

# Care Quality Commission

## Inspection Evidence Table

### Attleborough Surgeries (1-552951188)

Inspection date: 4 April 2018

Date of data download: 19 March 2018

## Safe

### Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. 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)	Yes*
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.	Yes
Explanation of any 'No' answers:	
*The management team did not have adequate oversight of the safeguarding training of GPs. For example, we found that there were no recorded dates for the safeguarding training of four GPs, although appropriate training had been undertaken.	

Recruitment Systems	
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:	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes  28 September 2017
There was a record of equipment calibration Date of last calibration:	Yes November 2017
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	Yes*
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 29 March 2018 both sites
Actions were identified: The fire risk assessment had been completed 6 days prior to the inspection. There were several identified actions and the practice had started to take action for these.	Yes
Additional observations: We found annual fire drills had been completed, however these were for one site. We found there was no evidence that GPs and two nurses had completed fire training. All other staff had completed fire training. The practice had identified fire marshals.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes October 2017
Health and safety risk assessment and actions Date of last assessment:	Yes October 2017
Additional comments: A legionella risk assessment had been completed in 2013. There were actions	

highlighted that the practice could not evidence had been completed. The practice monitored water temperatures, however these were not within the specified range and the practice had not taken a water sample. The practice reported they had some work completed to remedy this issue, however could not evidence this.	
--	--

<p><b>Infection control</b></p> <p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>The provider had acted on the results of the most recent audit. For example, the provider had changed the curtains used after the infection prevention and control audit. The infection prevention and control lead also fed back to all staff following the audit to advise them of changes required and good practice.</p>	<p>Yes</p> <p>January 2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p>	

<p><b>Any additional evidence</b></p>

## 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.	Yes
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.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers:	

## 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
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
Explanation of any 'No' answers:	

## 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)	1.05	1.01	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)	13.8%	14.6%	8.9%	Comparable to other practices

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.	No
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.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance. Following a significant event, the practice had implemented a system whereby an alert came on to the screen when a consultation was started to remind the clinician to check the patients details.	Yes
The practice held appropriate emergency medicines.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any 'No' answers:</p> <p>We found that there was no monitoring of blank prescription stationary. The practice implemented a system on the day of inspection, however this needed to be fully implemented and embedded.</p>	



Dispensing practices only	
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	No
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
<p>If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.</p> <p>Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.</p>	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	No
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
<p>Explanation of any 'No' answers:</p> <p>The dispensary areas were accessible to all staff and were not limited to authorised staff only.</p> <p>Vulnerable and housebound patients benefitted from a regular delivery service for their medicines, however, the practice had not assessed the risks related to this. After the inspection, the practice provided us with a risk assessment for the delivery system.</p>	

## 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.	Nine
Number of events that required action	Nine

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

Event	Specific action taken
A health care assistant gave a Flu vaccine to a child under the age recommended by Public Health England	The practice contacted Public Health England for advice and guidance and informed the parents of the child as soon as the mistake was realised. The practice changed the management of these vaccines and they could now only be administered by a practice nurse. All staff were reminded of the training required for undertaking vaccinations and the practice ensured all relevant staff attended the updates.
Out of date stock was found.	The practice implemented a new policy relating to stock checks and stock rotation. The practice also introduced a coloured dot system to identify stock nearing the expiry date. The practice also implemented monthly stock rotation logs.
Incorrect clinical entries had been made on a patient record.	The practice informed both patients of the error. The clinical details of both patients were checked and moved to the appropriate record. The practice also implemented a system whereby an alert came on to the clinical notes of a patient before a consultation was added to the notes to remind the clinician to check the patient details were correct before proceeding.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>There was a comprehensive log of safety alerts and actions taken. There was a responsible person within the practice to ensure that safety alerts were appropriately managed. This included safety alerts relating to the dispensary.</p>	

Any additional evidence
The dispensary had recorded several near miss events. However, some of these events should have

been raised as a significant event due to the risk to the patients involved. However, learning and outcomes had been shared with the appropriate dispensary staff.

