

Care Quality Commission

Inspection Evidence Table

Victoria Cross Surgery (1-3274936032)

Inspection date: **19 April 2018**

Date of data download: 12 April 2018

Safe

Safety systems and processes

Source	
There was a lead member(s) 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
All practice clinical staff were trained to Safeguarding Level 3.	

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

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes February 2018
There was a record of equipment calibration Date of last calibration:	Yes April 2018
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 April 2018
Actions were identified and completed. Issues assessed as having a minor impact were identified, and action taken to address these.	Yes
Additional observations: Two staff members were designated fire marshals.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes April 2018
Health and safety risk assessment and actions Date of last assessment:	Yes April 2018

<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>An audit undertaken in December 2017 identified a number of minor issues and an action plan was put in place to address these. The 2018 audit confirmed the necessary actions had been taken.</p>	<p>Yes</p> <p>April 2018</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)	0.75	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)	11.6%	11.1%	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
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines and .risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/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.	10
Number of events that required action	10

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

Event	Specific action taken
The practice received medication prescriptions for patients who were not registered there.	The relevant pharmacy was contacted and informed of the error.
A letter was sent to the wrong patient. The letter did not contain personal medical details, and was returned to the practice.	Patient records were amended, and the letter sent to the appropriate patient. Staff were reminded that more care was needed to check and confirm all patient data.
The practice had not received a letter from the mental health team concerning a patient's change of medication. As a result, the patient was taking two different types of medication, issued by the practice and the patient's mental health team, when they should only have been taking one.	The incident was reviewed at the practice's annual Significant Event Audit (SEA) meeting. The practice implemented a new system to prevent this issue happening in future. All discharge letters regarding a change of medication are now sent for review by the practice clinical pharmacist.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Medicines alerts (for example) are first received by the practice manager, and forwarded to the lead GP. Any required actions are then cascaded to members of the clinical team. These alerts are sent back to the practice manager, and a record is also made if no action is required.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.08	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)	68.5%	79.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.4% (39)	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)	69.6%	79.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.7% (44)	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	69.1%	74.3%	80.1%	Comparable to other practices

cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions				
	13.8%	(52)	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)	61.5%	76.7%	76.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (25)	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)	79.0%	91.3%	90.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.7% (18)	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)	73.8%	84.2%	83.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (38)	4.3%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a	84.6%	88.3%	88.4%	Comparable

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)				to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (10)	6.8%	8.2%	

More recent (2017-2018) QoF data seen at inspection showed that:

- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months had increased from 79% to 90%. This is comparable with local and national averages (for 2016-2017).
- 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 three Royal College of Physicians (RCP) questions had increased from 62% to 79%. This is comparable with local and national averages (for 2016-2017).
- 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 had increased from 74% to 90%. This exceeds both local and national averages (for 2016-2017).

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)	74	80	92.5%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	81	85	95.3%	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)	81	85	95.3%	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)	82	85	96.5%	Met 95% WHO based target Significant

(01/04/2016 to 31/03/2017) (NHS England)				Variation (positive)
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Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	66.7%	71.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.6%	74.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	55.2%	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)	66.7%	71.0%	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)	94.7%	88.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.4% (16)	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	86.9%	88.5%	90.7%	Comparable to other practices

months (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.8% (12)	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)	76.2%	83.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (6)	7.6%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	510	540	539
Overall QOF exception reporting	6.7%	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.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
The health care assistant (HCA) completes regular course updates.	

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)	90.4%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (17)	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)	37.2%	40.6%	51.6%	Comparable to other practices

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	25
Number of CQC comments received which were positive about the service	24
Number of comments cards received which were mixed about the service	0

Number of CQC comments received which were negative about the service	1
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Examples of feedback received:

Source	Feedback
For example: CQC Comment Cards, NHS Choices website	<p>Positive comments:</p> <ul style="list-style-type: none"> • Excellence of care and treatment; • commitment to patient welfare; • attitudes and manner of reception and administrative staff. <p>Negative comments:</p> <ul style="list-style-type: none"> • Long wait for routine appointments; • Long wait to talk to a receptionist when contacting the practice by 'phone; • 'Unhelpful' and 'unprofessional' reception staff <p>When we spoke to the practice they were aware of these patient concerns, and had put a series of measures in place to address patient concerns. These measures included:</p> <ul style="list-style-type: none"> • Installing a new telephone system with greater call capacity, and health information screens; • More staff available to answer phones; • More appointments made available (both at the surgery and online); • Reception staff accessed a range of interactive and face-to-face courses aimed at enhancing patient care.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,524	228	3%	94	41.23%

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)	59.3%	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)	81.4%	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)	91.4%	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)	77.5%	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)	96.1%	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)	95.1%	90.5%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises **Yes**

