

Care Quality Commission

Inspection Evidence Table

Beeston Village Surgery (1-556257168)

Inspection date: 17 April 2018

Date of data download: 16 April 2018

Safe

Safety systems and processes	
There were lead members 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 manager 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	Yes

Date of last inspection/Test: 13.11.17	
There was a record of equipment calibration Date of last calibration: 13.11.17	Yes
Risk assessments were in place for any storage of hazardous substances, for example liquid nitrogen, storage of chemicals – no liquid nitrogen was kept in the practice.	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: December 2017	Yes
Actions were identified and completed. For example: After recent decorating and new carpets, paint and carpet bits had been left. These had subsequently been disposed of.	Yes
Health and safety Premises/security risk assessment Date of last assessment: 10.12.2017	Yes
Health and safety risk assessment and actions Date of last assessment: 10.12.2017	Yes
Additional comments: Clinical waste assessment had been undertaken in July 2017. Work station assessments had been completed for all staff in September 2017. A risk assessment for new and expectant mothers had been completed in early April 2018.	
Infection control Risk assessment and policy in place Date of last infection control audit: April 2018 The provider acted on any issues identified Detail: There had been some issues identified regarding cleaning (the cleaning company is contracted with the building landlord). We saw evidence of an action plan which showed where issues had been rectified	Yes Yes
The arrangements for managing waste and clinical specimens kept people safe	Yes

Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	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)	1.04	1.11	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)	2%	7%	9%	Significant Variation (positive)

Medicines 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
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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.	N/A
Up to date local prescribing guidelines were in use. Clinical staff had access to 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.	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	37
Number of events that required action	37

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

Event	Specific action taken
A GP sent an electronic task to admin to contact patient. On this occasion task started and updated however no updated comments to say failed encounter first and second time, which	Admin staff was spoken with to reiterate the process and further training was offered.

resulted in an unnecessary DNA letter being sent	
Patient attended for annual review of care and treatment.	Patient had only been booked for annual review and not blood tests. GP still saw patient for review but had to request the patient have the tests done post-appointment. Patient was then followed up accordingly – no harm to patient.
Booking made by admin “patient unknown” admin couldn’t remember the patient’s name. GP was not aware of who the person was.	Met with the member of staff to say that they could have identified the patient by the recorded phone call. PM listened to the phone call and could then identify the patient. Patient was seen by the GP.

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: Alerts were discussed and actioned. However, there wasn’t always a clear record of what actions had been taken. We were assured by the practice this would be rectified.	

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)	0.65	0.73	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)	69%	76%	80%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4% (9)	14%	12%	
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)	81%	75%	78%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4% (10)	10%	9%	
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)	78%	77%	80%	Comparable to other practices
QOF Exceptions	6% (14)	13%	13%	

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)	83%	76%	76%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1% (3)	6%	8%	
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)	94%	88%	90%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4% (5)	8%	11%	
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%	82%	83%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3% (14)	4%	4%	
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%	89%	88%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4% (2)	10%	8%	

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)	102	111	92%	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)	86	99	87%	Below 90% Minimum (variation negative)
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)	85	99	86%	Below 90% Minimum (variation negative)
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)	83	99	88%	Below 90% Minimum (variation negative)

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)	67%	74%	72%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	65%	69%	70%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	49%	54%	55%	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)	84%	68%	71%	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)	100%	88%	90%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20% (5)	9%	13%	
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)	95%	93%	91%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20% (5)	9%	10%	
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)	95%	87%	84%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9% (2)	7%	7%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548	531	539
Overall QOF exception reporting	4%	5%	6%

Effective staffing

Question	Y/N
The registered manager 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
There were regular (at least 3 monthly) multidisciplinary case review meetings held where all patients on the palliative care register were 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)	97%	95%	95%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1% (7)	1%	1%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait	21%	46%	52%	Comparable to other practices

(TWW) referral) (01/04/2016 to 31/03/2017) (PHE)				
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Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	28
Number of CQC comments received which were positive about the service	27
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
CQC comment cards received on the day of inspection	General comments included “very good service”; “staff caring and helpful”; “always friendly and professional”; “caring staff who treat you with dignity and respect”. Only one comment said that they thought “the receptionists are rude”. This comment did not align with other comments we received and what was observed on the day of inspection.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	Equals % of practice population
6,492	386	127	33%	2%

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)	89%	76%	79%	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)	90%	89%	89%	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)	99%	95%	96%	Comparable to other practices

(GPPS)				
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)	87%	86%	86%	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%	91%	91%	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)	96%	90%	91%	Comparable to other practices

The practice carries out its own patient feedback exercises		Yes
Date of exercise	Summary of results	
January to March 2018	NHS Friends and Family Test: 12 out of the 13 patients who responded said they would recommend the practice.	

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients and CQC comment cards	Patients told us they felt involved in decisions about their care and treatment.

