

Care Quality Commission

Inspection Evidence Table

The Panton Practice (1-569651561)

Inspection date: 18 April 2018

Date of data download: 12 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)	No
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	No
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:	
Not all staff had undertaken safeguarding training. Seven members of staff had not undertaken safeguarding adults training, including an advanced nurse practitioner, a GP and the practice manager. Seven other members of staff had not undertaken safeguarding children training, including a nurse practitioner and the practice manager. One GP had undertaken level two safeguarding children training but not level three.	
The practice was not able to demonstrate that a Disclosure and Barring Service (DBS) check for an advanced nurse practitioner had been applied for.	

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	No

staff, locums and volunteers).	
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
<p>Explanation of any 'No' answers:</p> <p>The practice had a system to ensure all relevant recruitment checks had been undertaken for new staff which was kept in each staff members' personnel file. Recruitment checks included a disclosure and barring service (DBS) check for all relevant staff. However, the practice was not able to demonstrate that a DBS check for a nurse practitioner, who was appointed in June 2017, had been applied for.</p>	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 25/11/15
There was a record of equipment calibration Date of last calibration:	Yes 03/01/18
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	No
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 01/12/16
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 01/12/17
Health and safety risk assessment and actions Date of last assessment:	Yes 01/12/17
Additional comments: The practice had carried out a portable appliance test in November 2015. However, we saw evidence that this had been booked to be undertaken in April 2018. 15 out of 34 staff members had not undertaken fire safety training.	

<p>Infection control</p> <p>Risk assessment and policy in place Date of last infection control audit: The provider had not identified any actions that needed to be completed.</p> <p>Detail: The practice had an infection prevention and control lead who ensured that systems to promote infection prevention and control were regularly reviewed. For example, we saw evidence that the cleaning schedule for the premises and equipment were audited four times per year. The infection prevention and control lead had undertaken an audit to measure adherence to the hand washing policy and procedure. During the audit the lead member of staff ensured that hand washing guidance remained visible next to all sinks and observed the hand washing technique of all staff. Results showed 100% adherence to the hand washing policy and procedure.</p>	<p>Yes 16/01/18</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	No
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
Explanation of any 'No' answers: Reception staff were not aware of 'red flag' sepsis symptoms, however, they were able to explain what actions they would undertake if they had urgent concerns regarding a patient's health.	

Information to deliver safe care and treatment

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

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	0.56	0.97	0.98	Significant variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	5.7%	8.2%	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.	No
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

Explanation of any 'No' answers:

There was not a record to evidence that blank prescription form stock was checked in for serial numbers when delivered to the practice. Prescription forms were kept in a lockable cupboard and returned to the cupboard at the end of each day. However, there was not a record kept of the distribution of blank prescription form stock within the practice to evidence to whom the prescriptions have been distributed to and at what time and date.

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.	9
Number of events that required action	9

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

Event	Specific action taken
Two patients required oxygen therapy at the practice at the same time, whilst waiting for an ambulance. The practice only had one oxygen cylinder.	The practice monitored the patients' oxygen saturation levels and was able to treat one patient with a nebuliser as an alternative whilst waiting for the ambulance. The incident highlighted that it was possible that two patients may require oxygen at the same time, in the future. The practice invested in a second oxygen cylinder.
A Patient was given a B12 injection instead of a vaccination.	The practice had sought advice and was reassured that the patient was not at risk for having received the injection. The practice apologised to the patient and administered the vaccination. The practice reminded reception staff to document the reason for the appointment. The incident was discussed during team meetings and clinicians were reminded of processes of clarifying patient details and reason for visit before administering medicines.
A one year old had been administered a nasal flu vaccine which is the route to administer vaccines to two year olds, instead of a flu vaccine injection, which is the correct route to administer the vaccine for children under one years of age.	The practice sought advice and was reassured that the patient had not been placed at risk by receiving the vaccine nasally instead of by injection. The practice investigated and found this had occurred because a nasal flu vaccine icon had been generated and placed on the patients' notes by NHS England. The practice undertook searches for patients to ensure this had not occurred for other patients. The practice reminded clinicians to confirm children's' date of birth and age before administering vaccines. The patient's parents were contacted and updated on what action had been taken to reduce the risk of the incident occurring again. The practice shared the significant event analysis with NHS England.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: The practice had a record of all safety alerts received by the practice which detailed what action had been taken, by whom and on which date.	

