

Care Quality Commission

Inspection Evidence Table

Sunnybank Medical Centre (1-552804679)

Inspection date: 26 April 2018

Date of data download: 19 April 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

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 09/2017
There was a record of equipment calibration Date of last calibration:	Yes 09/2017
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 04/2017
Fire drills and logs	Yes 15/06/2017
Fire alarm checks	Yes weekly
Fire training for staff	Yes
Fire marshals	No
Fire risk assessment Date of completion	Yes 01/07/17
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 01/01/17
Health and safety risk assessment and actions Date of last assessment:	Yes 01/01/17
Additional comments: Senior trained member of staff acted as fire marshals on a daily basis	

<p>Infection control</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>Provider reviewed cleaning programme for privacy curtains.</p>	<p>Yes</p> <p>13/12/17</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>Any additional evidence</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 Additional sepsis training covered in induction
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)	0.85	1.06	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)	3.6%	5.4%	8.9%	Variation (positive)

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.	NA
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.	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 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

Explanation of any 'No' answers:

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.	120
Number of events that required action	119

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

Event	Specific action taken
Administrative error leading to delay in making a secondary care referral.	Evidence seen that issue addressed through staff training and review of protocol.
A staff member was taken unwell.	Evidence seen that lone working policy reviewed and additional staff training undertaken to support any reoccurrence.

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: All relevant staff were promptly advised and confirmed actions.	

Any additional evidence
We saw that action was taken in relation to all significant events and that staff were open in reporting issues.

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)	0.29	0.66	0.90	Variation (positive)

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)	74.3%	79.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (51)	11.1%	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)	83.6%	79.9%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (65)	9.9%	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)	73.7%	80.9%	80.1%	Comparable to other practices
QOF Exceptions				
	14.0% (97)	15.9%	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)	75.4%	76.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (107)	7.1%	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)	92.3%	91.5%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.9% (59)	11.1%	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)	89.6%	85.0%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (111)	5.2%	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)	92.2%	89.6%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (10)	9.4%	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)	115	121	95.0%	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) (01/04/2016 to 31/03/2017) (NHS England)	119	122	97.5%	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)	119	122	97.5%	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)	119	122	97.5%	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)	77.4%	72.8%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	64.9%	67.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.1%	53.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	68.0%	69.5%	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)	94.9%	93.6%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.3% (4)	12.1%	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)	92.5%	95.2%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (3)	9.4%	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)	74.3%	85.3%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	42.6% (26)	8.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549	548	539
Overall QOF exception reporting	6.5%	6.0%	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>	

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)	96.2%	95.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (30)	0.6%	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)	51.6%	61.9%	51.6%	Comparable to other practices

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	28
Number of CQC comments received which were positive about the service	19
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	5

Examples of feedback received:

Source	Feedback
For example, Comments cards	<p>Most patients said that the service was excellent and very caring. However, some said that appointments were hard to organise due not being able to get through to the practice on the telephone and low availability of appointments. Several people said this had improved now that they had been encouraged to register for on line services.</p> <p>Several patients commented that occasionally reception staff could be rude or unhelpful, and that on occasion, clinical staff did not listen effectively.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
10,541	264	1%	106	40.15%

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) (GP Patient Survey)	54.5%	73.9%	78.9%	Variation (negative)
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)	83.2%	88.0%	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)	91.9%	95.3%	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)	77.3%	85.7%	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)	91.4%	90.9%	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) (GPPS)	85.8%	90.8%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
09/2017	The provider was disappointed by the findings of the 2017 national patient GP survey. In partnership with the patient group, a follow up questionnaire was developed. There were 91 responses that confirmed that patient satisfaction on telephone access and appointment availability could be improved. As a result, the appointment was changed to provide a higher number of on the day appointments and additional staff were made available for managing calls as well as increased telephone line capacity. The provider has received informal feedback from patients that they have noticed an improvement and this was partially confirmed by feedback we received from patients during the inspection.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We interviewed three patients. They spoke highly of the service and told us they were always able to access urgent on the day if needed. They told us they were treated with respect and that reception staff were friendly. One patient told us they had met with the provider's pharmacist and found the review and advice very helpful.

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)	82.1%	85.5%	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)	74.3%	80.3%	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 (01/01/2017 to 31/03/2017) (GPPS)	89.4%	89.7%	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)	77.2%	84.8%	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. No, but could be requested. Large print available.

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

Carers	Narrative
Percentage and number of carers identified	<p>The number of identified carers on the register was 94.</p> <p>This was equal to less than 1% of the practice population. The provider has been advised they should review their approach to increase the number of carers identified.</p>
How the practice supports carers	<p>Carers Resource have attended the practice in the past, for regular coffee mornings along with the practice champions. Patient champions run a coffee morning each Tuesday which has a stated aim to assist in the identification of carers. The resource worker is open to returning at a future date if demand indicates.</p> <p>Is there a carers register? Yes.</p>
How the practice supports recently bereaved patients	<p>The provider has a clear policy of contacting the bereaved to offer support and send a sympathy card. The practice undertook an audit in 2016 to be assured that they were reaching patients quickly and sensitively and found that the process was working effectively.</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>Music is played . There is a sign inviting patients who need a private room to access.</p> <p>We saw reception staff modulate their voice to prevent being overheard.</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

Examples of specific feedback received:

