

# Care Quality Commission

## Inspection Evidence Table

### Fisher Medical Centre (1-549978019)

Inspection date: 10 April 2018

Date of data download: 12 April 2018

## Safe

### Safety systems and processes

Source	
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
Explanation of any 'No' answers:	

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
Explanation of any 'No' answers:	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes April 2018
There was a record of equipment calibration Date of last calibration:	Yes 29/9/17
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 28/2/2017
Actions were identified and completed.	Yes
Additional observations: Further fire risk assessment planned	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 2017
Health and safety risk assessment and actions Date of last assessment:	Yes 2017
Additional comments: No actions needed from health and safety assessment	

<p><b>Infection control</b></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>The Infection Prevention and Control (IPC) Audit not current at the time of the inspection. IPC Audit completed on 20/4/2018 by a third party. The audit did not result in any significant actions to be taken.</p>	<p>Yes</p> <p>20/04/18</p> <p>N/A</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p>	

<p><b>Any additional evidence</b></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
Explanation of any 'No' answers:	

## 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
Explanation of any 'No' answers:	

## 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)	0.89	1.02	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)	7.7%	6.5%	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.	No
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 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.	No

Explanation of any 'No' answers:

Branch surgery did not record minimum and maximum recording but had a data monitor in the refrigerator

Prescription pads had been left in printers at the branch surgery – these were removed and locked away at the time of the inspection.

There were no controlled drugs on the premises.

New protocols have been put in place since the inspection.

## 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.	12
Number of events that required action	9

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

Event	Specific action taken
A patient living with dementia who had a penicillin allergy was prescribed penicillin.	The practice requested an electronic patient record update to ensure an alert could be highlighted in red to make allergies more prominent.
Letters were attached to the wrong patients' record	Changes to the protocols for staff to check both the NHS number and the patients date of birth before attaching letters
A patient rang for an appointment with an urgent medical issue and was advised to ring 999 The patient declined and an appointment was made with the nurse 3 days later.	Protocol was changed so that if a patient declined to follow advise and ring for an ambulance the patient was added to the days triage list by admin staff for review with the duty doctor.

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>Patient safety alerts are sent through to the practice manager who filtered alerts that do not apply to primary care and sent relevant alerts to the most appropriate clinician to review. Following review the policies were reviewed and information shared and actions allocated.</p>	

Any additional evidence



# 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)	0.62	0.68	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)	87.0%	82.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (86)	10.1%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	83.4%	76.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.4% (94)	11.9%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	87.3%	80.4%	80.1%	Comparable to other practices
QOF Exceptions				
	24.2% (184)	18.5%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	80.2%	79.0%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (53)	7.8%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	92.0%	92.1%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (30)	15.4%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	90.0%	84.5%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (128)	5.7%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	85.2%	87.1%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.0% (36)	10.5%	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. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	112	120	93.3%	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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	105	113	92.9%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	104	113	92.0%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	105	113	92.9%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	78.7%	75.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.6%	69.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	68.3%	61.1%	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)	64.6%	68.3%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	96.6%	95.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	40.2% (39)	19.1%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	97.2%	92.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.8% (25)	15.5%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	84.9%	87.7%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (13)	7.2%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	550	539
Overall QOF exception reporting	5.6%	6.4%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>There had been no Health Care assistants employed since April 2015 but the practice confirmed that this would be a requirement of new employees.</p>	

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed <b>(01/04/2016 to 31/03/2017)</b> (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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	95.6%	95.7%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (23)	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) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	63.1%	55.3%	51.6%	Comparable to other practices

Any additional evidence

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	9
Number of CQC comments received which were positive about the service	9
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Comments from patients included:</p> <p>‘I have always had good service from doctors.’</p> <p>‘Satisfied in all respects.’</p> <p>‘I am very happy with the service provided by both surgeries i.e. Gargrave and Skipton.’</p> <p>‘Staff excellent, caring and attentive. No complaints.’</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
14,134	250	1.77%	134	53.60%

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 <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	89.8%	82.3%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.8%	89.9%	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?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	98.6%	96.6%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.0%	86.5%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.1%	92.4%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.5%	91.9%	90.7%	Comparable to other practices



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

Date of exercise	Summary of results
	The practice does not carry out its own survey but responds appropriately to comments on NHS Choices, Family and Friends Test and the national GP survey. The PPG supported the practice in a range of ways but has not had the capacity to undertake a more patient survey to date. The PPG had, however, undertaken a waiting room survey and presented its findings to the practice.

