

Care Quality Commission

Inspection Evidence Table

St Anne's Group Practice (1-545215883)

Inspection date: 22 May 2018

Date of data download: 15 May 2018

Safe

Safety systems and processes

Source	Y/N
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
Any additional evidence	
Although the practice had not made any safeguarding referrals we saw they were very much aware of the process. We saw evidence they were sensitive to needs of foster children and made special arrangements where appropriate to ensure their safety.	

Recruitment Systems	Y/N
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	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 24/10/2017	Yes
There was a record of equipment calibration Date of last calibration: 24/10/2017	Yes
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: February 2018	Yes
Actions were identified and completed.	Yes
<p>Additional observations:</p> <p>The practice had five nominated fire marshals. We saw the building electrical safety certificate and gas safety certificate were in date and staff were carrying out mitigating actions to ensure legionella was not present in the water system.</p> <p>We saw that an inspection had been undertaken in March 2018 by the Health and Safety Executive</p>	

of conditions and working practices considered to be unsafe or unhealthy. We saw that remedial actions had been identified. For example, in the waiting area only one fire exit sign was visible at the end of the corridor. We saw that in May 2018 additional signs had been placed above the door in reception and in the corridor.	
Health and safety Premises/security risk assessment? Date of last assessment: 09/05/2018	Yes
Health and safety risk assessment and actions Date of last assessment: 17/03/2018	Yes
Additional comments: The practice carried out individual risk assessments as needed in relation to changes in staff, patient access, equipment etc. as well as an annual review of all assessments.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 23/02/2018</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>We saw comprehensive policies and procedures for control of infection and staff demonstrated good knowledge of these.</p> <p>We saw evidence the practice manager had conducted an infection prevention and control (IPC) audit; the clinical lead was the practice nurse. No areas for improvement were indicated. We saw the only area of non-compliance found was that non-clinical waste bins were not pedal operated. We found that all non-clinical waste bins had been replaced by pedal operated bins.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
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

Question	Y/N
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)	1.32	1.04	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)	8.0%	8.4%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	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.	

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.	
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
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
Any additional evidence	
There was a GP responsible for providing effective leadership for prescribing.	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	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.	37
Number of events that required action	37

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

Event	Specific action taken
Incident involving potential missed diagnosis/patient care compromised. Patient dropped in a urine sample following a telephone consultation. Unfortunately, there is no record of the	Concerns were investigated, recommendations made and checks conducted to ensure they were embedded.

sample being tested or sent to the laboratory.	
Medication reconciliation problems post discharge from hospital.	Meeting to discuss how the practice identified and processed medication changes in hospital. A report was sent to the hospital regarding discharge with no medication, ward manager delivered medications to the patient's home. A letter was sent to all poly-pharmacy patients explaining that if they left hospital with different medication, it was very important to follow the hospital instructions and to not leave hospital without medication. Once the letters were produced they were added to relevant forums such as facebook and the practice's website.

Safety Alerts		Y/N
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 system in place ensured incidents were identified and action taken to ensure patient safety. Where appropriate the practice involved other practices, services and agencies in the actions taken and the learning from incidents.</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)	0.93	0.79	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)	85.7%	81.0%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.5% (238)	13.2%	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)	79.3%	78.8%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (119)	9.6%	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)	80.1%	81.5%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	11.0%	(116)	14.7%	13.3%	
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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)	72.0%	74.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.1% (112)	9.0%	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)	91.6%	92.1%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (44)	12.9%	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)	81.2%	84.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (106)	3.8%	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)	86.5%	86.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	9.8%	(37)	7.8%	8.2%	
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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)	99	124	79.8%	80% or below Significant variation (negative)
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)	106	119	89.1%	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)	107	119	89.9%	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)	104	119	87.4%	Below 90% Minimum (variation negative)
Any additional evidence				
<p>There are four areas where childhood immunisations are measured; each has a target of 90%. The practice were below in all of four areas. After reviewing recent childhood data for CQC purposes, the practice manager had identified a problem with how one of the nurse's was coding the immunisations. They had amended the records for this year, but had not yet had the chance to look back at the previous year to see if the under target achievement was due to the same incorrect coding. This was a planned piece of work.</p> <p>Current performance data provided by the practice suggested standards had been achieved. The percentage of children aged one with completed primary course of 5:1 vaccine and MMR vaccines between January 2017 and January 2018 was 90%.</p> <p>The practice provided us with data from 2017/18 (which had not yet been verified, published and made publicly available) and these showed that 90% of two year old children had received their vaccinations.</p> <p>For Hib/Men C the current achievement against eligible patients was 93% and Pneumococcal booster 92%.</p>				

