

Care Quality Commission

Inspection Evidence Table

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Well-led

Leadership capacity and capability

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

The practice manager and the provider met daily to discuss any issues at the practice. The practice held two weekly clinical meetings, and monthly practice meetings.

Vision and strategy

Practice Vision and values

The provider had a clear vision and a mission statement that was patient focused and informative. This included a goal to be as effective and efficient as possible in terms of the health care they provided and the business they ran. The practice manager explained had been reviewed this with staff at the monthly practice meetings. The document was laminated and available in the practice reception.

Culture

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

Source	Feedback
Staff	Staff stated they felt respected, supported and valued and stated they worked well as a team.
Staff	Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed

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

Source	Example
Practice manager	Following staffs concerns about abusive behaviour by patients. A glass screen had been put in place in reception.
Practice manager	Following the staffs concerns about safe working practices, the provider had purchased new office chairs.

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

Source	Example
Significant event	A patient requested a summary of their medical notes; a member of the family collected these from reception. A member of the public found the notes in a local shop and handed back to the surgery. The practice implemented that all paperwork, including prescriptions are to be in an envelope if not collected by the

	patient.
Significant event	A member of staff left a box of vaccines out of the fridge overnight following delivery. The practice destroyed these and reception staff reviewed the procedure for accepting and storing vaccines. In addition, the practice reviewed whether the vaccines could be delivered when the nurse was working so that they could accept and check the vaccines.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Raised concerns about an abusive patient. The doctor and practice manager reviewed the information from the staff and the patient was removed from the register.
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
Documents	No tolerance policy for abusive behaviour.
Reception	Security cameras in reception, security alarms on computers, reception administration area behind a glass screen and locked.

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

Source	Example
Training	Staff had completed training.
Policy	Equality and Diversity policy.

Examples of actions to improve quality in past 2 years

Area	Impact
Diabetes	The practice manager had attended quality improvement learning sets in the local CCG, and had implemented a change review to reduce complications for diabetic patients by 3%. For example, reductions in high blood pressure, and cholesterol. The review included diet, exercise, lifestyle, and health.
Chronic obstructive airways disease (COAD)	Following a change to the training requirements of nurses to completed COAD reviews. The practice was participating in the local GP networks plans to recruit a nurse who could carry out the reviews for the practice.

Examples of service developments implemented in past 2 years

Development area	Impact
Premises	The reception area had been refurbished and was clean, tidy, and comfortable for patients.
Customer care	The practice had staggered staff coffee breaks to ensure continuation of the telephone service.

Governance arrangements

Examples of structures, processes, and systems in place to support the delivery of good quality and sustainable care.		
Learning from complaints and significant events	Two examples of significant events reviewed that demonstrated improvements had been made	
Practice specific policies	Observed policies that were specific to the practice	
Other examples		
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Engagement with patients, the public, staff, and external partners

Examples of methods of engagement

	Method	Impact
Patients	The practice had carried out a series of patient surveys, looking at the work of the doctors and the nurse, which the practice manager had collated, reviewed and where appropriate implemented actions for improvement.	For example, where a doctor had recorded a lower score that indicated the need for better communication, they had to complete further training.
Public	NHS Choices	The practice manager reviewed and replied to comments made on NHS Choices website, and offered the patient the opportunity to contact them and raise a complaint with the practice
External partners	Local GP Network	The GP and practice manager attended the local GP network to review ways of working with other practices to improve the patient experience. For example, the phlebotomy service.
External partner	Local Healthwatch	The practice had received a visit report from Havering Healthwatch and were looking at ways of responding to their recommendations.

Feedback from Patient Participation Group;

Feedback

The practice had a patient participation group (PPG) with six member and had held one group meeting on the 23 March 2018. The meeting had agreed terms of reference. The meeting had discussed the recent report from Havering Healthwatch and what actions the provider should take.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Refurbishment of the premises	A cleaner and more comfortable reception.
Recruitment of a new GP	The practice manager explained the provider was in the process of trying to recruit further GPs into the practice.

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Diabetes	The GP completed a two-cycle audit review of diabetic patients in April 2018 that looked at the reasons that patients had not attended the local phlebotomy service for their blood tests. The practice found this was due to appointments conflicting with patients work and a lack of disability access at the service. In response, the practice manager explained that the practice was in discussions with the local GP network about how improvements could be made. Such as Saturday and Sunday openings by joint working across the network. However, a more formal presentation of the audit would have made it easier for others to follow.

Any additional evidence
Following the results of the quality outcome framework for 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) 67% compared to the CCG of 75%. The practice had implemented the change diabetic programme that aimed to reduce complications for diabetic patients by 3%. For example, reductions in high blood pressure, and cholesterol. The review included diet, exercise, lifestyle, and health. In addition, following an audit of why patients did not attend phlebotomy services the practice were discussion with the local GP network of how this could be improved.

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 that 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 that 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>