

Care Quality Commission

Inspection Evidence Table

Your Health Partnership - Whiteheath Medical Centre (1-2301058049)

Inspection date: 11/04/2018

Date of data download: 05 April 2018

Safe

Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers: N/A	

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: N/A	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 14/09/17
There was a record of equipment calibration Date of last calibration:	Yes 03/10/17
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 29/06/17
Health and safety Premises/security risk assessment? Date of last assessment: The practice carried out weekly checks	Yes 08/2012 Yes
Health and safety risk assessment and actions Date of last assessment:	Yes 08/2012
The practice was located in a building owned by a third party. Some of the safety checks were carried out by the landlord. There was a risk assessment available but this was done by the landlord. The practice carried out weekly premises checks to ensure safety and security of premises but there was no recent overall risk assessment to manage risks to staff and patients. On the day the practice had a meeting with the representative of the landlord to discuss sharing of information between the landlord and the practice including management of risks. Following the inspection the practice had submitted evidence of a health and safety risk assessment that was carried out in August 2017. The practice also informed that they held quarterly Building User Group Meetings with the Landlord where Health & Safety was rolling agenda item. Any risks identified were discussed at the meeting with all users of the building and actions being taken.	

Infection control Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified	Yes 08/2017 n/a
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

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

Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	1.03	1.00	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)	3.8%	6.0%	8.9%	Variation (positive)

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes*
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site	Yes
The practice had a defibrillator	Yes
Both were checked regularly and this was recorded.	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

The practice did not stock two medicines that may be required during a medical emergency. However, following the inspection we received evidence that these were now available in the practice.

*The practice kept prescription pads securely and there was a system for monitoring, however, this was not sufficient to prevent misuse as there was no clear audit trail. During the inspection the practice had reviewed its process to ensure an effective process. We received further evidence following the inspection to demonstrate the new process of monitoring prescription pads was now in place.

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.	11
Number of events that required action	5

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

Event	Specific action taken
Rejection of urine sample due to missing information	The practice did not ensure that appropriate specimen bottles were being used for the right specimen as patients were not always being asked. The doctors were not specifying appropriate information on the form and at times patients were not completing the forms appropriately. This led to rejection of urine samples for analysis. We saw that that learning had been discussed and shared with staff. For example, reception staff were sent emails advising them the process when handing out specimen bottles.
A blood request form generated following a telephone consultation and not removed from the printer was accidentally given to the next patient who came to the consulting room	Receptionist staff noticed the error and the patient was contacted; staff explained the error and apologised. The correct form was printed off for the patient to collect. Clinicians were asked to ensure all paperwork was completed and removed from the workstation, or secured in separate place to go to reception before the next patient. The learning was discussed and shared with wider staff within the partnership.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Some of the administration functions were centralised including receipt and actioning of alerts. Patient safety alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) were received by the governance and compliance team who then notified the relevant leads in the partnership. For example, if alerts related to medicine then it was forwarded to the prescribing lead within the partnership. The lead then determined further action and where relevant, the centralised patient services team was asked to take action. Alerts were also discussed at the Clinical Quality and Operational Group (CQOG) meeting with all clinical leads.</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)	0.44	0.82	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)	76.7%	79.7%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8% (78)	11.0%	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)	71.1%	78.4%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.5% (82)	8.8%	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)	84.9%	78.9%	80.1%	Comparable to other practices
QOF Exceptions				
	15.0% (85)	11.4%	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)	82.3%	77.6%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.7% (70)	5.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	90.3%	90.2%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (23)	11.9%	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)	81.9%	82.1%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (59)	3.9%	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)	87.5%	88.7%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (1)	5.7%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	110	122	90.2%	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)	103	111	92.8%	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) (01/04/2016 to 31/03/2017) (NHS England)	102	111	91.9%	Met 90% Minimum (no variation)
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)	102	111	91.9%	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 (01/04/2016 to 31/03/2017) (Public Health England)	64.0%	66.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	63.7%	64.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	45.6%	41.5%	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)	60.0%	66.3%	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 (01/04/2016 to 31/03/2017) (QOF)	90.3%	90.6%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	39.2% (20)	14.0%	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)	100.0%	92.3%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.5% (14)	10.2%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.0%	85.2%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (1)	5.6%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549	528	539
Overall QOF exception reporting	9.2%	6.2%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>n/a</p> <p>Any further comments or notable training.</p> <p>n/a</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 (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.8%	95.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (21)	0.8%	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)	61.8%	53.3%	51.6%	Comparable to other practices

