

Care Quality Commission

Inspection Evidence Table

Merchiston Surgery (1-544305964)

Inspection date: **1 May 2018**

Date of data download: 25 April 2018

Safe

Safety systems and processes

Source	Y/N
There were lead members of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
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.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 28.04.2018
There was a record of equipment calibration Date of last calibration:	Y 16.01.2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y 28.12.2017
Actions were identified and completed	Y
Additional observations: Fire extinguishers were checked monthly and also annually, by an external agency. Fire alarm checks were conducted weekly and recorded online. Six staff members were designated fire marshals and had received additional training for this role.	
Health and safety Premises/security risk assessment? Date of last assessment:	Y 11.01.2018
Health and safety risk assessment and actions Date of last assessment:	Y 11.01.2018
Additional comments: The practice employed a contractor to assess the premises and met with them annually to agree a schedule of required works. A series of modifications, assessed as minor, included fitting new locks to the reception room doors.	

Infection control	Y/N
Risk assessment and policy in place	Y
Date of last infection control audit:	12.12.2017
The provider acted on any issues identified	Y
Detail: To ensure that alcohol gel hand wash was provided in every room and replace some carpets which were worn in places. We spoke to the practice and saw documentary evidence that hand gel was in place, and work to replace worn carpets was currently ongoing.	
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was	Y

managed in a timely manner.	
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.	Y

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)	0.79	0.85	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)	12.1%	11.1%	8.9%	Comparable to other practices

Medicine Management	Y/N
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.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Y
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.	Y
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y Y Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	27
Number of events that required action	27

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

Event	Specific action taken
A patient suffered a collapse outside the practice on their way in for an appointment.	The practice introduced a revised checklist in case a similar incident occurred, and added new equipment to the emergency trolley.
An underage patient was mistakenly referred to a service for adults.	The practice changed its referral form to explicitly state the service was for over-18s only. Staff were reminded of the procedure.
A patient, who shared a similar name with another patient registered at the practice, attended a GP appointment with the other patient's details on the GP's screen. The GP checked the patient's name but not their date of birth, and realised a mistake was made before a breach of confidentiality occurred.	GPs now use a template which prompts them to check a patient's full name and date of birth before the consultation begins.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>The office manager receives an email and disseminates information to relevant parties. Each alert has an 'urgency rating' and timescales <u>for alerts to be actioned</u>. Alerts are then followed up to ensure completion. Hard and electronic copies of the alert are made and stored.</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)	0.48	1.01	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)	80.6%	79.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.4% (164)	18.4%	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)	82.7%	79.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.8% (168)	12.8%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	83.6%	74.3%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.8% (234)	20.4%	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)	71.1%	76.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.8% (164)	6.4%	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)	94.1%	91.3%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.2% (78)	11.5%	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)	84.3%	84.2%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.2% (158)	4.3%	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)	87.1%	88.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (13)	6.8%	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)	146	150	97.3%	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)	145	152	95.4%	Met 95% WHO based target Significant Variation (positive)
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)	145	152	95.4%	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)	145	152	95.4%	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)	74.0%	71.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	83.5%	74.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.9%	54.5%	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)	71.9%	71.0%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia,	91.9%	88.9%	90.3%	Comparable to

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)				other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.3% (21)	11.0%	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)	90.8%	88.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.7% (18)	8.1%	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)	74.2%	83.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (11)	7.6%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557	540	539
Overall QOF exception reporting	8.2%	6.6%	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.	Y

The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
Any further comments or notable training: Staff could complete training courses during protected learning time at the practice, or receive additional remuneration to complete in their own time.	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Y

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.0%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (21)	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)	37.8%	40.6%	51.6%	Comparable to other practices

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	0
Number of CQC comments received which were positive about the service	0
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	The practice did not have any responses from the CQC comment cards. This was in part because the comment cards were received just four days before the inspection.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
14,051	225	2%	127	56.44%

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)	65.0%	74.1%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	89.9%	87.7%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	95.0%	94.9%	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)	89.6%	84.2%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	90.1%	91.3%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	92.1%	90.5%	90.7%	Comparable to other practices

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We interviewed four patients as part of our inspection on the day. All felt 'very involved' in decisions made about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	89.6%	85.8%	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)	83.2%	79.9%	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)	88.7%	89.6%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	81.7%	84.3%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets could be made available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	318 carers were identified by the practice computer system. This figure represented around 2% of the practice population.
How the practice supports carers	Patients were directed to a Community Navigator, employed by Swindon Borough Council, for help in accessing local services for carers. Carers were able to meet other carers, and a member of Swindon Carer's Centre. Meetings were held monthly, and took place at a local leisure centre. Patient notes were coded if they were also carers, and a notice board in the practice contained information about support services.
How the practice supports recently bereaved patients	A relative of the deceased patient receives a 'phone call from a GP, and a home visit.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	Patients were directed to take a paper ticket once they entered the practice, and to remain seated until their number was announced. They were then called to the reception desk. The practice reception area also played 'background music' so that patients speaking to reception staff were less likely to be overheard. We spoke to patients on the day of inspection, and their reactions to this system were mixed.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
Examples of specific feedback received:	Y

