

Care Quality Commission

Inspection Evidence Table

Stanhope Surgery (1-3486142854)

Inspection date: 14/04/2018

Date of data download: 10 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. | No |
| Explanation of any 'No' answers: All staff who acted as chaperones were trained for the role. The practice had risk assessed all non-clinical staff roles and had determined that non-clinical staff who acted as chaperones were not required to have a DBS check in place. Risk assessments confirmed that non-clinical chaperones were not left alone with patients. This was in line with the providers chaperone policy. | |

| 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. | No |
| 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 |
| <p>Explanation of any 'No' answers:</p> <p>Clinical staff had a record of vaccinations. However, at the time of inspection the practice did not have up to date records of vaccinations for non clinical staff. The practice was in the process of reviewing this and assessing vaccination requirements for non clinical staff roles.</p> | |

| Safety Records | |
|---|---------------------|
| There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: | Yes 31/01/18 |
| There was a record of equipment calibration Date of last calibration: | Yes 31/01/18 |
| 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 10/17 |
| Actions were identified and completed. The practice provided staff with refresher training on the use of fire extinguishers. | Yes |
| Additional observations: | No |
| Health and safety Premises/security risk assessment? Date of last assessment: | Yes 10/11/17 |
| Health and safety risk assessment and actions Date of last assessment: | Yes 10/11/17 |
| Additional comments: A legionella risk assessment was in place and the practice carried out water temperature checks. | |

| | |
|---|---------------------------------------|
| <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>Old furniture had been replaced.</p> | <p>Yes</p> <p>14/03/18</p> <p>Yes</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 |

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) | 1.02 | 1.04 | 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) | 8.7% | 8.5% | 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 |

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. | 5 |
| Number of events that required action | 4 |

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

| Event | Specific action taken |
|--|---|
| Abnormal urine result was not urgently followed up. | A new policy for suspected urinary tract infection for children had been implemented. |
| Lack of communication relating to change in patients medicine dosage | To accept medication request from patients only or at the least must have full name and confirmation of medication dose required. |

| 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>A named person was responsible for receiving and circulating safety alerts to relevant staff for action. The practice had a process in place to ensure a record was maintained of action taken for safety alerts relevant to the practice.</p> | |

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) | 0.58 | 0.72 | 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) | 74.4% | 77.5% | 79.5% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 7.2% (21) | 10.4% | 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) | 73.3% | 75.6% | 78.1% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 7.2% (21) | 8.6% | 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) | 76.0% | 77.5% | 80.1% | Comparable to other practices |
| QOF Exceptions | 9.6% (28) | 12.1% | 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) | 72.7% | 74.8% | 76.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 2.7% (10) | 7.1% | 7.7% | |
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 94.9% | 90.8% | 90.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 13.2% (12) | 13.3% | 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) | 82.4% | 81.9% | 83.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 2.4% (19) | 3.3% | 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) | 95.1% | 87.9% | 88.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 6.2% (4) | 6.4% | 8.2% | |

| Child Immunisation | | | | |
|---|-----------|-------------|------------|--|
| Indicator | Numerator | Denominator | Practice % | Comparison to WHO target |
| Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England) | 103 | 104 | 99.0% | Met 95% WHO based target Significant Variation (positive) |
| The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England) | 100 | 105 | 95.2% | Met 95% WHO based target Significant Variation (positive) |
| The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England) | 100 | 105 | 95.2% | Met 95% WHO based target Significant Variation (positive) |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England) | 100 | 105 | 95.2% | Met 95% WHO based target Significant Variation (positive) |

| Cancer Indicators | | | | |
|--|----------|-------------|-----------------|-------------------------------|
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England) | 69.1% | 74.8% | 72.1% | Comparable to other practices |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE) | 60.5% | 70.5% | 70.3% | N/A |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE) | 53.1% | 58.7% | 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) | 50.0% | 65.9% | 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) | 97.2% | 91.7% | 90.3% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 32.1% (17) | 14.7% | 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) | 95.1% | 91.1% | 90.7% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 22.6% (12) | 12.6% | 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) | 83.8% | 83.2% | 83.7% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0 (0) | 8.1% | 6.8% | |

Monitoring care and treatment

| Indicator | Practice | CCG average | England average |
|--|-----------------|--------------------|------------------------|
| Overall QOF score (out of maximum 559) | 511 | 537 | 539 |
| Overall QOF exception reporting | 4.4% | 5.0% | 5.7% |