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
Comments cards	Patients said that staff were always polite and willing to help. They described examples where they were listened to and treated with respect, dignity and kindness. Patients also commented on the professionalism of staff.
NHS Choices	Generally patients were unhappy with the level of service received with some staff. Patients also stated that they found it difficult to get an appointment. However, the most recent feedback was almost 12 months ago and the practice had been aware of some of the issues. The practice had responded to the feedback received and had invited patients to contact the service so that they could address the issues.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
8000	310	4%	104	33.55%

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%	68.5%	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)	72.1%	84.8%	88.8%	Variation (negative)
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)	92.3%	93.2%	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)	61.8%	80.7%	85.5%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	93.3%	87.6%	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)	91.9%	86.4%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
	<p>The practice had not carried out a formal survey or utilised the Patient Participation Group (PPG) to obtain patient feedback.</p> <p>The practice offered a number of practice-based, consultant-led outpatient clinics to patients requiring specialist advice such as cardiology, Dermatology, Ear Nose and Throat (ENT), Gynaecology, ophthalmology and rheumatology. Patients are asked about their experience with these clinics via a questionnaire at each visit and we were told that the practice had achieved a 95% or greater, satisfaction rating. The practice also offered physiotherapy clinics and during the trial of the service in 98% of the 370 patients surveyed rated their experience as good or excellent. However, these surveys were based on the consultant led services and did not address the poor feedback for consultations with GPs as shown above.</p> <p>The provider's website encouraged patients to leave feedback through the feedback portal. However, we did not see any evidence that these were used to make improvements.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>We spoke with four patients on the day of the inspection and they told us they were satisfied with the care provided. They were positive about the clinical and reception staff. Patients told us that they felt involved in the decisions about their care and care options available to them were explained.</p> <p>However, the national GP patient survey showed that outcomes for patient involvement were below local and national averages. The practice explained that there had been a change in two GP partners who had moved on and two salaried GPs had also been employed. The practice felt that due to this change the continuity of care had been affected and patients may not have been familiar with their style of consultations. The practice explained that they were working to develop new vision to deliver high quality care for the practice and were working with staff members to support staff empower them to provide better care. The practice held workshops with staff and hoped that this would filter into the care being delivered. However, this was not being monitored to demonstrate improvement.</p>

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)	71.6%	82.4%	86.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	63.1%	76.5%	82.0%	Variation (negative)
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)	92.8%	86.4%	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)	88.3%	82.3%	85.4%	Comparable to other practices

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

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

Information leaflets were available in easy read format. Yes

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 49 carers which represented (0.6%) of the list size. However, the practice was part of a partnership and had recently merged its list size. The total number of carers relating to this particular practice was 657, representing 1.5% of the list size.
How the practice supports carers	Carers were offered flexible appointment times and invited for annual influenza vaccinations. The healthcare assistant was the carers champion and supported them with relevant information and advice. There was a notice board in the reception waiting area with relevant information for carers.
How the practice supports recently bereaved patients	A GP called the family of the bereaved and offered an appointment at a suitable time. They provided information on other support services where appropriate.

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	Reception staff had access to a private room if required.

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
Comment cards	A patient stated that they had been referred for a scan but were unsatisfied with the results. The practice arranged for another scan which helped to diagnose their condition. The patient was pleased with the practice that they were referred the second time.
Staff	Staff told us that they would offer a private room for confidential discussion and a poster in the reception area informed them of this.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments available	
Extended hours opening	
	Extended opening was available from 6.30pm to 8pm Monday to Friday at one of the other practices that was part of the partnership. Appointments were available on Saturdays from 8.30am to 11am and a Sunday morning GP call back service was also available (remote access by GP) from 9am to 10am.

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	
There was a centralised home visiting team. The home visiting team consisted of an advanced nurse practitioner, a healthcare assistant and was overseen by a duty GP.	