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	74.3%	72.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.9%	76.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	61.3%	58.8%	54.5%	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)	77.4%	72.2%	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)	96.5%	89.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	36.7% (33)	11.3%	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)	92.9%	91.7%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.2% (20)	7.6%	10.3%	
Indicator	Practice	CCG	England	England

		average	average	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)	76.5%	84.3%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.1% (19)	4.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544	548	539
Overall QOF exception reporting	8.3%	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>Any further comments or notable training:</p> <p>One GP has been released for two sessions most weeks to provide mentoring in house for a variety of staff as well as those at the Minor Injury Unit at Queen Victoria Memorial Hospital.</p> <p>Another GP is an Honorary Research Fellow at University of Kent at Canterbury, currently involved in a project looking at reducing opiate prescribing in the elderly.</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)	94.1%	95.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (20)	0.5%	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)	70.2%	63.2%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The practice had undertaken an audit of consent for minor surgical operations.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	29
Number of CQC comments received which were positive about the service	23
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	4

Examples of feedback received:

Source	Feedback
Comments cards,	<p>Four CQC comment cards completed by patients included comments about a long wait for an appointment; however, they also included comments that the service they received was very good.</p> <p>We saw comments that staff and GPs were supportive, encouraging and caring, explaining care and treatment and taking time with patients; patients said they were treated with respect.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
14,377	223	1.6%	128	57.40%

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)	74.0%	85.6%	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)	92.0%	89.9%	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)	100.0%	96.5%	95.5%	Significant Variation (positive)
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)	81.7%	85.9%	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)	82.9%	93.3%	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)	87.2%	94.1%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
Ongoing	Patient Suggestion Box – the practice had a suggestion box near to the front desk for patients to submit recommendations for improvements. These were collected quarterly and reviewed by the practice manager and the partners.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients commented that they felt listened to and that the GPs and practice nurses gave them choices and information about care and treatment options. They said they very much felt involved in decisions about their care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	89.9%	89.8%	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)	80.9%	83.7%	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)	89.2%	93.3%	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)	84.2%	89.6%	85.4%	Comparable to other practices

Question	Y/N
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 177 patients who were carers (1.0% of the practice list).
How the practice supports carers	<p>Carers were identified at the point of care planning or at reviews of long term conditions and carer status was highlighted in both carer and patient's notes.</p> <p>There was a dedicated noticeboard in the waiting area that indicated support available to carers and encouraged patients to identify whether they were carers.</p> <p>We saw that there was a carer's pack available for those who requested one that signposted carers to the East Kent Carer's Consortium.</p>
How the practice supports recently bereaved patients	The practice had a bereavement protocol and a form which administrative staff completed when there was a patient death. This ensured that relevant personnel and organisations were informed. The death was highlighted on the family's notes to remind staff about the need to be sensitive and compassionate. The practice sent a card of condolence to the relevant family member.

Privacy and dignity

Question	Y/N
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 practice waiting area was situated away from the reception desk. Staff answering telephones were positioned behind glass/door and away from the front reception counter so that conversations at the reception desk could not be heard.

