

Care Quality Commission

Inspection Evidence Table

Droylsden Road Family Practice (1-4104464139)

Inspection date: 17 April 2018

Date of data download: 12 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: 16th February 2018	Yes
There was a record of equipment calibration Date of last calibration: 16th February 2018	Yes
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: 5th April 2017	Yes
Health and safety Premises/security risk assessment Date of last assessment: 14th March 2017	Yes
Health and safety risk assessment and actions Date of last assessment: 14th March 2017	Yes

<p>Infection control</p> <p>Risk assessment and policy in place Date of last infection control audit: 19th July 2017 The provider acted on any issues identified</p> <p>Detail: gtd have an overall infection control lead for the organisation, who carries out full annual audit. The findings are fed back to the practice in form of a report with actions and dates the actions needs to be completed by, we saw a completed annual audit dated 2017/18.</p>	<p>Yes Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p> <p>All staff had received hand hygiene training.</p>	<p>Yes</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
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

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
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

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	9

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

Event	Specific action taken
Security Issue- broken window	Replaced window and no further action required.
Clinical Care	Investigated by clinical lead and resolved.

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>Alerts were disseminated by the practice manager to all staff and a rolling agenda item on all meetings in the practice. We saw evidence of actions being completed.</p>	

Effective

Effective needs assessment, care and treatment

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)	68.2%	78.3%	79.5%	Below other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (8)	13.1%	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)	76.9%	77.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (5)	10.8%	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%	81.2%	80.1%	Comparable to other practices
QOF Exceptions	6.8% (23)	12.7%	13.3%	

Any additional evidence			
Since taking over the practice gtd have made significant improvements to the QOF figures. The most recent figures available were 2017/18:			
Indicator	2016/17 Practice performance	2017/18 Practice performance	Improvement of %
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	68.2%	80%	17.2%
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	76.9%	81%	4.1%
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	73.7%	80%	6.3%

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)	62.6%	77.1%	76.4%	Below other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 2.1% (5)	CCG Exception rate 8.3%	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) (QOF)	64.4%	91.0%	90.4%	Below other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 6.9% (12)	CCG Exception rate 12.2%	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) (QOF)	79.4%	81.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (17)	5.0%	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)	90.6%	86.8%	88.4%	Above other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (5)	6.8%	8.2%	

Any additional evidence

Since taking over the practice gtd have made significant improvements to the QOF figures. The most recent figures available were 2017/18:

Indicator	2016/17 Practice performance	2017/18 Practice performance
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)	62.6%	70%
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)	64.4%	77%
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)	79.4%	81%

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)	42	49	85.7%	Below 90% Minimum (variation negative)
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)	48	53	90.6%	Met 90% Minimum (no variation)
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)	50	53	94.3%	Met 90% Minimum (no variation)
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)	50	53	94.3%	Met 90% Minimum (no variation)

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)	63.8%	64.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	63.0%	59.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)				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)	38.9%	76.0%	71.2%	N/A

Any additional evidence

Since taking over the practice gtd have made significant improvements. The most recent figures available were 2017/18:

Indicator	2016/17 Practice performance	2017/18 Practice performance
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)	63.8%	69%
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	63.0%	64%
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)		70%
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)	38.9%	92%

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)	40%	90.2%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (2)	12.5%	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)	64.7%	91.0%	90.7%	Below other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (1)	9.8%	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 (01/04/2016 to 31/03/2017) (QOF)	16.7%	84.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (2)	6.9%	6.8%	

Since taking over the practice gtd have made significant improvements. The most recent figures available were 2017/18:

Indicator	2016/17 Practice performance	2017/18 Practice performance
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)	64.7%	98%
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)	16.7%	72% Increase of 55%
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)	64.7%	91%

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	409	534	539
Overall QOF exception reporting	2.7%	7.0%	5.7%

Any additional evidence

Since taking over the practice gtd have made significant improvements in overall QOF ratings . The most recent figures available were 2017/18:

Indicator	2016/17 Practice performance	2017/18 Practice performance	Improved by
Overall QOF score (out of maximum 559)	409	531	122

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)	Y

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)	90.3%	94.8%	95.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (8)	0.9%	0.8%	

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	18
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, Comments cards	<p>The majority of comment cards all stated they had witnessed a vast improvement overall since gtd took over the service 12 month prior. For example, commenting :</p> <ul style="list-style-type: none"> • The care received since the new providers have taken over had vastly improved • Doctors are kind and helpful. • Staff were always helpful. • The premises were clean and tidy.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
4,416	323	2%	101	31.27%

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)	50%	76.7%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	78%	88.7%	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)	87%	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)	71%	85.9%	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)	90%	91.3%	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)	87%	90.1%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
Between April 2017- March 2018	The practice has developed a Patient Experience Summary, which is collated annually and reviews multiple patient opinions. For example: complaints, friends and family test and NHS choices.