Source	Feedback
Patient comment card	<p>A patient told us that that both reception staff and the GPs had been exceptionally kind when a family member had experienced a serious illness. They told us they felt supported and that the team had made a very stressful time much more bearable.</p>

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:15-18:30 phone lines are open from 8am.
Monday	18:30-20:00
Tuesday	08:15-18:30
Wednesday	08:15-12:30 The building is open to callers. Phone lines are diverted to Local Care Direct during practice protected learning time.
Wednesday	14:00-18:30
Thursday	08:15-18:30
Friday	08:15-18:30
Appointments available throughout the day commencing from 0815am.	
Extended hours opening	
Monday	

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 encouraged patients to call before 10.30am, which allowed the requests to be triaged and allocated to the most appropriate clinician at the daily morning meeting. Requests received after 10.30am were added to the 'on-call list', and visits arranged, if clinically determined later in the working day.	

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)	65.6%	77.4%	80.0%	Variation (negative)
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)	25.1%	58.1%	70.9%	Variation (negative)
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)	54.9%	68.7%	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)	44.3%	63.5%	72.7%	Variation (negative)

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Several patients described difficulties in accessing appointments, both through telephone access and availability. The provider showed us evidence that they had comprehensively reviewed the telephone and appointment system, implementing changes as a result. This included increasing the number of staff answering phones at peak periods and allocating more on the day appointments. An in-house patient survey had also been undertaken to explore patient perception and an action plan drafted.

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.	45
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	1
Additional comments:	
We reviewed 5 complaints. We found an open and reflective approach to complaints.	

Any additional evidence
We reviewed two complaints that were upheld and saw evidence that learning was discussed the across team, i.e. inappropriate prescribing, and patient reimbursed for wasted prescription charges Active monitoring is taking place for phones after identifying some calls being lost in system. Good evidence of complete responses, with appropriate reference to PHSO if complaint requires escalation.

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
The practice had a strong inclusive ethos, recognising the contribution of all team members. They were also forward looking and keen to explore new models of care and expanding the multidisciplinary team. They were in the final stages of joining the Affinity Care Group which would connect them to six other local practices whilst retaining their own identity and CQC registration.

Culture

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

Source	Feedback
Staff interviews and staff survey	Staff told us that they were happy and proud to work at the practice.

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

Source	Example
Staff survey	A team 'brag board' was implemented, which gave staff an opportunity to acknowledge and thank team members for their help, support or achievements. Staff told us it was an affirming way to recognise teamwork and achievement across the practice.

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

Source	Example
Significant events and complaints	We saw evidence that if a mistake or error had occurred, the practice was open in their apology and complied with the duty of candour.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Significant Event	Identified problems with the phone system, impacting on negative patient feedback. System reviewed and improved.
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
Significant event	Following an incident involving the welfare of a staff member, relevant policies and procedures were comprehensively reviewed and necessary changes implemented.

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

Source	Example
Staff survey	Staff were extensively consulted on their views and perceptions. Staff told us they felt valued and that there were equal opportunities for development and progression.

Examples of actions to improve quality in past 2 years

Area	Impact
Clinical Audit	A wide range of clinical audits had been undertaken to improve patient outcomes. For example, a two cycle review of contraceptive coil fitting had led to the development of a clinical template to encourage eligible women to consider the most appropriate contraception choices. In another audit, we saw that patients who were taking a high risk medicine that required regular blood tests had been appropriately audited and were receiving safe and effective care.
Patient Practice Champions	A range of champions have been appointed from within the patient population who had supported a wide range of patients in managing their long- term conditions and to access a variety of wellbeing activities such as the walking group.

Examples of service developments implemented in past 2 years

Development area	Impact
Joining the Affinity Care Group	A number of back office functions would be merged within the group and policies and procedures will be standardised across the group. We saw evidence that the Affinity Group held regular clinical governance meetings and staff at Sunnybank were feeling very positive that the change would enhance standards and clinical support across their location.

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 Participation group (PPG)/Practice Champions	Seeks views/improves well-being.

Public	Meetings/Education	Patients/public were encouraged to give their feedback and views.
Staff	Staff consultation, appraisals and practice meetings	Staff were satisfied with their relationship with the partners and felt supported.
External partners	Meetings and training events	Staff attend relevant external meetings and training events and work collaboratively with other providers and stakeholders.

Feedback from Patient Participation Group;

Feedback

The group meets bi-monthly, there are also practice champions who liaise with each other. The PPG volunteer to work with patients and promote activities such as the patient survey, publicity and displays for flu clinics. They are encouraged to share any ideas.

Patient Champions are volunteers who want to give back to NHS- and help patients live a healthy lifestyle, i.e. walking for health group and relaxation session. They also organised a Tuesday coffee morning.

A local voluntary group 'Altogether Better' send a worker on a sessional basis to expand and support the skills offered by the champions, i.e. craft making sessions. A practice GP; Dr Hart acts as patient liaison. The patient group also have a regular waiting room presence, gathering feedback.

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

Examples	Impact
Patient Practice Champions	Promoted wellbeing across the patient population.
Patient Survey	Assisted the provider in understanding patient difficulties with access and have contributed to finding solutions.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Commitment to developing new models of care. For example, by recruiting a pharmacist that undertakes clinical consultations.	Patients can have a face to face consultation with a pharmacist to review and discuss complex medicines. This has created extra capacity for GP appointments and has been well received by patients.

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 (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>