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)	88.4%	79.1%	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)	71.9%	60.9%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	72.6%	63.7%	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)	73.6%	63.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient interview	Patients told us that they found it difficult to access the service through the telephone system. The practice was aware of this and was working with the CCG to implement a new telephone system.

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.	12
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

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
There was a clear vision and set of values to deliver high quality medical care in a flexible and innovative way. The vision and values were developed through consultation with staff members.

Culture

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

Source	Example
Staff	<p>Reception staff feedback was that they were cold especially during the winter as doors were open due to patient traffic. As a result all staff have been given fleece layers as part of their uniform.</p> <p>Staff felt that they wanted greater social interaction and a social group had been set up. Staff had also organised a charity dog walk.</p> <p>The practice had a centralised home visiting team which consisted of an ANP, Practice Nurse, and Healthcare Assistant and was overseen by a duty GP. However, the duty GP was only available until 1pm and the task was picked up by another GP who also carried out normal GP duties. Feedback from the GP was that there was a high volume of work for the GP to manage in the afternoon. As a result the of the feedback a duty GP was now available all day and were not required to carry out normal consultations.</p>

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

Source	Example
Staff	<p>The practice had changed the process for booking telephone consultation following feedback from staff. Previously, there were a set number of telephone consultations available. Once the capacity was reached patients opting on the telephone system for a telephone consultation were told that this was not available and were offered an alternative. However, many patients did not listen to the whole message.</p> <p>The GPs and staff highlighted that this was potentially unsafe as there was a risk of missing urgent cases including young children. As a result there were now dedicated telephone slots for urgent cases and for children under five years old. The message on the telephone was amended and the urgency was triaged by GP.</p>

Examples of concerns raised by staff and addressed by the practice

Source	Example
--------	---------

Staff	The practice offered HGV medical, DVLA fitness to drive as well as other medical assessments such as fostering adoption GP report. However, this was having a big impact on GP time as they were seen on an ad-hoc basis. As a response the practice had started dedicated monthly slots instead.	
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.		Yes

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

Source	Example
Staff and management	There were workstation assessments carried out, with regard to display screen equipment. There was an online portal and staff could raise any concerns through staff forums and the online portal.

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

Source	Example
Training	All staff had completed online training. The practice considered their staff and treated staff fairly and equally. Staff told us that there was an inclusive culture. The practice had established a staff foodbank which was then donated to a local trust for vulnerable people.

Examples of actions to improve quality in past 2 years

Area	Impact
High risk medicines	There was a lead clinical staff member to ensure high risk medicines were being prescribed appropriately. We saw a number of audits on high risk medicines which demonstrated that the practice was adhering to prescribing guidelines.
Safe prescribing of anticoagulants	An anticoagulant medicine audit showed that 28/467 (94%) of patients had a record of a blood test in the last 12 months. The practice aimed to improve from the current 94% to 100% in the next 12 months.

Examples of service developments implemented in past 2 years

Development area	Impact
Long Term Conditions	The nursing team were involved in the development of a clinic called 'year of care' which incorporated reviews of patients with multiple long term conditions within one appointment.
Centralised home visiting team	A centralised home visiting team had been established recently that reviewed housebound patients with long term conditions and any other issues. This provided continuity of care and ensured a planned approach to the management of their conditions.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Location specific PPG and partnership wide PPG that met quarterly.	The practice was aware that the current system did not work and was working with the CCG to install a new telephone system.
External partners	Meeting with	Working with Healthwatch to look at complaints and

	Healthwatch	share ideas on how to improve services. Some of the members of the PPG were members of Sandwell Healthwatch which facilitated this.
--	-------------	--

Feedback from Patient Participation Group;

Feedback

The patient participation group (PPG) were positive about the service and felt involved in the practice. We were told that the PPG had informed the practice about the telephone system which did not facilitate good access.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice launched new care model in September 2017	The practice had developed a multidisciplinary clinical support team consisting of a GP, Clinical Pharmacists and Physician Associates based at one of the partner sites. The purpose of the team was to ensure effective use of GP time and to ensure patients clinical needs were reviewed by appropriate staff.
Staff	There was a staff forum to engage with staff and provide opportunity to voice any concerns. The practice had developed its core values through engagement with staff through workshops and away days.

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>