# 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)	1.73	1.27	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)	86.5%	80.4%	79.5%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 217	<b>Practice Exception rate</b> 21.1%	<b>CCG Exception rate</b> 12.8%	<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)	85.9%	79.0%	78.1%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 84	<b>Practice Exception rate</b> 8.2%	<b>CCG Exception rate</b> 8.2%	<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)	82.3%	82.4%	80.1%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 187	<b>Practice Exception rate</b> 18.2%	<b>CCG Exception rate</b> 14.8%	<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. (01/04/2016 to 31/03/2017)	78.4%	80.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exceptions 170	Practice Exception rate 14.2%	CCG Exception rate 10.0%	England Exception rate 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 (01/04/2016 to 31/03/2017)	90.4%	92.5%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exceptions 44	Practice Exception rate 12.8%	CCG Exception rate 14.5%	England Exception rate 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 (01/04/2016 to 31/03/2017)	83.8%	85.8%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exceptions 121	Practice Exception rate 4.3%	CCG Exception rate 3.7%	England Exception rate 4.0%
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017)	79.3%	87.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exceptions 13	Practice Exception rate 3.6%	CCG Exception rate 7.6%	England Exception rate 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>(01/04/2016 to 31/03/2017)</b>	166	169	98.2%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b>	169	173	97.7%	Met 95% WHO based target Significant Variation (positive)
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>(01/04/2016 to 31/03/2017)</b>	169	173	97.7%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have completed immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b>	169	173	97.7%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening 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>	74.9%	76.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	79.0%	78.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	64.4%	64.2%	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.	81.5%	69.2%	71.2%	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>	92.4%	92.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate
	18	21.4%	16.9%	12.5%
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b>	93.8%	92.0%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate
	20	23.8%	15.8%	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 <b>(01/04/2016 to 31/03/2017)</b>	77.8%	86.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate
	12	7.3%	9.2%	6.8%

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	550	539
Overall QOF exception reporting	8.4%	5.4%	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.	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 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.	Yes
<p>If no please explain below:</p> <p>Any further comments or notable training.</p> <p>The practice could demonstrate they developed the skills of staff, however not all training had been completed. This included basic life support for the reception staff and fire training for some GPs.</p>	



## 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)	96.5%	95.7%	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>
	97	2.1%	0.8%	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)	49.5%	46.7%	51.6%	Comparable to other practices

## Any additional evidence

We reviewed the exception reporting in the practice and found there were effective measures in place. Clinicians' ensured appropriate recall had taken place and discussed patients prior to exception reporting.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	39
Number of CQC comments received which were positive about the service	30
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	3

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>The comment cards received were largely positive. Comments related to the high standard of care received from staff, helpful receptionists and the quality of clinical care provided. Some negative comments related to accessing the service via the telephone.</p> <p>Feedback received from Healthwatch was positive. Patients had rated the practice four out of five stars on the Healthwatch website.</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
18,279	225	1.2%	128	56.89%

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 <b>(01/01/2017 to 31/03/2017)</b>	71.6%	78.9%	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 <b>(01/01/2017 to 31/03/2017)</b>	88.5%	89.4%	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 spoke to?" <b>(01/01/2017 to 31/03/2017)</b>	94.3%	95.5%	95.5%	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 GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b>	81.2%	85.4%	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 <b>(01/01/2017 to 31/03/2017)</b>	89.9%	91.4%	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 <b>(01/01/2017 to 31/03/2017)</b>	88.0%	91.2%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results

Any additional evidence
The practice had fully reviewed the outcomes of the GP patient survey. The practice were proud of their achievements in the caring areas. These results had been discussed at a practice meeting and an action plan had been developed.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	The patients spoken to on the day of inspection were positive about the involvement they had in their care and treatment. The practice could demonstrate that they worked to involve all patients in their care. For example, the practice provided pictorial letters to patients that found this beneficial. The practice also put alerts on patients records when they were visually or hearing impaired so all staff could provide the appropriate assistance.

## 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 <b>(01/01/2017 to 31/03/2017)</b>	82.8%	87.1%	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 <b>(01/01/2017 to 31/03/2017)</b>	80.2%	83.3%	82.0%	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 explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b>	86.0%	89.8%	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>	83.5%	86.2%	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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 178 carers. This was approximately 1% of the practice population.
How the practice supports carers	The practice offered to refer carers to local support groups and was undertaking a social prescribing initiative with the CCG to further enhance the support they offered to carers.
How the practice supports recently bereaved patients	The practice contacted patients who had been recently bereaved and offered them an appointment, if required, at a time to suit them. They also worked closely with a local bereavement group and referred patients to them.

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	There was an area of the practice where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality and phone calls were taken away from the front desk.

Consultation and treatment room doors were closed during consultations. Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues. Yes

Examples of specific feedback received:

Source	Feedback
Staff	The practice supported mothers to breastfeed within the practice. A separate room was also available, should patients wish to use it.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8:30am-6pm
Tuesday	8:30am-6pm
Wednesday	8:30-12pm
Wednesday	2pm-6pm
Thursday	8:30am-6pm
Friday	8:30am-6pm
Appointments available	
	Appointments available when the surgery is open
Extended hours opening	
	The practice offered extended hours from 7am Tuesday and Friday mornings and 6.30pm until 7.30pm Wednesday evenings.

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.	Yes
If yes, describe how this was done	
The practice operated a 'same day clinic' team, comprised of nurse practitioners and a duty GP. All home visits were triaged by the duty GP and, if clinically appropriate, a visit was completed either by a GP or a nurse practitioner.	



