

Care Quality Commission

Inspection Evidence Table

Hart Medical Practice (1-540515848)

Inspection date: 4 April 2018

Date of data download: 06 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
Clear systems in place for safeguarding and evidence of processes being followed. A number of registers were in place; these clearly identified and alerted staff to vulnerable and poorly patients.	

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
No new staff had been recruited since the last inspection of November 2015.	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 6 March 2018
There was a record of equipment calibration Date of last calibration:	Yes Booked for 2 May 2018
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 Not dated
Actions were identified and completed. To review and update the fire risk assessment. To add additional detail to the fire drill records to include staff in attendance and effectiveness of drill. Also to log fire evacuations.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 1 March 2017
Health and safety risk assessment and actions Date of last assessment:	Yes 1 March 2017
Additional comments: Systems were in place to ensure that all required maintenance and servicing takes place as required.	

<p>Infection control</p> <p>Risk assessment and policy in place Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail: Cloth fabric chairs had been replaced with wipeable fabric chairs.</p>	<p>Yes 13/11/2017</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Staff had a good understanding of the handling of clinical specimens and how to deal with any spillages. There was an infection control lead within the practice and audits had been completed.</p>	

<p>Any additional evidence</p>	
<p>Policies and procedures were in place and staff clearly aware of them and could detail actions they would take.</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
Explanation of any 'No' answers:	

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	1.20	1.17	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	7.8%	7.0%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

The practice had a dedicated medicines management team who oversaw all aspects of medicines within the practice.

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	Partial
Number of events recorded in last 12 months.	Eight
Number of events that required action	Three

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

Event	Specific action taken
Patient smelling of alcohol and was driving.	Due to previous occurrences the practice had a plan in place. This included contacting the police which they did.
Incident involving a child who was under the care of child and adolescent mental health service. They were having sleep problems.	Incident fully investigated. Practice has taken the action not to prescribe medication to children for sleep problems. All children requiring this will be referred to the child psychiatry team for assess, prescribing and review.
Incident involving a child who had large bump on forehead and the potential for non-accidental injury.	Practice felt that further investigation was needed which took place. Fully investigated by the relevant bodies and no further action taken.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The way in which relevant actions and learning from significant events is shared with the wider team where appropriate should be reviewed.</p> <p>A hard copy file was in place which contained information of the actions taken should these have been needed in respect of safety alerts.</p>	

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Any additional evidence

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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)	0.45	0.51	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	87.4%	82.7%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.8% (98)	14.4%	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)	83.2%	81.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.9% (93)	10.8%	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)	83.1%	83.7%	80.1%	Comparable to other practices
QOF Exceptions	14.0% (77)	13.9%	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)	78.9%	79.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.8% (94)	13.2%	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)	93.1%	92.4%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.1% (97)	14.1%	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)	88.5%	86.5%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (60)	5.0%	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)	99.3%	91.1%	88.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.0% (26)	9.9%	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)	90	96	93.8%	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)	90	102	88.2%	Below 90% Minimum (variation negative)
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)	91	102	89.2%	Below 90% Minimum (variation negative)
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)	86	102	84.3%	Below 90% Minimum (variation negative)

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)	67.1%	74.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.0%	72.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	56.0%	55.7%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	56.5%	64.5%	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)	92.3%	94.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (6)	17.4%	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)	96.2%	93.1%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (5)	12.9%	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)	91.1%	85.0%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (2)	6.7%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	550	539
Overall QOF exception reporting	8.3%	6.5%	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>Any further comments or notable training.</p> <p>It would be beneficial for clinical supervision to be more formalised and for the procedure to detail how this was being implemented. There was a generic induction programme; however there would be benefits from having role specific induction.</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)	99.3%	96.5%	95.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (5)	1.0%	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)	50.8%	52.7%	51.6%	Comparable to other practices

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	39
Number of CQC comments received which were positive about the service	39
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comment cards and patient questionnaires	<p>We received 39 comment cards and nine patient questionnaires. All were positive about the care and treatment provided by the practice. Four of them did however contain comments about the accessibility to appointments; these were however outweighed by positive comments about the appointments system.</p> <p>Patients commented about the helpful staff and about the flexibility of the appointments. The overriding comments were about the professional and caring approach delivered by the staff within the service.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
9,145	280	(Surveys sent divided by Practice population) x 100	110	39.29%

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)	74.5%	77.1%	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)	84.5%	88.5%	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)	95.4%	95.9%	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)	83.8%	86.0%	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)	94.4%	94.4%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	92.8%	93.4%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results

