking to relatives. Relatives were offered a consultation either by telephone or a home visit.</p> <p>The care navigator attended all the Gold Standard Framework meetings (dealing with end of life care) so was prepared to help and assist families when asked. They also provided help by signposting relatives to other support services where appropriate.</p> <p>All deaths in the practice were discussed at the weekly clinical meeting. The meeting considered whether the person had died at the place of their choice. Where they had not it considered what action could be taken, such as checking the care plans, to reduce the chance of this happening again. We saw evidence of this such as review of patients' instruction not to be resuscitated.</p>

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: Outstanding

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:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	7am – 11.45am 2.40pm – 6.05pm
Tuesday	8.50am – 11.45am 2.40pm – 6.05pm
Wednesday	7am – 11.45am 2.40pm – 6.05pm
Thursday	9.10am – 11.45am 2.40pm – 6.05pm
Friday	8.50am – 11.45am 3.40pm – 6.05pm
Saturday	8.50am - 11.50am (pre bookable appointments)

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11976	289	109	37.7%	0.91%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.2%	95.1%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- 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. For patients over 80 years old there was an enhanced service. The Healthcare assistant (HCA) specifically arranged combination appointments so that multiple tests would be done together. The HCA therefore took the blood test rather than redirect patients to phlebotomy, at the same time the HCA undertook the other necessary tests such as blood pressure checks, spirometry and ECGs etc.

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.

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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- There were five child health surveillance clinics each week. There were three hours of antenatal clinics each week.

- The practice worked with Bromley Y, a local charity offering free, confidential counselling to young people and their families. The practice offered additional support to these young people in the form of sexual health services. There was a rapid access system, together with Bromley Y the practice had developed a 'yellow card' system. The practice saw anyone under this scheme who needed pressing services, with any concern relating to sexual health and /or contraception. The practice saw them regardless of whether they were patients at the practice.

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 from 7am two days each week specifically to cater for the needs of patients who commuted to work. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. These appointments were available from 4pm to 8pm each weekday and 8am to 8pm at weekends.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, 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 worked in partnership with a local church. The practice registered homeless patients using the address of the church for their correspondence if necessary.
- Patients who were high risk or vulnerable were referred to the care navigator and the care navigator maintained regular contact. For example, a patient had been discharged without any support arranged them. The care navigator worked with them and their family to arrange a comprehensive care plan and accompanying support. This helped the patient to remain at home and independent. There was further evidence of the impact of the care navigator's work. For example, a patient who had suffered suspected abuse, the care navigator arranged support such as a refuge and new mobile telephone. The suspected abuser could not, therefore contact the patient. We saw very practical examples such as helping elderly or confused patients to get problems with their dosette boxes, (a box labelled with the days of the week and the time for medication) resolved. This helped patients and their carers identify the medicines required, and highlight any missed doses.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. There was a lead GP and lead nurse for patients with learning disabilities. These staff had received specific training in the care of patients with learning disabilities. The policy for patients with learning disabilities was that they be seen promptly at the beginning of the clinic to avoid them having to wait. Carers of patients with learning disabilities had on-the-day access to GPs by telephone. All patients with learning disabilities had personalised care plans. These were reviewed according to need for some patients this might be every 3 months but other more stable patients were reviewed six monthly or annually.

- The practice was an Identification and Referral to Improve Safety (IRIS) accredited practice (IRIS is a general practice-based domestic violence and abuse training support and referral programme) and both clinical and administrative staff had had domestic violence awareness training.

People experiencing poor mental health (including people with dementia)

Population group rating: Outstanding

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Appointments were tailored according to need. For example, during the two weeks prior to the inspection GPs had facilitated two joint reviews with psychiatrists and community psychiatric nurses. One was a domiciliary visit and one at the practice. On both occasions the GP arranged to come in to work on a day when they would not normally be working in order to accommodate the needs of the psychiatrist and the patient. The outcomes of these interventions was a clear and positive care plan, to which the patient was committed.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The care navigator had had additional training in recognising and managing mental health conditions. They reported that between 60% and 70% of the cases they dealt with had some mental health aspect. There was evidence that the practice, through the care navigator had aided in areas such as, accessing benefits, organising respite care, facilitating outpatient appointments and providing a listening ear.

