

Care Quality Commission

Inspection Evidence Table

College Way Surgery (1-548067445)

Inspection date: 3 May 2018

Date of data download: 19 April 2018

Safe

Safety systems and processes

Source	
There was a lead members 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

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 2017	Yes
There was a record of equipment calibration Date of last calibration: 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 15/11/2017	Yes
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment: 2017	Yes
Health and safety risk assessment and actions Date of last assessment: 2017	Yes

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

Risks to patients

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

Information to deliver safe care and treatment

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

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	1.08	0.95	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)	5.4%	5.2%	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.	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
<p>The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).</p> <p>There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.</p> <p>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.</p>	Yes
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
<p>There was medical oxygen on site</p> <p>The practice had a defibrillator</p> <p>Both were checked regularly and this was recorded.</p>	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

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.	28
Number of events that required action	12

Examples of significant events recorded and actions by the practice

Event	Specific action taken
Patient attended with a high blood pressure. Advised to attend the following day but an appointment was not available with their regular GP.	Surgery protocol changed to ensure correct pathways for patients.
A prescription was issued to a wrong patient. The patients had the same name.	Staff were reminded to search by date of birth. An alert was added to patients with the same names to identify the need to check other information for identification.
On the quality outcomes framework three patients were identified as having blood test results seen in the diabetic range. None had a diabetic code on their records.	A monthly search was implemented to detect patients within a diabetic range who did not have a diabetic code on their records.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Systems in place:</p> <ul style="list-style-type: none"> • Regular clinical meetings and daily coffee meetings • Emails to staff around alerts • Changes made to operating procedures where necessary • Documentation of what actions had been taken. 	

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)	0.78	0.76	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)	73.7%	72.1%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (37)	8.1%	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)	62.0%	68.6%	78.1%	Variation (negative)
The practice was previously in a local quality and outcomes framework which did not require reporting on all QOF indicators. We saw evidence to suggest the practice was in the process of improving the coding for blood pressure. In addition patients with diabetes had their blood pressure monitored at annual reviews.				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (28)	5.9%	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)	77.7%	78.0%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (65)	10.0%	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)	74.8%	59.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (11)	5.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.7%	68.2%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (10)	6.0%	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)	74.3%	76.6%	83.4%	Variation (negative)
The practice was previously in a local quality and outcomes framework which did not require reporting on all QOF indicators. In 2017 the practice undertook quality improvement work by reviewing patients with high blood pressure. As outcome eight patients received a new diagnosis of diabetes and 31 patients a pre-diabetic diagnosis.				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (50)	3.4%	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)	89.8%	85.2%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (7)	4.5%	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)	93	97	95.9%	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)	101	105	96.2%	Met 95% WHO based target Significant Variation (positive)
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)	101	105	96.2%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	102	105	97.1%	Met 95% WHO based target Significant Variation (positive)

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)	77.1%	74.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	80.9%	74.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	69.2%	61.2%	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)	61.7%	45.1%	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)	97.8%	42.4%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (1)	6.2%	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)	91.1%	48.2%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (1)	5.5%	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)	72.1%	36.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (10)	5.8%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	465	413	539
Overall QOF exception reporting	2.7%	3.9%	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
All staff had received training on Sepsis and the national Prevent & radicalisation agenda.	

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)	87.4%	89.9%	95.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (29)	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)	57.8%	55.6%	51.6%	Comparable to other practices

Any additional evidence

The practice previously (2016 -17) participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). Under the SPQS framework reporting on some indicators such as the QOF data above which showed a negative variation were not included meaning the negative variation in achievement shown were not representative. For example, during our visit we looked at evidence which showed the recording of smoking status within patient records.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	27
Number of CQC comments received which were positive about the service	27

Examples of feedback received:

Source	Feedback
CQC Comment cards	We received 27 patient comment cards. Patients told us the service received was efficient, appointments were accessible and they mostly saw their named GP. They said staff were helpful, supportive and always listened to them and the care they received was excellent.
NHS Choices	The location scored 5 stars on NHS Choices; four comments were received over the last year.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
12,913	223	1.7%	135	60.54%

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)	95.5%	82.6%	78.9%	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 listening to them (01/01/2017 to 31/03/2017) (GPPS)	94.9%	90.9%	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)	98.7%	96.6%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient	91.6%	88.6%	85.5%	Comparable to

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)				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)	98.4%	92.8%	91.4%	Variation (positive)
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)	100.0%	92.4%	90.7%	Significant Variation (positive)

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

Date of exercise	Summary of results
2017 & 2018	Individual GP patient surveys taken via an external company. The results were better than the national average. Patient surveys undertaken for patients that used the dermatology clinic and vasectomy service. Results were both showed positive experiences and outcomes for patients.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke to two patients who told us staff always listened to them and involved them in the management of their health care.
CQC Comment cards	Patients told us they were included in decisions about their care and treatment.

