

Care Quality Commission

Inspection Evidence Table

Ramsbury & Wanborough Surgery (1-553985983)

Inspection date: 10 May 2018

Date of data download: 17 April 2018

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.	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

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

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 21/3/18
There was a record of equipment calibration Date of last calibration:	Yes 12/3/18
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 July 2017
Actions were identified and completed. At the branch site it was identified that the fire extinguishers were obstructed and the children's table in the waiting area was close to electrical sockets. Both issues were resolved.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 20/10/17

Health and safety risk assessment and actions Date of last assessment:	Yes 20/10/17
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<p>Infection control</p> <p>Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified</p> <p>Detail: A comprehensive audit was undertaken where identified issues had been actioned. Examples of this were:</p> <ul style="list-style-type: none"> • All glove and soap dispensers were now wall mounted. • Open top domestic bins were replaced with ones that had lids and were foot operated. • A separate fridge for storing specimens was purchased for the branch surgery. • Contact numbers for the Microbiologist and Pharmacy Advisor as well as the infection control lead at the clinical commissioning group were made easily available to all. Details were placed on a large white board in reception and in the Infection Control Folder. • Patient education posters regarding antibiotic stewardship were introduced in the waiting area. • A need for staff to have additional training to that undertaken in house. External providers delivered dedicated infection control training to all staff. 	<p>YES August 2017 Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Any additional evidence	
N/A	

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

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

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) _(NHSBSA)	1.05	-	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) _(NHSBSA)	10.6%	-	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.	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.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	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	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

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.	Yes
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

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.	Yes
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.	Yes
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

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.	9
Number of events that required action	5

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

Event	Specific action taken
A patient had been sent an invite to a carers roadshow when the person she had cared for had died.	Learning was cascaded regarding the process for amending patient records of a carer when their relative had died.
A newly registered patient had been consulted with prior to the medical records being received from the previous surgery and the past medical history was not available for reference. As a result the condition was not treated with urgency and the patient was admitted to hospital after becoming very unwell.	The following learning points and actions were identified <ul style="list-style-type: none"> Guidelines for the condition were reviewed. The consultation records should have contained more detail. Processes for consulting with newly registered patients were reviewed, amended and shared.
A child was brought to the surgery in a critical condition and needed urgent care.	Following a positive outcome for the child the practice recognised that the systems and processes they had in place had worked very effectively and that all staff had responded in line with training they had previously received. No changes needed to be made and the team were congratulated on their professional response and their ability to deal with urgent situations. Minor learnings were acknowledged in that access to portable screens needed to be easier and that two oxygen cylinders needed to be held on site.

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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 practice had a policy in place that was available to all staff on the shared drive of their computer system. Alerts were emailed to the practice manager and the practice email addresses. Systems were in place for a deputy to action if the practice manager was away. Alerts were sent to the appropriate staff member by email and a hard copy was also printed. Recipients had to acknowledge receipt and actions taken to ensure management oversight. We saw examples of two alerts where actions had been taken to identify patients these may have potential impact on and that appropriate actions had been taken.	

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) (NHSBSA)	0.67	-	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) (QOF)	86.9%	-	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.6% (53)	18.1%	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) (QOF)	79.2%	-	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.6% (49)	12.2%	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) (QOF)	79.7%	-	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.8% (85)	17.6%	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) (QoF)	85.8%	-	76.4%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (54)	9.6%	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) (QoF)	99.2%	-	90.4%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.9% (12)	13.6%	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) (QoF)	82.6%	-	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (32)	4.5%	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) (QoF)	84.1%	-	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (11)	8.3%	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. (01/04/2016 to 31/03/2017) (NHS England)	62	66	93.9%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	80	82	97.6%	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) (01/04/2016 to 31/03/2017) (NHS England)	80	82	97.6%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	80	82	97.6%	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 (01/04/2016 to 31/03/2017) (Public Health England)	78.4%	-	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.2%	76.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	65.4%	62.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	40.8%	66.0%	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 (01/04/2016 to 31/03/2017) (QOF)	94.1%	-	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 0 (0)	CCG Exception rate 15.1%	England Exception rate 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 (01/04/2016 to 31/03/2017) (QOF)	88.2%	-	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 0 (0)	CCG Exception rate 13.8%	England Exception rate 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) (QOF)	84.1%	-	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 11.5% (9)	CCG Exception rate 8.6%	England Exception rate 6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	553	539
Overall QOF exception reporting	4.7%	6.2%	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.	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