Effective staffing

| Question | Y/N |
|---|-----|
| The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme. | Yes |
| The learning and development needs of staff were assessed | Yes |
| The provider had a programme of learning and development. | Yes |
| There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015. | Yes |
| Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation. | Yes |
| The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates. | Yes |

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) | 94.9% | 94.4% | 95.3% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0.6% (7) | 0.7% | 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) | 42.9% | 53.1% | 51.6% | Comparable to other practices |

Any additional evidence

During our inspection we reviewed the number of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within six months of the date of diagnosis. 81% of patients had a review recorded during 2016/2017 which was below the local and national average. We checked unverified data for 2017/2018 which showed 95% patients had a review recorded, which was in line with the local and national average of 94%.

Caring

Kindness, respect and compassion

| CQC comments cards | |
|---|----|
| Total comments cards received | 17 |
| Number of CQC comments received which were positive about the service | 7 |
| Number of comments cards received which were mixed about the service | 10 |
| Number of CQC comments received which were negative about the service | 0 |

Examples of feedback received:

| Source | Feedback |
|--|---|
| For example, Comments cards, NHS Choices | <p>Patients described the staff as kind, caring and professional. However, the majority of patients we spoke with told us that they had difficulty contacting the practice on the telephone during peak times and obtaining an appointment that was convenient to them.</p> <p>NHS Choices – rated two out of five based on 24 reviews. The practice received five reviews since January 2018 three of which have rated the practice as five out of five. The practice received negative comments about access. All comments on NHS Choices had a response submitted by one of the Registered Managers.</p> |

National GP Survey results

| Practice population size | Surveys sent out | % of practice population | Surveys returned | Survey Response rate% |
|--------------------------|------------------|--------------------------|------------------|-----------------------|
| 6,330 | 312 | 5% | 111 | 35.58% |

| 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) | 47.9% | 75.6% | 78.9% | Variation (negative) |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS) | 81.3% | 87.1% | 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) | 86.9% | 95.1% | 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) | 71.7% | 82.8% | 85.5% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS) | 91.6% | 91.7% | 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) | 86.7% | 91.2% | 90.7% | Comparable to other practices |

The practice carries out its own patient survey/patient feedback exercises: No

Any additional evidence

The practice had an active Patient Participation Group (PPG) in place and the PPG met with staff bi-monthly. National patients survey results and patient feedback was reviewed by the PPG and the practice has made changes to the appointment booking system as a result of patient feedback and engagement with the PPG.

National GP Patient Survey results are monitored and results are shared with all staff members. The practice provided all staff with training in patient communication and the results from the National GP Patient Survey published in July 2017 show an improvement in patient scores in all but two indicators when compared with the National GP Patient Survey results published in July 2016.

Involvement in decisions about care and treatment

Examples of feedback received:

| Source | Feedback |
|--------------------------|--|
| Interviews with patients | During the inspection we spoke to 17 patients and received feedback from one member of the PPG. 16 patients told us that they felt involved in 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) | 73.4% | 84.7% | 86.4% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS) | 67.2% | 78.9% | 82.0% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS) | 90.9% | 90.1% | 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) | 83.7% | 85.8% | 85.4% | Comparable to other practices |

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

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

Information leaflets were available in easy read format. Yes

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

| Carers | Narrative |
|--|---|
| Percentage and number of carers identified | The practice held a register of carers with 210 carers identified which was approximately 3% of the practice list. |
| How the practice supports carers | The practice's computer system alerted GPs if a patient was also a carer. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They also attended carers meetings within the locality. There was a carers noticeboard and a carers pack available with written information for carers to direct them to the avenues of support available to them. |
| How the practice supports recently bereaved patients | Staff told us that if families had experienced bereavement, their usual 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. |

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>Staff recognised the importance of patients' dignity and respect. However, the size of the reception area meant that there was a lack of privacy when patients spoke with reception staff. Staff were aware of this and made efforts to maintain privacy and confidentiality.</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

Examples of specific feedback received:

| Source | Feedback |
|--------------------|--|
| Patient interviews | The patients we spoke with told us that their privacy and dignity was always respected by reception and medical staff. |

