

# Care Quality Commission

## Inspection Evidence Table

### A Surgery

Inspection date: 18 January 2018

Date of data download: 09 March 2018

#### Note to inspectors:

The Evidence Table is generated using the same data as the Supporting Information Pack. This template includes all domains. Inspectors will need to delete the sections that are not relevant to their inspection. **Text in red** should be deleted, or in the case of Yes/No replaced by the appropriate answer. **Inspection evidence in the report should not be replicated here where possible. Yellow block is evidence generated by the inspector from inspection not automatically generated.**

## Safe

### Safety systems and processes

Source	
There was a lead member(s) of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	No
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	No
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	No
Explanation of any 'No' answers:	
<p>Some staff had not received mandatory training in safeguarding children. Two reception staff members and the health care assistant had not received training in safeguarding children. The practice did not have evidence of safeguarding children's training for the two locum GPs. One clinical staff member and most non-clinical staff had not received any training in safeguarding adults, however staff spoken to were aware of their responsibilities in relation to safeguarding adults.</p> <p>DBS checks for two non-clinical staff who had been recruited within the last two years who occasionally chaperoned, were from previous employers.</p>	

<b>Recruitment Systems</b>	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers:	

<b>Safety Records</b>	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	No
There was a record of equipment calibration Date of last calibration:	Yes 10/11/17
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	No
Fire marshals	No
Fire risk assessment Date of completion	Yes 15/03/17
Actions were identified and completed. Not all risks had been identified – for example: Lack of fire marshals and appropriate fire training for all staff.	No
Additional observations: There was no evidence that computer and printer equipment had been tested for safety There was no evidence of a fixed wiring check of the premises.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 12/2017
Health and safety risk assessment and actions Date of last assessment:	No 10/2017

<b>Additional comments:</b>	
The health and safety risk assessment did not indicate whether actions had been completed and did not give a comprehensive picture of what the risk assessment entailed.	
Staff stated they were carrying out daily checks of water outlets, but there was no evidence that these had been documented in line with the legionella risk assessment	

<b>Infection control</b>	
Risk assessment and policy in place	Yes
Date of last infection control audit:	
The provider acted on any issues identified	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

### Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	No
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	No
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	No
Explanation of any 'No' answers:	
Staff had not received annual basic life support training; this was overdue for all staff by three months, training was undertaken shortly after the inspection. We found that some staff were not familiar with how to work the defibrillator in the practice.	
A business continuity plan was in place, however there was no system to ensure safety could be maintained if the practice manager was absent for an extended period.	

### Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
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The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

### Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)	0.83	0.81	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)	18.4%	11.1%	8.9%	Significant Variation (negative)

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing , quantities, dose, formulations and strength)	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	No
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and .risk assessments were in place	Yes

to determine the range of medicines held.	
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site	Yes
The practice had a defibrillator	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	
There was minimal evidence that the practice had audited antimicrobial prescribing. Data from the Clinical Commissioning Group (CCG) had been shared for a rolling 12 months to December 2016 demonstrating that the practice were one of the highest prescribers of broad spectrum antibiotics in the CCG area, although their prescribing had dropped from the previous year	
We found that some staff were not familiar with how to work the defibrillator in the practice.	

### Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	15
Number of events that required action	7

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

Event	Specific action taken
A patient had been given a copy of another patient's medical records.	The practice implemented a safe system to obtain written consent where medical records were requested. There was clear evidence that the practice applied the duty of candour in dealing with this incident. All staff we spoke to were aware of this incident and the changes made.
The practice had identified a high risk medicine error where a patient had been discharged from hospital with the wrong medicine.	The practice acted quickly to ensure the patient received the correct treatment and raised an alert to the local hospital.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes

Comments on systems in place:

The system in place ensured incidents were identified and action taken to ensure patient safety.

## Effective

### Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017)	1.52	0.66	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017)	70.7%	72.5%	79.5%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 15	<b>Practice Exception rate</b> 4.4%	<b>CCG Exception rate</b> 10.0%	<b>England Exception rate</b> 12.4%
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017)	55.6%	72.2%	78.1%	Variation (negative)
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 26	<b>Practice Exception rate</b> 7.7%	<b>CCG Exception rate</b> 8.0%	<b>England Exception rate</b> 9.3%
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017)	75.4%	73.7%	80.1%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 46	<b>Practice Exception rate</b> 13.6%	<b>CCG Exception rate</b> 10.5%	<b>England Exception rate</b> 13.3%