Any additional evidence

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients confirmed that they were offered choices about their care and treatment. This included using the electronic referral system when secondary care was required. They reported that they were treated as partners in their care and that the clinical staff gave them good information in order to make their choices.

## 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	84.7%	87.9%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	84.5%	82.7%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.1%	91.0%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90.9%	86.9%	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	196 carers were registered at 10 April 2018. This equates to 1.4% of the practice population
How the practice supports carers	Carers were offered flu vaccinations and signposted to local support organisations, such as a local carers support group.
How the practice supports recently bereaved patients	The practice supported recently bereaved patients with the GP making a telephone call to the next of kin. The GP then assessed the type and intensity of support needed and arranges for this to happen. The practice signposted and referred to the local bereavement 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	Chaperones were offered. Notices were observed in the reception and waiting area highlighting this service Music was played in the waiting area to buffer sound. Consulting room doors were sound proof. Curtains were present around examination couches.

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
Presentation and GP interview and Practice Manager interview	The practice was part of a pilot scheme of a national initiative at improving GP's ability to conduct difficult conversations with patients who were suffering serious illness and/or end of life. The pilot scheme had a set protocol and was evaluated. Since the pilot ended the GPs have continued to use the format with patients with serious illness.
Patient	'The doctors listen carefully to my needs.'

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:00
Tuesday	08:00-18:00
Wednesday	08:00-18:00
Thursday	08:00-18:00
Friday	08:00-18:00
Appointments available	
Appointments are available throughout the opening hours	
Extended hours opening	
Appointments are available alternate Saturday Mornings	

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
The practice had protocols that assisted the assessment of clinical need for appointments. The duty doctor was consulted for any cases where the urgency was unclear and to assess requests for home visits.	

## 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)	87.2%	81.5%	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)	87.3%	72.6%	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)	87.5%	79.5%	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)	81.3%	74.4%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
NHS Choices	<p>'I cannot thank the Doctor and trainee Doctor at Fisher Medical Centre enough for the treatment I received.</p> <p>Being in a very distressed state with an infected large abscess, I was seen and treated in a very effective and timely manner. The bed side manner was second to none and put me at ease.</p> <p>Excellent service.</p> <p>Thank you very much, it was very much appreciated.'</p>

## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.  
Yes

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	28
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The practice collected complaints, both formal and informal, and responded to them in a timely and courteous manner, the practice always gave an apology. The variety of complaints was wide ranging and apart from prescription issues there were no themes. The recorded prescription issues were not necessarily relating to the practice but some were related to the interface between the practice and dispensing pharmacy. These issues were shared with the local pharmacist and rectified.</p> <p>The practice learned from the complaints it received and some changes were made as a result. For example a couple of complaints concerned the attitude of a locum GP, and the practice notified the employing agency and not used that particular GP in the practice since.</p> <p>Two of the complaints related to staff being unable to prescribe, with one patient being asked to return to the surgery 30 mins later for a prescription. The practice reviewed the number of clinicians able to prescribe in the practice and as a result a further practice nurse was enrolled on a prescribing course.</p>	

Any additional evidence

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
The practice is in partnership with a number of other practices in Airedale, Wharfedale and Craven who have merged with the Modality Group. Their vision is to be the leader in delivering resilient community based services to improve population health across the system. They have shared values of commitment, accountability respect and excellence.

### Culture

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

Source	Feedback
Staff	Staff told us they enjoyed working at the practice and felt supported by the manager and the GPs
Staff member	'We are a team. If somebody is struggling, we pitch in and help where we can. The office staff work well together. The managers are supportive and recognise our pressures. The doctors are all understanding and under immense pressure themselves, but do congratulate the office staff when we do a job well.'

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

Source	Example
SEA and Staff member	Following confusion over second ambulance booking during a surgery when the administration staff believed they had sent for an ambulance so did not send for the second, the process was changed to ensure that the GP physically spoke to a member of admin staff giving the patients name and date of birth to book an ambulance.