Responsive

Responding to and meeting people's needs

| Practice Opening Times | |
|--|-----------------------------|
| Day | Time |
| Monday | 08:00-19:45 |
| Tuesday | 08:00-18:30 |
| Wednesday | 08:00-19:45 |
| Thursday | 08:00-18:30 |
| Friday | 08:00-18:30 |
| Appointments available | |
| Approximate clinic times Monday - Friday | 09:00-12:00 and 14.30-17.30 |
| Extended hours opening | |
| One Saturday bi-monthly | 10.00-12.00 |

| 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 | |
| All patient requested urgent medical attention, including a home visit were clinically assessed by a duty doctor. | |
| The practice had identified patients who were vulnerable or who would have difficulties accessing the service and had flagged them on their computer system. They would offer those patients home visits as a priority. | |

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) | 76.5% | 75.8% | 80.0% | Comparable to 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) | 40.5% | 60.9% | 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) | 55.7% | 70.0% | 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) | 47.5% | 66.2% | 72.7% | Comparable to other practices |

Examples of feedback received from patients:

| Source | Feedback |
|------------------|---|
| Patient feedback | More than half of the patients we spoke with told us that they could not get an appointment for when they needed one. Seven patients told us that they had experienced difficulties contacting the practice on the telephone. |

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. | 8 |
| Number of complaints we examined | 5 |
| Number of complaints we examined that were satisfactorily handled in a timely way | 5 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman | 0 |
| Additional comments: | |
| Information about how to make a complaint or raise concerns was available and it was easy to do. The practice offered apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. However, the practice did not always provide patients with information on the role of the Parliamentary and Health Service Ombudsman when responding to patient complaints as standard. (The PHSO make final decisions on complaints that have not been resolved by the NHS in England). | |

Well-led

Leadership capacity and capability

Vision and strategy

| Practice Vision and values |
|--|
| The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. |

Culture

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

| Source | Feedback |
|--------|--|
| Staff | Very open culture which promotes openness |
| Staff | Senior staff and GPs are approachable and supportive |

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

| Source | Example |
|--------|---|
| Staff | Changes made to the process for receiving patient samples following staff feedback. |

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

| Source | Example |
|--------|---|
| Staff | The practice reviewed and updated their Chronic Obstructive Pulmonary Disease guidelines following a prescribing error and provided honest and prompt information to the patient. |

Examples of concerns raised by staff and addressed by the practice

| Source | Example |
|---|---|
| Staff | Privacy screens were installed at the reception desk following a safety incident and feedback from staff. |
| 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 |
|--------|--|
| Staff | The practice had a clear zero tolerance policy towards aggressive behaviour. |
| Staff | Staff were encouraged to participate in exercise at work. |

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

| Source | Example |
|--------|---|
| Staff | The practice actively promoted equality and diversity and staff received equality and diversity training. Staff told us that they were treated equally. |

Examples of actions to improve quality in past 2 years

| Area | Impact |
|--------------------|---|
| Clinical audit | The practice had introduced a programme of clinical audit to improve quality. Results from audits demonstrated improvements in quality. |
| Patient experience | The practice regularly reviewed patient feedback and national patient survey results. Staff had received additional training and results from the national GP patient survey results published in July 2017 showed an improvement in performance. |

Examples of service developments implemented in past 2 years

| Development area | Impact |
|------------------------|--|
| Information technology | The practice was an active member within their locality and had implemented a new website as part of a locality wide initiative. This was done to develop services across the locality and ensure patients received accurate and consistent information. |
| Access | The practice was an active member of a local federation and was working towards creating a community hub service which would offer appointments to patients on a daily basis. |

Appropriate and accurate information

| | |
|--|-----|
| Staff whose responsibilities include making statutory notifications understand what this entails | Yes |
|--|-----|

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

| | Method | Impact |
|----------|---|---|
| Patients | Quarterly newsletter and notices displayed and available on the website. Comments box. Engagement with Patient Participation Group. | Clear information on priority areas such as health screening, antibiotic prescribing and flu vaccination. Changes made to the appointment system. |
| Public | Website, NHS Choices and newsletter. | Up-to-date information on services provided such as |

| | | |
|-------------------|-----------------------------------|--|
| | | electronic prescribing, online appointment booking and information promotion health and wellbeing. |
| Staff | Team and one-to-one meetings. | Staff felt valued and involved in how the service was run. |
| External partners | Meetings and information sharing. | Participation in locality wide initiatives. Coordination of multidisciplinary care and treatment. Signposting and close working with local organisations and support groups. |

Feedback from Patient Participation Group;

Feedback

The practice had tried different appointment systems and consulted with the PPG to find the most effective for the practice.

Any additional evidence

The practice had successfully recruited an additional GP partner and a salaried GP. The practice had a stable workforce in place with no vacancies and told us that this was a key factor in improving patient access and experience.