Source	Feedback
Interviews with members of the practice patient participation group (PPG)	PPG members agreed that the practice faced a number of challenges in recent years, such as staff shortages, and that actions were taken to address the impact of these. PPG members made suggestions about improvements to the practice which were acted on.
Interviews with patients	Patients were concerned about a range of issues such as waiting times for routine appointments, the lack of availability of GPs, and accessing reception staff when phoning the practice to make an appointment. Patients said that the measures the practice had put in place, such as making more phone lines available and changing the practice skills mix, were having a positive impact and addressing these concerns.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-12:00
Monday	12:00-18:30
Tuesday	08:00-12:00
Tuesday	12:00-18:30
Wednesday	08:00-12:00
Wednesday	12:00-18:30
Thursday	08:00-12:00
Thursday	12:00-18:30
Friday	08:00-12:00
Friday	12:00-18:30
Appointments available	
8.30am to 11am, and 2pm to 5pm, Monday to Friday.	
Extended hours opening	
7am to 8am on Monday and Friday; 6.30pm to 7.30pm on Monday and Tuesday.	

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.	Y
If yes, describe how this was done	
The GP receives a message regarding a home visit and contacts the patient by phone to decide whether a home visit is necessary.	

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)	77.2%	79.0%	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%	69.5%	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)	63.7%	74.2%	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)	52.5%	68.8%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices, the practice website	The biggest concern is around lack of appointment availability and access to reception staff when patients call the practice. The practice is aware of these issues and has put a series of measures in place to address patient need.

Listening and learning from complaints received

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

Complaints	Y/N
Number of complaints received in the last year.	49
Number of complaints we examined	10
Number of complaints we examined that were satisfactorily handled in a timely way	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice

The practice is in the process of merging with six other practices locally to build resilience, share good ideas and offer new services.

Practice Vision and values

The practice had a vision statement which was:

“We will offer all our patients high quality care and support in times of need and treat our patients and colleagues as we would expect to be treated”.

Culture

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

Source	Feedback
Interviews with staff	Staff felt supported by colleagues and by the leadership team. There were opportunities for career development, and training and other development needs were met.

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

Source	Example
Interviews with staff	A member of staff felt well supported in terms of adjusted work patterns and emotional support, when they experienced a family bereavement.

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 patient was admitted to hospital. She was carrying a carer's card and was a sole carer for someone at risk. However, because she had a diagnosis of expressive dysphagia (difficulty in putting words together to make meaning), she was initially unable to communicate this to staff at the hospital. The practice contacted the local carer's centre to ask if the carer's card number could be shared with them, to facilitate their registration at the practice.

Examples of concerns raised by staff and addressed by the practice

Source	Example
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Y

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Interviews with staff	The practice helped to manage a staff member's workload by recruiting an

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

Source	Example
Patient waiting areas	The practice displayed a statement specifying that it has a zero tolerance attitude to harassment and threatening behaviour. Staff complete online equality and diversity training courses.

Examples of actions to improve quality in past 2 years

Area	Impact
Disease prevalence reviews	Rates for every QoF domain area have exceeded national averages, <u>but some figures for exception reporting were higher than averages. The practice was addressing these areas appropriately.</u>
Home visits by the practice paramedic	The practice reviewed its staff skills mix and employed a paramedic practitioner. As a result, GPs had more time available for practice appointments.

Examples of service developments implemented in past 2 years

Development area	Impact
A review of basic life support procedures	Improvements in process and <u>the</u> equipment provided
Receptionist trained to book appointments at SUCCESS centres. SUCCESS (Swindon Urgent Care Centre and Expedited Surgery Scheme) centres are clinics based at two other local NHS practices and operated by a company named Medvivo, on behalf of NHS Swindon CCG.	Improved appointment access and reduced volume of appointments on the triage list by an average of 13% per week.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Learning from complaints and significant events	Information is cascaded to staff, with learning points identified and discussed across a range of staff fora.	
Practice specific policies	These were comprehensive and updated regularly.	
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Managing risks, issues and performance

Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Y

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Practice website. Direct email contact with the practice. Engagement with the patient participation group (PPG). Practice newsletter.	Ongoing assessment of services and discussion of any suggested improvements.
Public	Practice website. Attendance at local healthwatch meetings.	Improved flow of information to and from the practice. Better awareness of local services and amenities, for example the local carer's support group.
Staff	Open door policy. Staff meetings and minutes. Staff appraisal.	Open and transparent communication. Staff felt able to raise concerns and involved in service development.
External partners	Regular programme of meetings. Communication channels, for example email and electronic software systems.	Meeting as a locality helped to map out service provision and plan for future developments. This enabled services to be planned and delivered effectively and for better sustainability of service provision in the future.

Feedback from Patient Participation Group;

Feedback
Members of the PPG we spoke with said they were contacted to ask for their views on possible service changes. They reported that they felt informed by the practice. The PPG met face-to-face and also aimed to develop a virtual group in the near future.

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

Examples	Impact
PPG members created a social media subcommittee	The practice has launched and maintains a Facebook page.
Patients' artwork was displayed in the waiting areas and available for sale.	The money raised through these sales has been used to purchase adjustable couches for the practice.

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>