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)	86%	87%	86%	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	85%	83%	82%	Comparable to other practices

involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)				
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)	98%	89%	90%	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 involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	98%	86%	85%	Variation (positive)

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
Number and percentage of carers identified	136 of patients had been identified as carers, this equated to approximately 2% of the registered patient population of the practice
How the practice supports carers	There was a designated carers' notice board in the patient waiting area which has information to inform patients they "may be a carer without realising it" Carers are encouraged to register with the Leeds yellow card scheme
How the practice supports recently bereaved patients	Support is offered to bereaved patients as needed/requested. All deaths were discussed at weekly practice meetings to ensure admin issues are addressed and dealt with to prevent any further distress to families.

Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
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	Narrative
Arrangements to ensure confidentiality	Conversations were not clearly heard at the time of inspection. We saw that patients had access to a separate room should they need to

at the reception desk	discuss anything in private.
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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
CQC comment cards and patients spoken with on day of inspection	Patients told us their privacy and dignity was respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	07:00-18:00
Tuesday	07:30-18:00
Wednesday	07:00-18:00
Thursday	07:30-18:00
Friday	08:00-18:00
Appointments available:	
The practice had 'rolling clinics' which ensured patients had access to appointments most of the day.	
Extended hours opening:	
As above. In addition patients had access to weekend appointments via a local GP 'hub'.	

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	
Requests for home visits were triaged by a GP and a visit made if appropriate.	
The practice participated in a local CCG funded patient transport scheme. Patients who needed assistance to get out of their house to attend the practice could access a 'patient transport service'. This involved the patient being picked up from their home address, taken to practice for their appointment and being taken home again. This prevented an avoidable home visit being made by a GP. The scheme was currently in its infancy stage and had yet to be evaluated.	
Telephone triage was available each day, using a red, amber, green system to ensure that urgent cases were seen on the day and any 'admin' related requests were dealt with without the need for an appointment.	

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%	80%	80%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally,	95%	66%	71%	Comparable to other practices

how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)				
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)	89%	71%	76%	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)	90%	70%	73%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
CQC comment cards and patients spoke with on day of inspection	On the day of inspection we did not receive any negative feedback from patients with regard to appointments. All the comments we received were positive, with several informing us they easily got an appointment or could speak with a GP.

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	
Number of complaints received in the last year.	12
Number of complaints we examined	12
Number of complaints we examined that were satisfactorily handled in a timely way	12
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We discussed complaints in detail with the PM and found the practice responses were timely and appropriate. We saw examples of letters which were sent to patients.	
Any additional evidence	

We saw that there was information available for patients on how to complain, both in the practice and on the practice website.

Patient complaints were discussed at team meetings as appropriate, to support learning and development.

Well-led

LEADERSHIP CAPACITY AND CAPABILITY

Vision and strategy

Practice Vision and values
Quality was a priority for the practice. This was evident talking with all staff.

Culture

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

Source	Feedback
staff	We were informed that the practice culture was one of being open, supportive and respectful of one another. We saw evidence of this through observation of staff interactions between themselves and patients.
GPs and PM	There was a cohesive team approach across all staff. Comments were made on how all staff were seen as important members of the team.

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

Source	Example
PM	The team leader had developed a skill matrix for admin staff to follow when booking in patients with the healthcare assistant/nursing staff to signpost patients for the right person.

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

Source	Example
PM	Staff were aware of the duty of candour. We saw that apologies were made to patients by letter.

Examples of concerns raised by staff and addressed by the practice

Source	Example
PM	A member of staff had been a bit anxious about using the new practice financial system. Further training and support was provided.
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
PM	Raising safety awareness and zero tolerance with staff. If any raised voices heard by patients – PM or other member of staff will attend in reception for support.

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

Source	Example
Policies and procedures	We saw evidence that there was an equality and diversity policy in place and staff had received training.

Examples of actions to improve quality in past 2 years

Area	Impact
Audit	We saw several audits where quality improvements had been made. For example, bowel cancer screening audit, minor surgery audit and contraceptive implant audit.

Examples of service developments implemented in past 2 years

Development area	Impact
Audit	We saw there had been an audit undertaken to look at capacity and demand before and after the controlled access clinics on Mondays were introduced. These had shown in March 2017 the capacity had been 152 appointments and demand was 210 appointments. A re-audit in November 2017 had shown that capacity had been 176 appointments and demand had been 175 appointments.

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	PPG/website/notice boards	Patients have access to details of the PPG, patient surveys and the NHS Friends and Family test. They can also speak with the PM to discuss any areas for improvement.
Staff	Meetings	Staff attended inclusive meetings and felt able to offer their opinions to drive forward change and maintain quality services.
External partners	Meetings	The practice engaged with the CCG and other external partners. They participated in local and national initiatives.

Feedback from Patient Participation Group;

Feedback
The PPG felt they could make comments/suggestions to the practice. They developed a newsletter available for patients in the practice. Patient survey results are discussed with the PPG.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Triage, rolling clinic and open access clinic	Patient satisfaction has improved due to improved access to appointments and to speak with a clinician.
Involved in the pilot of the patient transport scheme	Too early to assess any impact on patients as only commenced at the beginning of April 2018.
Working with the local Federation of GP practices to provide extended access	Weekend appointments available through the GP 'hub'. Evaluation not yet undertaken.

Any additional evidence

The practice were keen to ensure that quality patient services were delivered. They engaged with other local practices to develop services to support timely access to quality care.

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>