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) (QOF)	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) (QOF)	95.6%	-	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (17)	0.8%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	48.7%	-	51.6%	Comparable to other practices

Any additional evidence

Outcomes for patients were consistently better than expected when compared to similar services. For example:

- The practice's rate of immunisation for this was over 20% higher than the national average. For 70-year olds 65% had been immunised compared 42% nationally and for 78-year olds 61% compared to a national figure of 38%.
- Of the 79 patients admitted to a nursing home as alternative to hospital only six had subsequently needed referral on to secondary care.
- The practice had taken part in the National Diabetes Audit which enabled the practice to benchmark themselves against other practices in the local clinical commissioning group and nationally. The practice had used these results to adapt and shape improved services for patients diagnosed with diabetes. The practice had recently received the most recent audit results which demonstrated significant improvements in the three target areas of patients living with Type 1 diabetes. Within the Wiltshire Clinical Commissioning Group (CCG) the practice had improved from 46th to 13th place. The practice was one of only two practices in the locality who had increased performance for patients living with Type 2 diabetes.
- Online access for patients had been a focus for the practice and at the time of the inspection 40% of their patients were users.
- In the most recent quarter 183 patients were eligible for a NHS health check and 129 patients had attended demonstrating a 70% uptake.
- Monthly educational meetings were held at the practice to which colleagues across the locality were invited. These meetings improved communication between primary and secondary care and resulted in a positive impact on the referral process.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	79
Number of CQC comments received which were positive about the service	76
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Positive comments included the fact that all staff were helpful and professional. Staff always listened with care and compassion. Many comments stated that the service was excellent and there would be no hesitation in recommending the practice to others.</p> <p>Comments which were mixed stated that sometimes there could be a long wait after their appointment time.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
9,026	222	2.5%	149	67.12%

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	98.8%	-	78.9%	Variation (positive)

someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)				
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) (GPPS)	95.5%	-	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?" (01/01/2017 to 31/03/2017) (GPPS)	98.3%	-	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 (01/01/2017 to 31/03/2017) (GPPS)	92.3%	-	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) (GPPS)	98.6%	-	91.4%	Variation (positive)
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) (GPPS)	98.3%	-	90.7%	Variation (positive)

The practice carries out its own patient survey/patient feedback exercises **Yes**

Date of exercise	Summary of results
May 2017	<p>Actions which the practice have taken forward as result of the survey included:</p> <ul style="list-style-type: none"> •Triage Service – very positive feedback received from patients, currently only a morning service but will look at expanding. Actioned - Nurse Practitioner increased hours from November 2017 and triage service extended to afternoons. •Promotion of opening hours, especially Saturday hours as some patients did not appear to realise the surgery was open at both the branch and main surgery.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with six patients who all commented positively about the practice. Comments made included that routine appointments were easy to book usually

	within a few days; that the staff were friendly and helpful and that they always felt that they had enough time in their appointments. We also received positive comments about the efficiency and effectiveness of the triage service introduced by the practice.
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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) (GPPS)	91.7%	-	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 (01/01/2017 to 31/03/2017) (GPPS)	93.1%	-	82.0%	Variation (positive)
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 (01/01/2017 to 31/03/2017) (GPPS)	95.9%	-	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 (01/01/2017 to 31/03/2017) (GPPS)	92.6%	-	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	94 carers identified 1% of practice list size
How the practice supports carers	The practice manager was the carers lead within the practice. All staff had received carers awareness training. Regular coffee afternoons were held at the surgery where guest speakers from local organisations were invited. In addition, a carers road show was held annually at the practice. External