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)	90.2%	88.8%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or	88.7%	85.2%	82.0%	Comparable to other practices

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)				
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)	92.5%	90.6%	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)	89.2%	87.1%	85.4%	Comparable to other practices

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

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

Information leaflets were available in easy read format.

Information about support groups was available on the practice website.

Carers	Narrative
Percentage and number of carers identified	The practice had identified 148 patients as carers (approximately 1% of the practice list).
How the practice supports carers	The practice held carers coffee mornings and all carers known to the practice received an invite. The practice has a member of staff who is a trained carer's champion.
How the practice supports recently bereaved patients	The practice ensured all staff were made aware of any bereavement. The named GP phones the family to offer follow up support. Families and/or carers are signposted to bereavement support services.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Signs posted at reception told patients they could speak to someone either in a confidential area or at the side of reception where they could not be overheard. The queueing system ensured privacy at the front desk.

Consultation and treatment room doors were closed during consultations.

A private room was available if patients were distressed or wanted to discuss sensitive issues.

Examples of specific feedback received:

Source	Feedback
CQC Comment cards	Patients told us their privacy and dignity was respected always.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-13:00
Wednesday	14:00-18:30
Thursday	08:30-18:30
Friday	08:30-18:30
Extended hours opening	
Monday to Friday	18:30-20:00 as part of the extended access scheme.
Saturday Mornings	As part of the extended access scheme.

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 practice had a duty doctor who could undertake home visits in the mornings. This meant patients received improved access to secondary care and ambulance services as they did not have to wait until after surgery when services were at their busiest.	

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)	89.2%	83.0%	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)	95.9%	76.6%	70.9%	Variation (positive)
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)	94.1%	81.4%	75.5%	Variation (positive)

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)	92.4%	77.7%	72.7%	Variation (positive)
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Examples of feedback received from patients:

Source	Feedback
Individual GP patient survey.	<p>We looked at two patient surveys undertaken on individual GPs by an external company. Results for both GPs were above average. For example,</p> <ul style="list-style-type: none"> - How much did the doctor involve you in decisions during the consultation? The results were 92% and 93% with the national average being 91% - How good did you feel the doctor was at caring for you? The results were 93% and 95% with the national average being 91% - Are you clear about what will happen next? The results were 92% with the national average being 88%
Vasectomy clinic annual patient survey.	The practice undertook annual patient surveys of patients who used the vasectomy service. Patients were asked 10 questions and scored zero to five with five being excellent. The overall satisfaction score in 2016/17 was 4.84.
Primary Care Dermatology Clinic survey.	Patients were asked 14 questions 89% of patients rated their overall experience with the clinic as very satisfied or satisfactory and 89% would be happy to use the service in the future.

Listening and learning from complaints received

The complaint policy and procedures were in line with recognised guidance and contractual obligations. (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system.

Complaints	
Number of complaints received in the last year.	Eight
Number of complaints we examined	Two
Number of complaints we examined that were satisfactorily handled in a timely way	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
Additional comments:	
Comments and concerns raised about the service were dealt with in an appropriate way and we saw that the practice used information to develop the service. The practice reviewed its complaints annually.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
<p>The practice values:</p> <p>We are dedicated to providing an accessible, Caring, personalised patient centred service whilst recognising the needs and well-being of our dedicated team.</p>

Culture

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

Source	Feedback
Staff	We asked 15 members of the nursing and administrative team about the practice. They told us it was a great place to work, with staff helping each other and the leaders providing support. The practice provided training to enable them to carry out their roles. Patients were always made to feel welcome, they were proud of the service they could give and that patients were always listened to and feedback acted on.

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

Source	Example
Staff	<p>Staff told us a number of changes had been implemented as a result of their feedback such as:</p> <ul style="list-style-type: none">- Changes in the way the prescription clerks received queries with the introduction of a new form for staff to complete.- Reverting back to a document management system following IT changes after staff feedback concerns over the quality of the new system. This meant an increased financial investment by the provider to improve quality of work stream tools.- Increase in administrative team meetings to monthly to improve communication.- An updated and cost effective wound dressing formulary.- Implementation of easy read letters that were sent to patients.- Improvements to INR testing and asthma review questionnaires.

