

Care Quality Commission

Inspection Evidence Table

Dr Z Ahmad & Partners (1-542322073)

Inspection date: 10 April 2018

Date of data download: 06 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
One of the GP partners was the lead member of staff for safeguarding and all staff members were aware of this.	
The practice reviewed and updated the safeguarding policies in February 2018.	

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
A member of the nursing team had not renewed their Nursing and Midwifery Council (NMC) registration before it had expired. They saw patients on one day when they were not appropriately registered to do so. The practice logged this and investigated it as a significant event. All the patients seen were reviewed by a GP. The matter has now been resolved.	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last Test:	Yes 02/2012
There was a record of equipment calibration Date of last calibration:	Yes 20/02/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 28/03/18
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 03/04/18
Health and safety risk assessment and actions Date of last assessment: Legionella risk assessment Annual gas safety checks Five year fixed wire check	Yes 21/03/18 13/03/18 19/09/15
Additional comments: The practice arranged for portable appliance testing to be completed on 25/04/2018. We received confirmation from the practice that this had been completed following the inspection.	

<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>There were infection control audits completed for both Gardenia and Marsh Farm premises. Due to staff absence, the practice had not formed an action plan at the time of the inspection to act on the issues identified in the audits.</p>	<p>Yes</p> <p>05/04/18 & 06/04/18</p> <p>No</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</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
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
Receptionists had an awareness of 'red flag' sepsis symptoms although they had not received formal training on this.	

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)	0.99	1.17	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	10.6%	8.8%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	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

Prior to the inspection, it was noted by the practice, that the medical oxygen at the Marsh Farm site had expired. We saw evidence that a replacement supply of oxygen had been ordered. The practice completed a risk assessment and identified another service within the same building had oxygen that they could be use in an emergency situation. Following the inspection the practice confirmed that the medical oxygen was now in place at the Marsh Farm site.

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.	Five
Number of events that required action	Five

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

Event	Specific action taken
There was a delay in booking an appointment for an unwell child. The parents had contacted the practice at 8.30am, an appointment was made for 10am but the child was not seen until 10.18am.	The practice reviewed and discussed the emergency protocol with staff. Reception staff were informed of when it would be more appropriate to advise callers to ring 999 and ask for an ambulance.
Two patients had been dispensed incorrect medicines by an external pharmacist. The practice noticed the error when issuing repeat prescriptions and reported it to the pharmacy.	The practice placed notices in the patient waiting areas to advise patients to always be vigilant and check that they have received the correct, prescribed medicines from the pharmacy.
A member of the nursing team had not renewed their NMC registration before it had expired. They saw patients on one day when they were not appropriately registered to do so.	The patients who were seen by the nurse on that day were telephoned or written to and offered an appointment to be reassessed by a GP. All clinical staff were reminded of the importance of ensuring that their registration was up to date. The practice did not have a practice manager at the time of the incident to monitor the registration of clinical staff. A practice manager has since been appointed.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
The GP partners were responsible for managing the safety alerts received by the practice and we saw evidence that alerts had been actioned. The practice manager was new in post and intended to set up a recording system to keep a log of alerts received and action taken.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.41	1.25	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)	66.3%	75.0%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.1% (106)	13.8%	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)	43.8%	74.4%	78.1%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.0% (91)	12.4%	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)	65.8%	78.0%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (78)	11.9%	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)	71.5%	77.1%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.1% (210)	8.2%	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)	67.5%	91.5%	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.4% (43)	17.3%	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)	68.4%	81.7%	83.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (111)	7.3%	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)	85.6%	90.2%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (6)	8.7%	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)	129	142	90.8%	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)	133	155	85.8%	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)	130	155	83.9%	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)	129	155	83.2%	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)	66.5%	65.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.0%	68.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46.9%	46.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	82.4%	68.9%	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)	65.5%	91.7%	90.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.3% (13)	14.2%	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)	71.7%	92.1%	90.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.5% (11)	11.2%	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)	76.8%	86.2%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (3)	7.3%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	463	534	539
Overall QOF exception reporting	9.5%	7.2%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for health care assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
The practice used an online training package to ensure all staff had access to and completed all essential training. At the time of the inspection, the practice did not have a health care assistant (HCA) but were in the process of recruiting one. They informed us that the induction of the HCA would include the completion of the Care Certificate.	