	<p>partners were invited to the road show, for example, the fire brigade, Alzheimer's society, stroke UK and Motability for the benefit of carers. Flexible appointments were offered to carers in recognition of difficulties in adhering to clinic times. Health checks were available in a joint clinic where the patient received a 20minute appointment with the health care assistant and 20minutes with a care support worker from Care Support Wiltshire. All new carers and those that had not attended the practice for a time were contacted on a quarterly basis. The practice had been awarded a Gold Plus award by Cares Support Wiltshire. The practice had recognised that identification could be improved and to address this all staff had undertaken carers awareness training. This had proved effective as in the week preceding the inspection three additional carers had been added to the register. The practice focus going forward was to improve identification of carers who were registered patients with the practice.</p>
How the practice supports recently bereaved patients	<p>Following bereavement relatives were contacted and offered the opportunity of an appointment or a visit as appropriate. Care and support was person centred and tailored to meet the needs of an individual. The practice continued to invite bereaved carers to carer events at the surgery. The practice website contained information to support patients with the practicalities and steps to take following a bereavement.</p>

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	<p>Computer screens were not visible to patients at the reception desk. Phone calls were answered away from the reception desk. A private room was available for private discussions.</p>

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

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:30-18:30
Saturday	09:00-11:30
Appointments available	
Monday to Friday	8.30am – 10.45am 3pm – 5.45pm
Extended hours opening	
Main site	Saturday morning 10.20am – 11.20am
Branch site	Saturday morning 8.30am – 9.30am

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	
<p>Requests via telephone were handled by receptionists and recorded on the visit module on the practices computer system. Patient details, reason for visit request and if a specific GP had been requested were all recorded. These were reviewed by all GPs. Urgent requests were highlighted or instant messaged to GPs at the time requests were made. Some requests were triaged by the nurse practitioner.</p>	

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)	91.9%	-	80.0%	Variation (positive)
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)	99.4%	-	70.9%	Variation (positive)
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)	90.8%	-	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)	97.5%	-	72.7%	Significant Variation (positive)

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. **Yes**

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

Complaints	
Number of complaints received in the last year.	3
Number of complaints we examined	2
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:	
We looked at two complaints that had been responded to and dealt with appropriately. Practice actions to minimise the risk of reoccurrence included, refresher training for a member of staff and reflection by the member of staff involved regarding consultation style.	

Any additional evidence

- The practice recognised that the rurality of their practice population presented challenges for older people in accessing health care at the practice surgery. In response to this the practice had collaborated with the community and part funded the community bus to provide transport for those who needed it.
- The practice was responsive and worked collaboratively to support the nursing home in all aspects of care but specifically those who had been admitted as an alternative to hospital and those patients discharged early from hospital to the nursing home.
- Patients who attended the leg ulcer clinic benefitted from the social interactions that resulted from attending the clinic.
- Peoples individual needs were central to planning tailored services. For example, ensuring the practice delivered an enhanced family planning service within the community people lived in, to prevent patients having travel into the nearest town.
- The practice had collaborated with local practices to initiate patients being able to visit any of the local practices to attend midwife or psychology practitioner appointments to provide greater flexibility of appointments for the benefit of patients.
- The introduction of telephone triage and telephone consultations had improved access for working age people and received very positive feedback in the practices patient survey.
- To ensure patients did not have to attend the surgery for multiple appointments integrated team appointments were offered where patients could consult with multiple clinicians and social support workers.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice

The leadership and culture of the practice was used to drive improvements and deliver high quality person centred care. The practice undertook a systematic approach to work effectively as a whole practice team, involve the patients and the community and other organisations to deliver the best outcomes and deliver the care within the community wherever possible.

Vision and strategy

Practice Vision and values

The practice had a clear vision to ensure the highest standard of family care and to offer patients continuously improving and appropriate access to health care professionals. The practice valued staff engagement and the involvement and integration of the local community.