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

Source	Example
Complaint register	Complaints discussed at relevant meetings and resulted in apologies to patients and appropriate actions being taken.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff were concerned that patients had difficulties using the standard chairs in the treatments rooms as they struggled to lower themselves into it or get on their feet after use. The chairs were replaced to aid independence and reduce the likelihood of accidents.
The practice's speaking up policy is 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	Following staff concerns of isolation when managing the reception desk changes were made to the reception / administrative area to reduce isolation and improve support. This included changes in responsibilities of staff and increasing staffing in the area. All minor change and notifications that were discussed away from the desk during the day are added to a reception book so staff were fully appraised.
Practice	Signs were displayed with the contact details for the freedom to speak up guardian.

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

Source	Example
Staff	Eleven members of the administrative team were able to confirm they had received equality & diversity training and what it was about.
Practice	Staff handbook.

Examples of actions to improve quality in past 2 years

Area	Impact
Following the cessation of a local secondary care dermatology service the practice started an in-house service for patients.	Patients benefitted as they did not have to travel outside of the county and were able to have a continuation of their care with a GP they knew.
Reception staff had undertaken active signposting training.	Staff were now able to signpost patients to social prescribing ensuring patient's received the most effective response to their need. In addition appointments were freed up for those requiring medical attention.
Staff had completed a workforce optimisation course which had resulted in improved administration.	Patients and other organisations benefitted as they received a faster response and an improved service.

Examples of service developments implemented in past 2 years

Development area	Impact
Patient access to online services. The practice had 45% of the practice population signed up to online access for appointments and prescriptions.	Patients could access services at a time convenient to them without having to telephone the practice therefore freeing up telephone access for more urgent calls.
Information technology: The practice had changed their computer software programme for patient records so that they used the same system as practices within their area	This meant practices could access patient records within the extended hours service and that the Out Of hours doctors could access records when required.

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	Patient participation group (PPG) Feedback box in reception Patient surveys Complaints Website / newsletter	Feedback used to inform service planning.
Public	Talking Café Talks to community groups. Practice website	Awareness amongst public of the organisation. Increased awareness of health & wellbeing.
Staff	Team & practice meetings. Social events. Appraisals. Open door policy.	Open and transparent communication. Staff felt able to raise concerns and be more involved in service development.
External partners	GP Federation & practice manager groups. CCG & LMC meetings. Universities for testing pilots. Severn Deanery	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.

	around training practice. Statutory reporting.	
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Feedback from Patient Participation Group;

Feedback

The patient participation group were very positive about the practice. They told us there was a great deal of patient satisfaction which was shown in the patient survey results. They told us they had good relationships with staff and the practice manager was always accessible and helpful.

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

Examples	Impact
The practice is in the process of forming a virtual PPG alongside the existing PPG structure.	To allow greater opportunity for patients from all the population groups to engage in working with the practice.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Clinical audits	<p>The practice undertook additional audits which influenced patient care and treatment. For example, an audit which looked at patients with high blood pressure resulted in patients with diabetes being identified.</p> <p>The practice employed an external organisation to undertake audits to identify and project actual disease prevalence and to ensure patients received the correct treatment. The auditors identified a number of patients and increased a number of disease registers such as asthma diagnosis by 27 patients; depression by 34 and patients with a learning disability by six patients. The practice planned to repeat the process in a year.</p> <p>Audits were firmly embedded into the practice which meant the use of these quality improvement processes ensured the practice provided safer and appropriate care and treatment and the practice focused on quality improvement as a priority.</p>
Working with other organisations to improve patient accessibility to services:	
The practice identified patients on their list who were receiving stoma care and invited the hospital stoma	41 patients were identified and they were invited to the practice for a review. Those unable to attend were seen in their own homes. The opportunity meant patients who had disengaged with the hospital service were able to attend a review locally. Patients received reassurance and

team to meet the patients.	those using inappropriate equipment received new systems to use. The four clinics also led to cost savings in prescriptions with one patient saving of £900.
The local hospital had ceased to provide a dermatology service.	The GP partners made the decision to provide an in-house dermatology service to ensure their patients were able to receive appropriate care and treatment locally. GPs received additional training and provided a non-melanoma skin cancer clinic and a dermatology clinic.
Standard operating procedures were of a good quality and were in place for services such as the dermatology clinic and for the management of high risk medicines.	All patients could receive the same continuity of care and treatment as staff were following the latest guidance which had been adapted into procedures. For example, medicine procedures ensured staff followed record keeping and patient monitoring guidelines. They also included actions that should be taken for abnormal results and signs of serious illness.

Any additional evidence

The practice has received an excellence rating from the local postgraduate medical education centre for the support and training provided to GP registrars'. We spoke to the current GP registrar and a previous one who told us of the exceptional training programme. We saw the practice had an emphasis on quality training of all students and post graduate GPs. This impacted positively on the clinicians all partners were engaged with the training programme. This meant they were constantly learning and updating their skills / knowledge.

The practice was recognised as a placement for registrars in need.

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>