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b>	61.4%	73.7%	76.4%	Variation (negative)
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 2	<b>Practice Exception rate</b> 0.8%	<b>CCG Exception rate</b> 3.8%	<b>England Exception rate</b> 7.7%
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b>	91.3%	90.0%	90.4%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 4	<b>Practice Exception rate</b> 14.8%	<b>CCG Exception rate</b> 7.2%	<b>England Exception rate</b> 11.4%
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b>	66.6%	79.1%	83.4%	Significant Variation (negative)
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 7	<b>Practice Exception rate</b> 1.4%	<b>CCG Exception rate</b> 3.5%	<b>England Exception rate</b> 4.0%
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b>	60.0%	86.2%	88.4%	Variation (negative)
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 1	<b>Practice Exception rate</b> 4.8%	<b>CCG Exception rate</b> 8.7%	<b>England Exception rate</b> 8.2%

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2015 to 31/03/2016)</b>	98	100	98.4%	-
The percentage children aged 2 who have received	92	100	92.3%	-

their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2015 to 31/03/2016)</b>				
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) <b>(01/04/2015 to 31/03/2016)</b>	89	100	89.2%	-
The percentage of children aged 2 who have completed immunisation for measles, mumps and rubella (one dose of MMR) <b>(01/04/2015 to 31/03/2016)</b>	94	100	93.8%	-

### Cancer Indicators

Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for screening at a given point in time who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b>	62.9%	67.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	62.1%	66.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	41.6%	48.9%	54.6%	N/A
CAN003 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.	41.6%	48.9%	54.6%	N/A

### Mental Health Indicators

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b>	93.5%	88.8%	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exceptions</b>	<b>Practice Exception rate</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>
	1	2.1%	8.9%	12.5%
Indicator	Practice	CCG	England	England

			average	average	comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017)		68.1%	86.5%	90.7%	Variation (negative)
QOF Exceptions	Practice Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	0	0	6.7%	10.3%	
Indicator	Practice		CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017)	58.8%		81.7%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	1	5.6%	5.2%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	421	521	539
Overall QOF exception reporting	3.6%	5.2%	5.7%

### Effective staffing

Question	Y/N
The registered person provided assurances that 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 provider had a programme of learning and development.	No
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 appraisals, one to one, 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.	No
If no please explain below:	

Not all staff had completed training the practice considered mandatory. For example, three staff members had not completed child safeguarding training and one clinical staff member and most non-clinical staff had not received any training in safeguarding adults. All staff were due to undertake annual basic life support training. This had been booked and was completed shortly after the inspection by all staff and a locum GP.

Most staff had not undertaken information governance training but this was commenced after the inspection. There was also no evidence of Mental Capacity Act training for clinical staff. During the inspection there was no evidence of mandatory training for the locum GPs, however a fire training certificate for one of the GPs was provided after the inspection.

### Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017)	Yes

### Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017)	91.4%	94.1%	95.3%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exceptions</b>	<b>Practice Exception rate</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>
	4	0.4%	0.5%	0.8%
Indicator	Practice	CCG average	England average	England comparison
Percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway (01/04/2016 to 31/03/2017)	62.5%	54.8%	51.6%	Comparable to other practices

Any additional evidence
Of 129 invitations sent out for the NHS health check, 51 patients had attended for a review which was 40%.

## Caring

### Kindness, respect and compassion

CCC comments cards	
Total comments cards received	41

Number of CQC comments received which were positive about the service	40
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	1

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Patients described exceptional care, being treated as an equal, receiving “everything they need and more”, true professionalism from staff and patients reported that they would “highly recommend” the surgery.</p> <p>We spoke with a member of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.</p> <p>Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect</p> <p>We saw examples of the practice providing individualised care provided to support vulnerable patients who were anxious about attending hospital appointments.</p> <p>One of the GPs provided out of hours support to patients’ families for those patients with severe mental health needs.</p>

### National GP Survey results

Practice population size	Surveys sent out	% of practice population (Surveys sent/Practice population) x 100	Surveys returned	Survey Response rate%
5,516	384		103	26.82%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	79.4%	75.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	86.5%	85.9%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or	90.8%	93.9%	95.5%	Comparable to other practices

spoke to?" (01/01/2017 to 31/03/2017)				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	87.3%	81.6%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	91.8%	88.0%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	86.4%	86.0%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises **No**

#### Any additional evidence

Interpretation services were available for patients who did not have English as a first language. However, the notice was only displayed in English. The practice had a large registered cohort of Asian patients who had access to a doctor who spoke Urdu, if required.

#### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by their doctor and had sufficient time during consultations.

#### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	83.0%	83.1%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care	85.5%	76.3%	82.0%	Comparable to other practices

<b>(01/01/2017 to 31/03/2017)</b>				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b>	87.8%	85.9%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b>	83.9%	82.5%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language. **Yes**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. **Yes**

Information leaflets were available in easy read format. **Yes**

Information about support groups was available on the practice website. **Yes**

<b>Carers</b>	<b>Narrative</b>
Percentage and number of carers identified	The practice proactively identified patients who were carers. They were identified opportunistically and there was information in the waiting area. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (1% of the practice list).
How the practice supports carers	Reception staff acted as a carers' champions to help ensure that the various services supporting carers were coordinated and effective.
How the practice supports recently bereaved patients	The GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

## Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. **Yes**

	<b>Narrative</b>
Arrangements to ensure confidentiality at the reception desk	Staff recognised the importance of patients' dignity and respect. However, the size of the reception area meant that there was a lack of privacy when patients spoke with reception staff. Staff were aware of this and made efforts to maintain privacy and confidentiality.  Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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**

## Responsive

### Responding to and meeting people's needs

Opening Times		
Practice opening times	<b>Monday</b>	<b>08:00-19:30</b>
	<b>Tuesday</b>	<b>08:00-18:30</b>
	<b>Wednesday</b>	<b>07:00-18:30</b>
	<b>Thursday</b>	<b>08:00-18:30</b>
	<b>Friday</b>	<b>08:00-18:30</b>
Appointments available		
Extended hours opening		<b>YES</b>

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	<b>Yes</b>
If yes, describe how this was done	
The practice had identified patients who were vulnerable or who would have difficulties accessing the service and had flagged them on their computer system. They would offer those patients home visits as a priority.	
Emergency appointments were accessible daily during two 'emergency hours'. All patients requiring an emergency were booked face to face appointments.	

### Timely access to the service

#### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. <b>(01/01/2017 to 31/03/2017)</b>	80.2%	77.0%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" <b>(01/01/2017 to 31/03/2017)</b>	87.0%	62.7%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment <b>(01/01/2017 to 31/03/2017)</b>	79.3%	73.6%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient	75.0%	66.2%	72.7%	Comparable

survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)				to other practices
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Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Patients said they could access appointments easily.

### Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. **Yes** (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. **Yes**

Complaints	
Number of complaints received in the last year.	7
Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The complaints procedure was clear, with timely responses and evidence of the whole practice team learning from investigations.	

## Well-led

### Leadership capacity and capability

#### Vision and strategy

Practice Vision and values
There was a clear vision. There was no formal governance structure to ensure priority areas were highlighted, risks identified and actions planned. Informal discussions were held but this did not translate into effective action to address areas concern such as lower QOF performance.

#### Culture

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

Source	Feedback
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Staff	Staff we spoke with told us leaders encouraged them to raise issues. They said issues were addressed.
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Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Records and Staff Interviews	A patient had been given a copy of another patient's medical records. The practice implemented a safe system to obtain written consent where medical records were requested. There was clear evidence that the practice applied the duty of candour in dealing with this incident. All staff we spoke to were aware of this incident and the changes made.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
Yes	

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff	All staff were given paid overtime to attend practice meetings so that the majority of staff could attend.
Staff	All staff attended the three monthly multidisciplinary team meeting where complex end of life patients were discussed. This provided an inclusive culture for non-clinical staff and assisted in providing a quality service to patients.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff	The practice considered their staff and treated staff fairly and considered equality. There was an inclusive culture.

Examples of actions to improve quality in past 2 years

Area	Impact
Staff and records	Some clinical audits and some evidence of action taken to improve quality. However, Quality and Outcomes Framework (QOF) data for 2016/17 demonstrated a low achievement overall which had reduced from the previous year. There was a lack of awareness and no clear action plan in place to address this.

### Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	YES
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### Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Patient Survey	Practice considers patient survey results but does not proactively undertake its own surveys
Public	PPG	Minimal as largely inactive. Limited actual engagement.
Staff	Engagement	Staff feel valued and treated equally

External partners	Engagement	Limited engagement to assist learning and quality improvement
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## Feedback from Patient Participation Group;

### Feedback

The Patient Participation Group (PPG) reported that when active they had improved waiting room notices and signage which was a suggestion made and taken on board by the practice.

### Any additional evidence

#### 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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average. A positive z-score indicates that the practice's performance is below the England average, and a negative (minus) z-score indicates that it is above the England average.

The following language is used for banding variation:

#### Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators.
- Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (GPHLIAP).
- The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed.

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.