Question	Y/N
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

Source	Feedback
Interviews with patients	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception, staff would do this quietly and professionally.
Staff interviews	Staff told us patients who were made anxious by waiting in a busy waiting area could wait in a separate room or in their car. Staff would call them when it was time for their appointment.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-13:00
Monday	14:00-20:00
Tuesday	08:30-13:00
Tuesday	14:00-20:00
Wednesday	08:30-13:00
Wednesday	14:00-20:00
Thursday	08:30-13:00
Thursday	14:00-20:00
Friday	08:30-13:00
Friday	14:00-20:00
Appointments available	
Monday to Friday	Morning 8.40 – 11.30am Afternoon 2.30 – 5.30pm Evenings 6.30 – 7.30pm

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 receptionists kept a list of patients requesting a home visit for that day which they forwarded to the GPs who reviewed and prioritised their visits accordingly.	
Additional comments:	
<p>The practice worked collaboratively with a health and social care organisation that worked across mental health, learning disability, substance misuse, primary care, the criminal justice system and employment.</p> <p>There was seven days a week access to minor surgery at St Anne's Group Practice including cataract surgery, dermatology and carpal tunnel surgery. The practice had performed approximately 220 per year which was 35% of East Kent procedures</p> <p>The practice had employed a pharmacist and Herne Bay Town had also employed a pharmacist, between them they were doing polypharmacy medication reviews as well as post discharge medicines reconciliation.</p> <p>The practice and community pharmacists were working with the other Herne Bay practices and started to develop a one stop shop for Diabetes. This would be for the whole town, however currently it was just for patients at St Anne's Group Practice.</p>	

The practice funded a GP led substance misuse service in partnership with a national health and social care provider that provided patients with access to weekly clinics.

The practice had had an increase in the number of MARAC (multi-agency risk assessment conference) referrals to the point where they were one of the highest areas in East Kent.

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)	79.3%	85.3%	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)	35.2%	78.2%	70.9%	Variation (negative)
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)	68.5%	81.5%	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)	61.1%	80.2%	72.7%	Comparable to other practices

Additional comments:

The practice were aware of the low satisfaction rates by their patients to the national GP patient survey, specifically in respect of "how easy is it to get through to someone at your GP surgery on the phone?" In response they had reviewed telephone access and had a plan to extend appointment bookings to six weeks in advance. They were also looking at other solutions in partnership with their patients.

The practice manager told us that they had upgraded their telephone system so that patients were made aware of what number they were in the queue when calling. Patients also had an option for a ring back from the practice if required. If this was necessary, the patient would then be called and also

informed that they were number one in the queue.

Examples of feedback received from patients:

Source	Feedback
Comments cards Patient/PPG interview	Patients commented that they could usually get an appointment when they wanted to. They sometimes had to wait if they wanted to see their own GP.

Listening and learning from complaints received

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

Complaints	Y/N
Number of complaints received in the last year.	26
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	1
Additional comments:	
Complaints were reviewed at a monthly management meeting at the practice, the last meeting was held on 8 March 2018.	

Any additional evidence
As a result of a complaint from a patient experiencing problems with the management of Stoma prescription items. The complaint was investigated and learning identified and shared. This resulted in the Stoma Nurse providing reception staff with training.

Well-led

Leadership capacity and capability

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

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, recent change of clinical system (October 2017) so that they were in line with other CCG practices. This would allow them to work closer for the benefit of their patients. Also, the practice were working towards a merger with another local practice (Autumn 2018) to improve GP resilience in the town.

Vision and strategy

Practice Vision and values

The practice's vision was to provide high quality, compassionate and person centred healthcare that is evidence based and makes appropriate use of NHS resources.

Culture

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

Source	Feedback
Interviews with staff	<p>Staff we spoke to told us they felt they were a good team that worked well together and was supported by management. They said the GPs and practice manager were approachable and helpful. Staff told us they felt the practice was open in its approach and friendly.</p> <p>Staff told us they received all the training they needed for their roles and had protected time to do so.</p> <p>On Saturday 28 April 2018 a range of partners and staff from the practice met for a facilitated morning to plan the five most important projects they needed to undertake over the next year.</p>

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

Source	Example
Interviews with staff	Staff we spoke with told us that the partners had listened to the problems of having administration/reception joint roles. This was discussed at a management meeting in March 2018, and the joint roles ceased and staff now have individual roles and the practice no longer recruit staff for a dual role.