Date of exercise	Summary of results
27 June 2017	<p>The questionnaire was handed out to patients by members of the practice patient participation group (PPG) and reception staff, who were visiting the surgery on the day.</p> <ul style="list-style-type: none"> 64% of respondents rated the practice as Good or Very Good; 33% as Fair; 3% rated as Poor. The main areas for concern raised by patients were around appointments availability; and call waiting times to book an appointment. 77% of patients rated Information provided by reception staff as Good or Very Good 75% of patients surveyed rated the professionalism/helpfulness of reception staff as Good or Very Good 88% of patients surveyed rated the staff as Good or Very Good for professionalism and helpfulness.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We interviewed three 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)	75.5%	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)	69.4%	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)	94.3%	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)	82.6%	84.3%	85.4%	Comparable to other practices
As part of our inspection we sought evidence of patient's views about the service they had received. This feedback informed our judgement about the service the practice provided. We usually refer to the annual national GP patient survey, but the most recent results do not include Victoria Cross Surgery because it is registered with us a new legal entity, in March 2017. However there was other feedback available. Overall the feedback was positive, except in relation to such issues as obtaining appointments which was mixed.				

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 **could be made** 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	81 carers were identified by the practice computer system. This figure represented around 1% 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.
How the practice supports recently bereaved patients	<p>A relative of the deceased patient receives a 'phone call from a GP, and a home visit.</p> <p>The practice offers an enhanced level of support and procedures for patients affected by the death of a minor (someone below the age of full legal responsibility).</p> <p>Patients can access a bereavement counsellor, employed as part of a psychotherapy team based at the practice.</p>

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	The reception desk was very close to the waiting area, meaning it was difficult to manage confidentiality. Practice reception staff offered a quiet room for patients who wished to discuss matters confidentially.

Consultation and treatment room doors were closed during consultations. **Yes**

Examples of specific feedback received:

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 concerned about a range of issues such as waiting times for routine appointments, the lack of availability of GPs, accessing reception staff when phoning the practice to make an appointment, and the perceived negative attitude of reception staff. Additional concerns were around clinical procedures such as the availability of blood test forms. Patients said that the measures put in place by the practice were having a positive impact and addressing these concerns.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-13:00
Monday	14:00-18:00
Monday	18:00-20:00
Tuesday	08:30-13:00
Tuesday	14:00-18:00
Wednesday	08:30-13:00
Wednesday	14:00-18:00
Thursday	08:30-13:00
Thursday	14:00-18:00
Friday	08:30-13:00
Friday	14:00-18:00

Appointments available
Usually 8.30am – 5.30pm, Monday to Friday.
Extended hours opening
First Saturday of the month (mornings); Monday evenings, 6pm – 8.15pm

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 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)	65.2%	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)	67.9%	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)	69.5%	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)	64.2%	68.8%	72.7%	Comparable to other practices
<p>As part of our inspection we sought evidence of patient's views about the service they had received. This feedback informed our judgement about the service the practice provided. We usually refer to the annual national GP patient survey, but the most recent results do not include Victoria Cross Surgery because it is registered with us a new legal entity, in March 2017. However there was other feedback available. Overall the feedback was positive, except in relation to such issues as obtaining appointments which was mixed.</p>				

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	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values

To be a well-run practice that continues to attract both clinicians and patients, whilst putting patients at the heart of everything it does.

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	Information available online was codified and the language used was changed, to make it more user-friendly.
Interviews with staff	Reception staff provided writing paper for patients to signal the desire for confidentiality, without voicing this.

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

Source	Example
Formal complaint	<p>A patient's relative contacted the practice to complain about what they felt were inappropriate comments made to the patient, during a consultation with a locum GP. The relative, who did not attend the appointment, felt the comments were inappropriate and wanted it noted that none of her family wanted to see this particular doctor again.</p> <p>The practice discussed the incident and responded to the patient's relative in writing. The practice emphasised that since the patient was a consenting adult, and due to issues of patient confidentiality, they could not discuss details of the consultation with anyone other than the patient themselves, or a nominated individual. The practice requested that the patient document their allegations to be further investigated. The mother's response indicated that, at this moment in time, her daughter did not want to pursue the complaint; and that she understood that it cannot be taken any further unless her daughter chooses to write in herself. She thanked the Office and Patient Services Manager for her help and understanding in the matter. It was pointed out to the mother that whilst a note could be made that</p>

	she did not wish to see this particular doctor again, individual adult family members would need to make their own decision.
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Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Interviews with staff	The practice conducted an occupational health assessment for all staff in April 2018. The assessment made a number of recommendations on what adjustments could be considered to ensure a safe and healthy working environment. These recommendations were accepted, and the practice offered larger computer screens and lumbar back supports for staff who needed them.

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

Examples	Impact
The practice has made more appointments available both during normal opening hours and on Saturday mornings.	Increased length of appointments with clinicians for long term and other health conditions.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice branch size and location has changed.	Increased number of appointments and extended opening times.

Any additional evidence
The practice bid successfully for local clinical commissioning group (CCG) funding. Administrative staff were able to access a range of interactive courses aimed at enhancing patient care.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator,

thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>