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)	91.0%	95.3%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (48)	1.1%	0.8%	
Indicator	Practice	CCG average	England average	England comparison

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	48.6%	50.6%	51.6%	Comparable to other practices
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Any additional evidence

The practice informed us of the factors that had an impact on the QOF achievement over the previous two years. For example,

- A GP practice in the area closed and Dr Z Ahmad & Partners negotiated with the CCG and NHS England to receive an allocation of 2000 additional patients from September 2016 to January 2017. Time was taken to register these patients and establish them with an allocated GP.
- A number of senior staff retired including the practice manager, the senior practice nurse and the health care assistant.

The practice have now replaced the staff that had retired. A new practice manager commenced employment with the practice at the time of the inspection. To improve on QOF scores in the future, the practice shared with us a comprehensive action plan that included all members of the practice team.

- Monthly QOF meetings for the whole team were planned with additional weekly meetings for the GP partners and the practice manager.
- Members of the clinical team were allocated a lead role for different disease areas with actions and targets, For example, how many patients should be reviewed per month to achieve optimal results.
- There were plans to review the appointment system with a focus on availability of advance appointments to improve access.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	36
Number of CQC comments received which were positive about the service	26
Number of comments cards received which were mixed about the service	9
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
For example, Comments cards.	<p>The theme of negative comments received was difficulty in getting an appointment, this included time taken waiting for the telephone to be answered when calling the practice.</p> <p>There were many positive comments regarding the staff with them described as caring and helpful and patients felt they were treated with dignity and respect. Patients also commented that they felt listened to and had received good care from the GPs.</p> <p>The themes of comments received on the comments cards were reflected by the patients we spoke with on the day of the inspection.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
12,520	309	2.5%	108	34.95%

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)	69.0%	67.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or	78.6%	84.3%	88.8%	Comparable to other practices

spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)				
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)	94.4%	93.6%	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)	76.4%	80.0%	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)	93.0%	90.3%	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)	90.0%	89.1%	90.7%	Comparable to other practices

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with four patients. They told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by their doctor and had sufficient time during consultations.

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)	80.9%	82.3%	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)	74.7%	76.3%	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	91.8%	88.8%	89.9%	Comparable to other practices

at explaining tests and treatments (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 involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	86.3%	82.7%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 95 patients who were carers. This was approximately 1% of the practice population.
How the practice supports carers	The practice informed us that carers are opportunistically reviewed and monitored for their wellbeing and signposted to support services. They were offered an annual flu vaccination. The practice held a coffee morning once a month for carers and patients to attend. There was a carer's noticeboard in the waiting area with information regarding support services and emergency contact numbers. Information leaflets were available for carers to take away.
How the practice supports recently bereaved patients	If families had experienced bereavement, their named GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service if required

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>The patient waiting area was in a separate room to the side of the reception desk so conversations could not be overheard.</p> <p>Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.</p>

Consultation and treatment room doors were closed during consultations. Yes

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

Responsive

Responding to and meeting people's needs

Practice Opening Times Gardenia Surgery	
Day	Time
Monday	08:45-18:00
Tuesday	08:45-18:00
Wednesday	08:45-17:00
Thursday	08:45-18:00
Friday	08:45-18:00

Appointments are available between 9am and 11.30am, and 4pm and 6pm each weekday except Wednesday when appointments are available between 9am and 11.30am, and 3.00pm and 5.00pm.

Extended hours opening	No
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A duty GP can be contacted via the telephone from 8am to 8.45am and from 6pm to 6.30pm Monday to Friday in case of an emergency.

Practice Opening Times Marsh Farm Medical Centre	
Day	Time
Monday	08:45-18:00
Tuesday	08:45-18:00
Wednesday	08:45-18:00
Thursday	08:45-17:00
Friday	08:45-18:00

Appointments are available between 9am and 11.30am, and 4pm and 6pm each weekday except Thursday when appointments are available between 9am and 11.30am only.

Extended hours opening	No
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A duty GP can be contacted via the telephone from 8am to 8.45am and from 6pm to 6.30pm Monday to Friday in case of an emergency.