Culture

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

Source	Feedback
Staff members	<p>Staff members feedback was consistently positive. Examples of themes were:</p> <ul style="list-style-type: none"> • The practice was supportive towards learning and development • A lovely place to work • Professional and caring team members from across all practice teams • Communication between all staff members was effective • The management were approachable and listened to concerns and suggestions for improvement.

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

Source	Example
Staff members	<ul style="list-style-type: none"> • Suggestion made that the triage nurse should be included in the GPs annual leave rota to ensure appropriate cover. This was implemented • The dispensary staff requested that there should be two members of staff on duty on a Saturday which was actioned. • A request for additional training was actioned promptly.

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

Source	Example
Management	When a concern was raised about staff cohesiveness, the management ensured

	individuals were supported, additional staff training was delivered and the situation was resolved.
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Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Training logs within practice and staff contracts.	All staff had completed equality and diversity training. Additional face to face training had also been delivered within the practice. Staff contracts signed by staff were clear on expectations relating to equality and diversity.

Examples of actions to improve quality in past 2 years

Area	Impact
Older people	The practice had initiated a scheme whereby the locality practices worked together to care for patients admitted to local nursing homes as an alternative to a hospital admission. Since its inception in 2015, 79 patients had been admitted to nursing home beds rather than hospital and only six of these had subsequently needed secondary care admission. Not only had this service reduced hospital admissions but patients were able to remain local to their family and support networks.
Sexual Health	A need for a clinician to be able to fit contraceptive implants and inter uterine devices had been identified as due to the rurality of the practice the nearest clinic, at which there was a long waiting list, was 15miles away. The nurse practitioner completed the relevant training and the practice is in the process of ensuring another clinician receives training in order that patient needs are met.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	When there had been an error in the dosage of a blood thinning medicine following blood testing by the community team. It was recognised that practices in the locality were all following a different procedure. The practice took the opportunity to raise this at a locality meeting. To minimise the risk of reoccurrence a standard proforma for all practices was developed which all practices in the locality were now using.
Practice specific policies	The practice had clear and embedded systems and policies for all areas. For example, those relating to minimising risk, quality improvement and staff training and development. Policies we looked at had been regularly reviewed and updated and were available to all staff.

Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Examples of service developments implemented in past 2 years

Development area	Impact
Clinical	The practice was one of two hubs in the locality that delivered a leg clinic service twice a week. A lead nurse with the necessary skills and qualifications ran the service. This had proved effective in ulcer healing times. For example, a patient had attended for dressings at their own surgery for the previous eleven months. On attending the leg clinic, the ulcer healed within six weeks. The service had also reduced onward referrals to the Tissue Viability service. The practice recognised that nurses in other practices may become de skilled as their involvement in leg ulcer care had declined. To address this the lead nurse organised and ran educational sessions every four months for nurses involved in leg ulcer care in the locality.
Patient on line access	The practice had focussed on supporting patients to utilise their online services and 40% of their patients were users. This was significantly above the local clinical commissioning group target. To achieve this, in addition to leaflets explaining the process being available to all patients in the waiting room the IT manager from the practice had visited elderly patients at home to offer support.
Clinical/IT	The partners had purchased and were utilising equipment that connected to an app on a smart phone which produced an ECG rhythm strip in 30seconds. This has proved to be effective in diagnosing atrial fibrillation (an abnormal heart rhythm) in consultations and on home visits. Since using the device three patients had been diagnosed with this condition quickly and effectively. In other patients the GPs were able to quickly exclude the condition as a potential diagnosis.
IT	Voice recognition software had been purchased by the partnership. This had assisted with electronic referrals and the accurate documentation of consultations. This had improved efficiency in that the speed by which referral letters were processed had increased significantly.