Any additional evidence
The practice developed an action plan to review GP survey results and produced actions to improve and address the areas of concern in the practice. For example, the practice introduced pre-bookable appointments available up to 4 weeks in advance for patients. And provided all reception staff with customer service training.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>Patients were not happy with the telephone system and the amount of time it took to speak to someone in the practice.</p> <p>Patients told the team that services had improved and that they were happy with the care they received.</p> <p>Patients told us the doctors were caring and very supportive.</p> <p>Patients said staff were kind.</p>

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)	72%	86.5%	86.4%	Below 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)	65%	82.2%	82.0%	Below 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)	93%	89.6%	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)	84%	85.6%	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	The practice supports 90 carers, which is 2% of the practice population.
How the practice supports recently bereaved patients	Bereavement cards are sent to families to all deceased patients families.

Privacy and dignity

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

Consultation and treatment room doors were closed during consultations. Yes

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments available	
	Throughout the day, main sessions were morning and afternoon.
Extended hours opening	
	Practice accommodates the later appointments on the day, whilst also providing extended hours at various hub locations in the area.

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 had a large number of housebound and residential care homes to support in the community. Home visits requested were screened by the clinician and then the patient or care home, received a visit by the clinician after morning surgery.	

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)	66%	79.1%	80.0%	Below 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)	62%	68.9%	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)	80%	71.8%	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)	69%	70.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Patient on NHS choices complained about the telephone system; however the practice were aware of the issue and had a plan in place to resolve the issue with a complete new system.

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.	9
Number of complaints we examined	9

Number of complaints we examined that were satisfactorily handled in a timely way	9
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
All complaints were documented in a rating tool spreadsheet, with various tables on progression and status of the complaint. Each complaint has documented actions of outcomes and findings.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
<p>gtd Vision :</p> <ul style="list-style-type: none"> To inspire trust and confidence by making a positive difference, every time. <p>gtd Values:</p> <ul style="list-style-type: none"> We put patients first – we understand that every person, every family and every community is unique; we always take the time to listen and we respond openly and honestly every time. We look after our people – we understand that looking after our people helps them look after our patients. We have high expectations of our people and give them the training and support they need to perform exceptionally. We give great quality care – we aim to meet the highest standards of excellence and safety all the time. If we can't or don't meet expectations we will honestly explain why not. We lead the way in transforming patient care – we use our experience and expertise to constructively challenge and suggest new and innovative ways of working, where we think this will improve health, healthcare and people's experiences of it. We contribute to the wellbeing of our local communities – we aim to be more than a health care provider alone. We will look for opportunities to bring wider health benefits to the communities in which we work.

Culture

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

Source	Feedback
Non clinical staff	Staff commented how well supported and happy they were. They stated how improved their work environment had changed for the better, and now felt the new changes were brilliant not only for themselves as staff but patient too. All staff felt that they strived to follow the gtd values and vision and were proud to be part of the gtd team.

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

Source	Example
Whole Practice	<p>We were presented with multiple examples of change, for example:</p> <ul style="list-style-type: none"> One member of staff wanted to encourage patients to eat well. They came up with a "5 a day" scheme, presented this to the wider organisation and was provided with funding to introduce this scheme.

Examples of concerns raised by staff and addressed by the practice

Source	Example
All staff	We were told over the last 12 month multiple issues have been raised to improve patient or staff services. We were told that the management team listen and encourage staff to raise any concerns.
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
Nurse	We were told when gtd took over the practice; they immediately increased the nurse's appointment times with patients.
All staff	The practice has addressed multiple areas within the practice to ensure the staff are safe. For example, a full review of the premises and improvements were made when gtd took over the practice.

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

Source	Example
Learning	All staff had completed Equality and Diversity training.

Examples of actions to improve quality in past year

Area	Impact
All clinical areas	The QOF overall for 2016/17 was 73 % . The QOF figures for 2017/18 was 98%.
Clinicians	The practice clinicians had introduced various incentives around patient's quality of care.

Examples of service developments implemented in past year

Development area	Impact
All Areas	A complete re-structure of the information governance system and clinical processes has been successfully implemented over the last 12 month. All staff commented how beneficially this re-structure has been to their areas of work and wellbeing within the practice.

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	Suggestion box Friends and Family survey.	There are various ways a patient can input their thoughts into the and about the practice.
Public	PPG	Hold regular meetings which are minuted and focus on the whole population of the practice with clinical input provided at the meetings.
Staff	Meetings	Agenda items any suggestions or concerns raised.
External partners	Meetings	Review and improve patient outcomes.

Feedback from Patient Participation Group;

Feedback

We reviewed multiple meeting dating back 12 months.
The PPG had an active chair member and the minutes are produced by the patients.
We observed in the minutes the telephone access issue had been discussed in April 2018.

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

Examples	Impact
Expert Patient Programme introduced by the PPG.	To support patients with long term conditions and reduce isolation and loneliness.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Introduction of the "Health Passport".	The health passport has been introduced by one of the clinicians to ensure every patient with a long term condition has a care plan in place.
Introduction of the "Well Being Plan".	The Well Being Plan is for all mental health patients to ensure their treatment and diagnosis are being correctly managed by a clinician.

Any additional evidence

Since taking over the practice in February 2017, gtd have made significant improvements to the overall safety and quality of care provided to patients. Whilst ensuring staff are well managed, supported and feel valued.

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>