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 reception staff logged all requests for home visits on the computer record system. They alerted the patient's GP of urgent requests. The duty GP reviewed all requests and contacted the patient by telephone to determine if a home visit was required.	

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)	64.7%	74.2%	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)	58.1%	55.9%	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)	60.9%	61.9%	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)	59.4%	59.5%	72.7%	Comparable to other practices

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.	29
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The complaints procedure was clear, with timely responses and evidence of the whole practice team learning from investigations. A log was kept of all complaints, which enabled the practice to identify and learn from an analysis of trends.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
The practice informed us they aimed is to continue to provide the high standard of service and care that had been established from when the practice was founded.
They aimed to treat all patients promptly, courteously and in complete confidence.

Culture

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

Source	Feedback
Staff	Staff we spoke with said the practice was a good place to work. The GP partners were approachable and supportive. Staff said they felt included in practice meetings and felt able to speak up when necessary. Staff were aware of their roles and responsibilities.
Staff	New staff members felt supported. The appropriate training and support was given so they could fulfil their role.

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 Event	A nurse worked one day without updating their nursing and midwifery council (NMC) registration. The practice demonstrated they applied duty of candour by contacting all the patients seen by the nurse on that day and offered an apology and a further consultation with a GP. All consultation notes were reviewed.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Incident reporting	An incident whereby a patient caused damage to the practice building was reported to the police.
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
Training records	All staff had received essential training appropriate to their role.
Staff	Staff were paid overtime if they were asked to cover for sickness or absence.
Staff	All staff received an annual appraisal and ongoing support through informal discussions and attendance at staff meetings. One of the GP partners was the identified lead for staff.

Policies and procedures	Policies and procedures were in place to govern activity within the practice. They were accessible to all staff at both sites. All staff had a job description and a staff handbook that outlined their roles and responsibilities.
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Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Policies and procedures	The practice had an equality and human rights policy and procedure. The recruitment policy incorporated equality and diversity monitoring.
Training records	Staff had received equality and diversity training.

Examples of actions to improve quality in past 2 years

Area	Impact
Quality and Outcomes Framework (QOF)	The practice had a comprehensive action plan in place to make improvements particularly in monitoring patients with long-term conditions and patients experiencing poor mental health.
Clinical audit	A programme of clinical audit was in place that included the review of patients who were prescribed high-risk medicines. The practice had undertaken two additional clinical audits in the past year. One of these was a completed audit that demonstrated quality improvement in the monitoring of patients who were prescribed a medicine used to treat certain mental health conditions.

Examples of service developments implemented in past 2 years

Development area	Impact
Public health	The practice had worked with the local borough council to provide a Long-acting reversible contraceptives (LARC) service to the local community. This service was available to patients who were not registered with the practice who could not receive this service from their own GP practice. The service had proved successful and was booked up to three weeks in advance.
Local services	The practice provided an in house phlebotomy service so patients did not have to travel to the local hospital for blood tests.
Collaboration	The practice hosted a community navigator service, which was funded by the local clinical commissioning group (CCG). They referred patients to the service who required additional support or information on support groups, voluntary organisations or life style advice.

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)	There were 12 members in the group and meetings were held every six weeks that were attended by the practice manager.
Staff	Appraisals and staff meetings	Staff had an annual appraisal that incorporated development plans
External partners	Clinical commissioning group (CCG) meetings	Accommodated new patients that were transferred from a neighbouring practice that had closed.

Feedback from Patient Participation Group;

Feedback

The group meets every six weeks. The practice manager has attended meetings and on occasions one of the GP partners. The group with the support of the practice have set up coffee mornings once a month for patients and their carers to attend. There have been meetings that have been attended by external speakers that patients have been invited to attend. For example, in November 2017 a meeting MacMillan cancer support gave a talk and 56 patients attended.

We were informed the group were given updates regarding any changes in the practice.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice worked to secure and keep services local for patients. For example, they started the LARC service after negotiating with the Luton Borough Council to secure funding.	Patients did not have to travel out of the area or use secondary care for their long acting reversible contraception requirements. The service was available to patients not registered at the practice so it helped other GP practices and kept NHS services local to the community.

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>