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 record	Following an incident with a patient related to the care/treatment that they had been given by clinical staff and did not feel that they had been referred soon enough to a specialist. This was discussed at a clinical meeting. The GP reviewed the treatment given and wrote to the patient with an apology explaining why he choose to treat the patient in the way he did.

Patient complaint record	Following a complaint from a patient related to the care that had been given by clinical staff and whether it had triggered certain health problems, the GP reviewed the treatment given and wrote to the patient to give reassurance that this was not the case.
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The practice's speaking up policies are in line with the NHSI National Raising Issues Policy. (The practice has a whistle-blowing policy).	Yes
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Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Practice health and safety risk assessments	The practice had a comprehensive range of risk assessments that covered all areas of the practice premises and staff working conditions. These were regularly checked and updated as needed.
Staff training matrix	The practice made safety training for staff part of its mandatory training, both on induction and ongoing. For example, fire safety training and infection prevention and control.
Staff records	Staff were offered an annual appraisal to assess learning needs and were given protected time to undertake training. Staff immunisation records were kept by the practice to ensure relevant staff and patients were protected appropriately.
Staff interviews	Staff told us there was an open door policy at the surgery and they were free to raise any concerns with managers. They told us they were made to feel valued members of the team.

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
Audit of the prescribing of antimicrobial drugs.	The practice prescribing of antibiotics was reviewed against best practice. Over the year to November 2017, this prescribing was monitored and reduced appropriately so the practice dropped to below the national average. This prevented inappropriate prescribing of antimicrobial medicines.
Audit of patients taking sodium valproate.	Following patient safety alerts regarding taking the medicine sodium valproate in pregnancy, the practice assured themselves this was not happening and there were safety measures in place to stop this happening in the future.

Examples of service developments implemented in past 2 years

Development area	Impact
Patients taking a particular medicine	In January 2017 the practice identified patients with atrial fibrillation (a heart condition) who were being prescribed a particular medicine for the purpose of anticoagulation (blood clotting/risk of bleeding) to prevent a stroke. The aim was to assess whether patients benefitted from taking the medicine by calculating the amount of time their INR (international normalized ratio) was within the most effective therapeutic range of 70% or above. In June 2017 the practice did a repeat search on patients. As a result of the audit, the practice identified patients with a therapeutic range of less than 40%. A protocol was put in place to review patients who had a therapeutic range between 40% and 65% to try to help these patients achieve a more stable INR.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Practice specific policies	We looked at a number of policies including safeguarding children and vulnerable adults, infection control, recruitment, selection, interview and appointment. All policies were dated with document revision and approval history	
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Premises and security	The practice undertook annual risk assessments covering the whole building.
Health and safety risk assessments	Annual health and safety risk assessments were undertaken and actions completed. For example, ensuring all clinical waste bins were fire retardant.

Appropriate and accurate information

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

Feedback from Patient Participation Group;

Feedback
We spoke with representatives from the patient participation group (PPG). They told us they were in their infancy and were meeting regularly with the practice.

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

Examples	Impact
At the suggestion of a member of the PPG, they were working with the practice to look at complaints and how lessons were learned to improve the quality of care.	The involvement of the PPG looking at how lessons were learned from complaints, acted as a result to improve the quality of care.

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Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice had taken the opportunity to review staffing skill mix when there were changes to the clinical team. They employed a paramedic and a clinical pharmacist.	A wider skill mix of clinicians gave better access to services for patients.

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

Audit area	Impact
Audit of coils (IUD/IUS) fitted at the practice	The practice had reviewed the care and treatment given to patients who had been fitted with an intrauterine device (IUD/IUS or coil, is a small, often T-shaped birth control device. They identified areas to improve the six weeks coil check. The complication rate of coil insertion in the practice was below the national average.
Any additional evidence	
The practice was a training practice for doctors in the second foundation year of their training, Nursing Students, Clinical Pharmacists, Paramedics, Physician Associates. The practice offered protected mentoring for all newly qualified and appointed GPs.	

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>