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

Source	Example
SEA	Events were always recorded and investigated and lessons learnt were always recorded and shared appropriately. Patients involved were contacted by the most appropriate means and given an apology, most frequently written. Information governance was taken very seriously by the practice and processes ensured that patients always got the correct information by using name date of birth and NHS number.
PM	Staff were aware of the duty of candour. We saw letters where apologies were made to patients by letter.



Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff realised that the pharmacist was speaking to patients at reception and that it could be overheard, potentially breaching confidentiality. The practice ensured that a confidential room was available and used for conversations between patients and pharmacists.
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	The practice offers influenza and hepatitis b immunisations to staff, recording the immunisation status of the staff it employs.

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

Source	Example
Practice presentation, PM and admin team leaders	Following the merger with Modality in October 2017 the practice had restructured its workforce to include a social prescriber, an advanced nurse practitioner and a physiotherapist. There were lead roles in both clinical and non-clinical teams and a General Manager for the local Modality practices and a new practice manager for the practice was also in place. This had increased diversity and presented opportunities for existing staff.

### Examples of actions to improve quality in past 2 years

Area	Impact
QOF	The practice has shown consistent high levels of performance, achieving 100% success in achieving QOF targets in 2016/17. This has been achieved with improvement to the appointment system, forward planning of appointments for patient reviews, and follow up for patients not presenting themselves for the reviews.
National GP Survey	The practice showed improvement in patient satisfaction against both CCG and national averages. This was in part due to the embedding of a redesigned appointment system and learning lessons from complaints and incidents.

### Examples of service developments implemented in past 2 years

Development area	Impact
Well led – Merger with Modality October 2017	The practice merged with six other practices in Airedale Wharfedale and Craven (AWC) to build resilience and improve the health of the local population. AWC has become one division of the much larger Modality group and as a result the practice and its partners have re structured with a common General Manager and shared functions, policies and procedures. Accountability has been strengthened and standardisation being developed. We were told the Modality practices benchmark amongst themselves and work toward joint improvement and sharing best practice.

### Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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### Engagement with patients, the public, staff and external partners

#### Examples of methods of engagement

	Method	Impact
Patients	PPG/online services/notice boards	The practice had an active PPG and a full range of on line services. We also observed well maintained notice boards in the reception and waiting areas.
Public	Website	Informative website that gives full range of services.
Staff	Staff meeting	A daily 'huddle' at the start of the working day ensured that all staff were aware of the priorities and challenges for the day.
External partners	CCG	The practice engages with external partners mainly through the CCG

### Feedback from Patient Participation Group;

Feedback
The PPG meet on a regular basis six to eight times per year in the presence of a GP and practice manager. They had a set agenda and minutes were posted on the website. The PPG linked with other PPGs in the area. The PPG recently undertook a waiting room survey and presented suggestions to the practice which included redecorating, changes to some of the waiting room seating to aid patients with mobility issues and improvements to the facilities for children. These changes were being considered as part of the financial planning cycle. The PPG told us that they felt valued by the practice and they were very forward thinking.

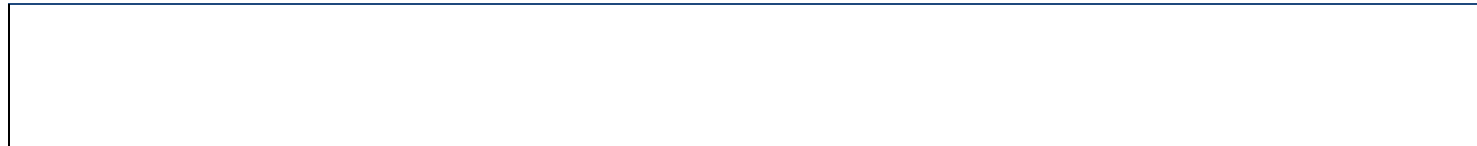
### Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
Regular meeting with PPG	The PPG felt valued by the practice and all were kept informed with minutes published on the website'
Use of social media	The PPG used both 'Twitter' and 'Facebook' to recruit and inform patients about the PPG.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Partnership with 6 local practices to improve local health	In October 2017 the practice became part of the Modality group with 6 other local practices and embarked on a development process to improve services to patients. This process had improved corporate governance, diversified the workforce and built up resilience to support patient care.
Introduction of a telephone Triage system for same day appointments	Requests for same day appointments were managed through a triage system. This had improved prioritisation for emergency appointments and ensured that patients could access timely appointments in accordance with need.

Any additional evidence
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**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>