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	Practice notices,	The practice had set up educational events for

	newsletters, website	patients. A recent one focussed on back pain where a local consultant specialising in back problems and a physiotherapist attended. The event was in good demand and was attended by 25 patients. These events have been set up to run on a quarterly basis focussing on a different area of health promotion at each meeting.
Public	Website	The practice website was comprehensive and contained information to support patients and members of the public. For example, specific information for: young people on how to access health care, patients living with a long-term condition, family health a minor illness
Staff	Face to face interaction.	Regular meetings were held for all staff groups where we were told staff felt able to raise any issues of concern and developmental needs. To meet the needs of clinical staff a fortnightly meeting focussed on a clinical area which a clinician wished to present and discuss, for example clinical guideline updates. It also provided a forum to discuss and liaise regarding any common issues encountered at the practice ensuring a cohesive response from a clinical perspective. The practice also organised a visiting consultant education session once a month and staff from neighbouring practices were invited to attend. These sessions had proved effective in liaising with secondary care to enhance patient management and reduce unnecessary referrals. Recent visiting consultants had included a neurologist, a biochemist and a paediatrician.
External partners	Locality working	<ul style="list-style-type: none"> • The practice had worked with the locality and commissioned an additional collection of pathology samples in the afternoons. This had allowed improved availability for blood tests and had improved the service that GPs could offer patients on home visits as blood tests could be taken and processed the same day and had resulted in an hospital admission being avoided on several occasions. • The practice hosted midwives and psychologist's clinics. Whilst patients could be seen in all locality practices the GPs had

		<p>worked with their external colleagues to gain agreement that patients could be seen in the surgery that suits them best rather than their own surgery, to facilitate improved patient centred care and flexibility of appointments.</p> <ul style="list-style-type: none"> • The practice was working with the locality to employ an additional nurse to provide improved access and healthcare to patients who were housebound. • Staff from the practice engage and work with a variety of external partners. For example, they had representation on the, Information Governance Steering Group, the Wiltshire Integrated Network Board and the Hospital Liaison Committee for the local clinical commissioning group. This ensured that the practice had awareness and input into local developments which would impact patient care and services going forward.
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Feedback from Patient Participation Group;

Feedback

We spoke with three members of the patient participation Group. We were told that the practice was open and frank in their conversation and would always listen to the thoughts of their members. The practice manager and a GP always attended the quarterly meetings.

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

Examples	Impact
Closure of Branch Surgery on Wednesday afternoons appeared had been problematic for some patients.	The practice reviewed re-opening on a Wednesday afternoon once staffing was back to full capacity. Actioned – October 2017. The practice re-opened the Branch Surgery on Wednesday afternoons.
It was suggested that radio was installed in the waiting rooms of both the main and branch sites to improve privacy of conversation at the reception desk.	This was actioned by the practice and members of the PPG and staff stated that this had been beneficial.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Education	The practice in addition to being a training practice for doctors and medical students had become a training practice for nursing students.

	Up to four students were gaining placements at the practice. An additional nurse within the practice had completed nurse mentoring training and an additional qualified GP clinical supervisor had joined the practice. The involvement in education and training was integral to the vision and strategy for the surgery going forward. Not only had this training ethos enabled them to enthuse those new to the medical profession it had also enabled them to recruit new members to their clinical team which facilitated succession planning
Integrated team appointments for patients with complex health needs.	The practice had recognised that patients with complex needs could not always get the optimal care within a general GP appointment and had initiated a dedicated clinic for these patients. During the one-hour appointment there was the opportunity to consult with multiple clinicians with different areas of expertise, and a care coordinator to support with non-medical needs. This had resulted in patients receiving a comprehensive holistic review that met both their medical and social needs.
The practice recognised the increasing workload for the practice management team and employed an additional staff member to target areas such as NHS health checks.	Since this appointment the uptake of those patients attend for an NHS health check had doubled per quarter. In the most recent quarter 183 patients were eligible for a health check and 129 patients had attended demonstrating a 70% uptake.

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 (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

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. These are scored against the World Health Organisation target of 95%.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>