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

	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

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	73.2%	N/A	70.3%	No statistical variation
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)	70.5%	70.5%	68.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	65.0%	65.5%	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)	73.4%	74.5%	74.4%	No statistical variation

Source	Feedback
NHS Choices	There had been 15 reviews of the practice over the last two years. Every review rated the practice with 5*. Areas commented on included: the helpfulness of reception staff, that it was much easier to get through on the telephone than previously and the ease of obtaining appointments.

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.	15
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.	none

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
There had been a breakdown in communication because a telephone number had not been recorded	The issue was discussed at a staff meeting and the importance of recording of telephone numbers for the patient to be contacted was emphasised when booking telephone appointments.
Incorrect medicine had been prescribed.	This had been discussed at a clinical meeting. When there

There had been a delay in a hospital discharge letter, such that a recent change to the patient's medicine was not known.	were requests that did not match the usual medicines, staff were to clarify the change and whenever possible wait for the hospital letter.
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Well-led

Rating: Good

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.	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

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.	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

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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong 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
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Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	Staff felt the doctors and management were approachable. There was an inclusive approach and time was made available for staff training and development. Staff felt that the practice wanted to invest in them as individuals. Opportunities were identified and staff development nurtured. Staff attended practice meetings and their contributions to the meetings were welcomed and valued.

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
There were members of staff in lead roles internally, as well as for external engagement on behalf of the practice. For example, there was a lead for infection control, a senior GP was the lead for Quality and Outcomes Framework (QOF), and a senior partner was the lead for safeguarding. One of the senior GPs was took an active role in the local GP federation. Other staff attended meetings at the local Clinical Commissioning Group.	

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
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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.	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
The practice had recognised that the results of the annual GP survey, in previous years, were quite poor in relation to patients' experience of getting through to the practice by telephone. Despite the fact there were plans for the practice to move to a new building in the next few years, the practice had invested in a new telephone system. The latest GP survey, and some of the NHS choices feedback, showed that patients acknowledged and benefited from the change.	

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
There was an Integrated Care Service managed through the local Clinical Commissioning Group (CCG). The aim was to support the most vulnerable patients. Each practice put forward suitable patients. Dysart had had a staff meeting where all staff members were invited to contribute. The partners believed that all staff had a different insight into which patients might have complex needs and how they might benefit from the new service. Contributions of administration staff, including the secretarial staff, had been used to identify the most vulnerable.	
Staff suggestions, that had been acted upon, included limiting the number of travel clinic appointments at times when there was high demand for other nurse appointments.	
The practice had held "well being" evenings, limited, by space, to about 30 patients. These had been promoted by the patient participation group. These had been well attended. Subjects discussed had	

been the, recently introduced, role of the care navigator and diabetes management. There was a “hay fever” information evening planned in early spring.

Feedback from Patient Participation Group.

Feedback

Members of the Patient Participation Group (PPG) were actively involved in aspects of how the practice was run. For example, after discussions with the practice a notice board was put up in the waiting room with the names and photographs of all the staff members. There were plans for the practice to move to more suitable purpose built accommodation. Members of the PPG had been to meetings with the developers and architects so there was patients’ input into the project.

The practice helped the PPG to produce a quarterly newsletter.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

The practice was an accredited GP training practice and, as such, was subject to inspection and evaluation by Health Education England. GPs were therefore aware of the most recent trends and innovations in general practice.

One of the GPs was the local CCG lead for the identifying and assisting patients who had suffered domestic violence. The GP had been instrumental in the practice being accredited to IRIS. IRIS is a general practice based domestic violence and abuse training support and referral programme. The practice’s patients had good access to care pathways and an enhanced referral pathway to specialist domestic violence services.

The practice reviewed and monitored the prevalence of common conditions. In 2016 – 2017 the practice reviewed the prevalence of osteoporosis in its patients’ population. The data showed that their prevalence was lower than that nationally and they could find demographic reason why. This was discussed at clinical meetings and in educational days to increase GP knowledge of the disease. Between 2016 and March 2018 the prevalence increased nearly fourfold. Since then more work had increased the identification of the disease still further.

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. This indicator does not have a CCG 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.