Any additional evidence
The results from the practices own surveys were available on their website and within the waiting area.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients Comments cards and questionnaires	<p>Patient comment cards and questionnaires detailed they were involved in discussion about their care and treatment options.</p> <p>They described how they felt listened to and were fully involved in any decision making.</p> <p>We spoke with two members of the patient participation group (PPG).</p> <p>Patients we spoke with were extremely positive about the practice. They commented that the practice was well organised, that staff were friendly and respectful and overall they received care and treatment in a timely way.</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)	85.5%	87.4%	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)	80.8%	82.8%	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)	92.0%	91.9%	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)	90.5%	88.7%	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	4% of patients have been registered as carers.
How the practice supports carers	They are offered an annual flu vaccination. They are also signposted to relevant support agencies. This information was also available within the waiting area.
How the practice supports recently bereaved patients	The practice sends a bereavement card to the family and contact is made by the GP. They are also signposted to relevant support agencies should this be required. This information was also available within the waiting area. The practice held a register for 'poorly' patients and these patients had open access to appointments.

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	Smart cards in use and removed when staff move away from computers. Also clear desk policy when move from area.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	07:30-20:00
Tuesday	07:30-17:30
Wednesday	07:30-17:30
Thursday	07:30-17:30
Friday	07:30-17:30
Appointments available	
	Various appointments are available when the practice is open.
Extended hours opening	
	The practice offered extended hours from 7.30am Tuesday and Friday mornings and 6.30pm until 8.00pm Monday evenings.

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	
<p>There are always three GPs on duty during the morning. The requests from home visits are allocated to them and they each take their turn in determining if necessary and if so would carry out the visit. We saw evidence of this happening during the inspection. There was also the availability of a duty GP.</p>	

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)	86.3%	80.2%	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)	66.7%	67.1%	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)	84.1%	76.1%	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)	79.3%	71.8%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Comment cards	The patient comment cards we received detailed positive comments about the flexibility of appointments that were available to them.

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	8
Number of complaints we examined that were satisfactorily handled in a timely way	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice had received eight complaints that were dealt with immediately by the practice.	

Any additional evidence
The practice had received a number of 'Thank You' cards from patients. They had not done any summary in respect of these.

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
The practice states that they aim to provide a caring, quality service to all of their patients.

Culture

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

Source	Feedback
Staff comments	Staff described the culture as professional and caring. There was very good teamwork with a clear understanding of each other's job roles. Staff told us that their opinions mattered.

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

Source	Example

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

Source	Example
Complaints	There was clear evidence of complaints being properly investigated and the appropriate procedures were in place.

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.	Yes

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

Source	Example
Training matrix	Staff have received the required training in respect of health and safety, for example fire training and first aid.

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

Source	Example
Staff training matrix	Staff were trained in respecting equality and diversity.

Examples of actions to improve quality in past 2 years

Area	Impact
Waiting area	Changed seating to a washable fabric.

Examples of service developments implemented in past 2 years

Development area	Impact
Hub working	The practice is exploring ways of working with five other practices to provide improved services to patients.
Medicines Team	This team continues to provide a very good service to patients in respect of medicines management and repeat prescription. It has been used as a model of other practices within the CCG area.

Appropriate and accurate information

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

Examples of methods of engagement

	Method	Impact
Patients	Patients' survey. Patient participation group. Practice website.	Comments included the new appointment systems being easier to use. Positive comments about the staff being pleasant and helpful.
Staff	Open door policy. Staff meetings and minutes. Staff appraisal.	Open and transparent communication at all levels. Staff felt able to raise concerns and involved in service development.

Feedback from Patient Participation Group;

Feedback
We spoke with two members of the PPG. They told us they felt valued and listened to by the practice. They were given opportunities to express their view and make suggestions. An example of action taken as a result of suggestions was in relation to the electronic board calling patient through for the

appointments. The PPG suggested this could be used as a way of delivering information to patients for. For example missed appointments and topical issues.

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

Examples	Impact
There were issues in respect of the main door only opening one way which caused difficulty particularly to patients who used wheelchairs.	Practice researched a range of options and the way in which the main door operated was changed. Positive comments have been received from patients in respect of this.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Management plans for patients with exacerbation of COPD	Open access meaning speedier treatment and preventions of patients being admitted to hospital.

Any additional evidence

The practice had fully reviewed the outcomes of the GP patient survey and had made changes as a result.

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>