## 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. (01/01/2017 to 31/03/2017)	74.4%	77.2%	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?" (01/01/2017 to 31/03/2017)	53.5%	69.5%	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 (01/01/2017 to 31/03/2017)	78.0%	78.1%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	73.7%	73.0%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>The practice had recognised the lower areas of achievement within the survey and had implemented actions as a result. For example, the practice had meeting with their phone provider to improve the system.</p> <p>The practice were signed up to a signposting initiative, starting in April 2018. This would ensure that patients were appropriately signposted to the correct clinician or support group.</p> <p>The practice were also actively reviewing their same day clinic appointments and had now included routine pre-bookable appointments for the emergency care practitioner.</p>

## 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.	27
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Any additional evidence
The practice also held a compliments log and had received 17 compliments in the last 12 months. These included positive comments from patients, external stakeholders such as the CCG and health watch and from care homes supported by the practice.

# Well-led

## Leadership capacity and capability

### Vision and strategy

#### Practice Vision and values

The overarching aim for Attleborough Surgeries was to be 'committed to providing excellent healthcare to individuals and the community we serve'.

### Culture

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

Source	Feedback
Staff	Many staff had worked for the practice for a long period of time and staff turnover was low
Staff	Staff reported that the morale within the team was high and that all staff were approachable. Staff commented that the culture was positive.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff	The nursing manager had written many of the policies and procedures for the practice. These included for the same day clinic that had been recently implemented.
Staff	The nursing team had implemented a dementia information pack for staff that had referral details in for clinicians.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Complaint	The practice had informed a patient of their ongoing review of the telephone system after a complaint relating to telephone access.
Complaint	After an issue with the self check-in screen, the practice informed the patient of what went wrong and offered an apology.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	A staff member had raised concerns that the frequency of reception team meetings was not enough due to differing staff rotas. To address this, the practice implemented team leader meetings ensuring that information flowed up and down
Staff	Staff had raised concerns about the car park flooding. As a result, the practice had arranged for an external contractor to assess this.
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
Risk assessment	There was a health and safety risk assessment in place.
Staff	The practice had supported a nurse to undertake healthcare charity work abroad for a two week period. The nurse was supported with full pay throughout this period.

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

Source	Example
Training	Staff were trained in equality and diversity.
Staff	Staff reported they were supported through challenging periods, including poor health and returning to work from maternity leave.

Examples of actions to improve quality in past 2 years

Area	Impact
Audit	The practice had a programme of clinical audit in place and had a plan to further enhance and improve this programme.
Boarding school visits	The practice supported a local boarding school. They carried out visits daily to the school. These were completed by a GP and a nurse to address the broad range of issues that may present. The practice planned to do a clinical audit of head injuries of rugby players within the school.

Examples of service developments implemented in past 2 years

Development area	Impact
Same day clinic	The practice had implanted a same day clinic to address demand for urgent appointments. These appointments were available for nurses and GPs in order to have a high skill mix to meet all demands. All visits were triaged by a duty GP.
Care home team	The practice had noted a high demand on GP visits in local care homes supported by the practice. As a result, the practice implemented a care home team, comprised of nurses and GPs that carried out regular visits to all of the homes. There had been a reduction in demand since this had been implemented.

## Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
--	-----

## Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Patient participation group, comments box in reception	The practice took on board suggestions from the PPG and made changes as a result. For example, the practice regularly checked mobile phone numbers and displayed did not attend rates after suggestions from the PPG.
Public	Regularly donated to local groups through the practices' charity	Examples in the last year of between £800 and £1000 raised for charity.
Staff	Regular staff meetings	High staff morale
External partners	Communication with the CCG and healthwatch regularly	External partners reported positively on communication with the practice.

### Feedback from Patient Participation Group;

Feedback
We spoke with two members of the PPG who commented positively on the practice. They reported regular meetings with staff, including a GP and the practice manager. The group was well established with liaison with another local PPG.

### Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
The PPG suggested that displaying the numbers of patients that did not attend for appointments would be useful for patients to understand the impact of not attending.	The practice now displayed this information for patients to be able to view.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Upskilling members of staff	The practice could demonstrate that they actively encouraged improvement. The practice were keen to upskill staff where possible and had supported staff through further nurse training and health care assistant training. The practice had supported a nurse to work abroad for two weeks to enhance their skills, and also to share the skills they had gained with other health care workers.
Training practice	The practice offered training to years one and five medical students and was active within the local university. The practice planned to further extend this to teaching trainee GPs.

Any additional evidence

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. CCG and England averages are calculated on CQC's current list of active locations. This means there may be some slight differences with averages published on external websites.

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.