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)	0.62	0.88	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)	84.0%	82.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.0% (112)	18.0%	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)	77.7%	78.5%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.9% (90)	12.2%	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)	74.2%	81.5%	80.1%	Comparable to other practices
QOF Exceptions				
	25.3% (109)	17.3%	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)	78.4%	76.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.2% (137)	11.7%	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)	92.9%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.3% (51)	16.0%	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)	81.8%	84.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (118)	5.3%	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)	90.6%	87.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.3% (33)	9.6%	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)	161	169	95.3%	Met 95% WHO based target Significant Variation (positive)
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)	142	158	89.9%	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)	141	158	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)	147	158	93.0%	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)	54.8%	74.7%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	61.8%	75.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	52.3%	62.5%	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)	59.4%	63.8%	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)	87.7%	91.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (22)	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)	88.3%	89.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (16)	14.0%	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)	83.6%	86.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (6)	7.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548	548	539
Overall QOF exception reporting	10.4%	6.6%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	No
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>The practice did not have an overview of staff training to include all staff or all training. At the time of inspection, the practice was unable to demonstrate what training had been undertaken for all staff members and when refresher training was due to be completed. We discussed this with the practice who subsequently updated their training overview system. Staff personnel files confirmed that clinical staff had undertaken specialist training for their roles. However, not all staff had undertaken mandatory training. For example, 15 members of staff had not completed fire safety training and six members of staff had not completed basic life support training.</p> <p>All clinical staff had received an appraisal within the last 12 months with the exception of two nurses. One of which last received an appraisal in 2010, the other nurse last received an appraisal in 2015. No non-clinical staff had received an appraisal since May 2015. In total at the time of inspection only 10 out of 30 staff had received an appraisal within the last 12 months. The practice told us that the appraisals were scheduled to be completed by May 2018. All staff we spoke to, including clinicians stated that they felt supported by managers and that managers were responsive when concerns were raised. The nurse practitioners received monthly supervision and the practice nurses had team meetings every three months.</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)	92.2%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (32)	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%	51.6%	51.6%	Comparable to other practices

Any additional evidence
<p>The practice referred people to the local frailty team which supported patients from six practices, including The Panton Practice. Clinical staff from the practice attended multi-disciplinary team meetings every six weeks with the frailty team. The meeting was also attended by district nurses, community matron and the community mental health team.</p> <p>The practice had identified 44 patients who had been diagnosed with a learning disability. Between April 2017 and March 2018, the practice had completed 27 reviews. The practice told us this number was due to patients not attending appointments they had offered. The practice told us they had proactively contacted patients who had not attended appointments.</p> <p>The practice referred patients who were experiencing depression or anxiety to 'Steps to Wellbeing' service which provided talking therapies and self-help workshops. The practice was also able to refer patients who were experiencing drug or alcohol addiction to 'Addaction'.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	10
Number of CQC comments received which were positive about the service	7
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	Patients stated that staff were helpful, professional and caring. Two comment cards referred to long waiting times for routine appointments.
NHS Choices	The practice had received 25 ratings between June 2016 and April 2018, and had been rated 2.5 out 5 stars. Positive comments included that staff were efficient, understanding and friendly. Negative comments referred to patients waiting for two weeks or more for a routine appointment.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
14,514	313	0.6%	90	28.75%

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)	79.1%	84.5%	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)	96.0%	91.3%	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)	97.6%	96.6%	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)	90.8%	89.3%	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)	93.1%	93.7%	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)	93.1%	93.2%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises No

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients told us that GPs and nurses were good at explaining test results and different treatment options and that they felt involved in decisions about their care and treatment. One patient told us that they felt clinicians read their notes thoroughly before an appointment and understand their needs.

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)	87.3%	90.1%	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)	81.3%	86.5%	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)	92.1%	92.2%	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)	91.3%	88.5%	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	179 patients were identified as carers; this represented approximately 1% of the practice list.
How the practice supports carers	<p>We saw information was available in the waiting room for carers and staff signposted carers to local services and external support. The practice had a carers lead who regularly contacted patients who were also carers to signpost to external agencies. The carers lead also made referrals on the patients' behalf, if appropriate and with the patients' consent. The carers lead attended an annual carers networking event to ensure they were up to date with all services and support available to patients.</p> <p>A carer's pack was sent to patients who were newly identified as a carer. The practice's computer system alerted GPs if a patient was also a carer.</p> <p>The practice invited patients who were also carers to a walking group, led by one of the practice nurses, three times per week.</p>
How the practice supports recently bereaved patients	The carers lead made contact with bereaved patients by phone and offered them a GP appointment as well as signposting them to services and support available.

Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception desk was in a different area to the waiting room. There was a separate room available if patients wished to speak privately to a member of staff.

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
Staff	Staff demonstrated that they understood how to ensure patients privacy and dignity. For example, by not discussing patient identifiable information on the telephone and to encourage patients to stand back from the reception desk whilst waiting in a queue.

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	08:00-20:30
Friday	08:00-18:30

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	
Requests for home visits were allocated to the duty GP who contacted patients by phone to assess the urgency of the home visit. The duty GP then allocated to another GP who had time booked out to undertake home visits.	

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)	87.4%	83.8%	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)	88.2%	83.8%	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)	88.4%	84.4%	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)	77.7%	81.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients told us that they did not have to wait too long to see their normal GP for a routine appointment. They described being able to get through on the phone easily and found being able to book appointments online useful. One patient explained that GPs can run late but that they did not mind because they believe GPs are thorough and receptionists came into the waiting room to advise patients if there was a delay in appointments.
Comment cards	Two of the 10 comment cards we received referred to having to wait a long time for a routine appointment. One comment card described difficulty getting through to the practice by phone.

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	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
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

The practice's statement of purpose set out the vision and values of the practice. These included providing high quality, personalised care and a focus on disease prevention and promotion of healthy living.

Culture

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

Source	Feedback
Staff	Staff told us that they felt supported and listened too. They described that managers were proactive at discussing service improvements and addressing concerns

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

Source	Example
Staff	Reception staff had informed the managers that they felt they needed a reception supervisor. As a result, the practice had appointed a reception supervisor.

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

Source	Example
Practice complaints records	The practice received a complaint after a patient had been issued with a statement of fitness for work certificate that had not covered the total period of time that the patient had been absent from work. The practice undertook an investigation and found that periods of absence were not logged on patient records and therefore the practice had not been able to determine the original dates requested by the patient. The practice apologised to the patient and issued another certificate to cover the period of absence from work. The practice updated the process to ensure that staff logged the dates requested by the patient on the patients' records.
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	All staff were invited to attend team meetings. This provided an inclusive culture for non-clinical staff and assisted in providing a quality service to patients.
Policies	All health and safety policies were up to date and accessible to all staff. Staff were alerted to changes in policies to ensure their safety and well-being.

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

Source	Example
Policies and procedures	The practice had an equality and diversity policy and procedure that had last been reviewed in July 2017. The policy was accessible to staff.

Examples of actions to improve quality in past 2 years

Area	Impact
Accessibility of the branch surgery	The practice had installed a new front door that was wider and had an automated opening function which promoted easy access for patients who were disabled or utilised wheelchairs.
Building maintenance	The practice had an ongoing list of maintenance development plans for the main practice and branch practice. For example, the practice had replaced all windows at the branch practice and repainted all interior walls.

Examples of service developments implemented in past 2 years

Development area	Impact
Staff skill mix	Students accounted for 30% of the patient population group. The practice provided a full range of sexual health and contraceptive services. The practice appointed two nurse practitioners to support the GPs to meet the needs of students and to be able to offer them more appointments.

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	Information on website and in waiting room. Patient participation Group (PPG)	The practice manager and a GP met with the patient participation group every two months to provide updates on service improvements and developments. The PPG shared this information with patients via the notice board in the waiting room and on the website. The PPG produced four patient newsletters each year.
Staff	Annual appraisals, regular staff	Staff suggestions were regularly discussed and implemented where appropriate. Appropriate

	meetings	training identified by staff had been provided.
External partners	Communication with the CCG	External partners reported positively on communication with the practice.

Feedback from Patient Participation Group;

Feedback

We spoke with six members of the PPG who commented positively on the practice. They reported regular meetings with staff, including a GP and the practice manager. The PPG had attended a staff training session to introduce themselves and explain their role and purpose.

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

Examples	Impact
Upon the suggestion of the PPG, the practice hung a 'welcome' banner on the outside of the building which included flags from different nations.	This promoted equality and diversity and the PPG hoped this made patients feel more welcome.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice is currently working with the CCG to become a dementia friendly practice.	The practice had started to make changes to the toilets and signage to make the premises more accessible to patients who have dementia.

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>