

Care Quality Commission

Inspection Evidence Table

High Street Surgery (1-544180175)

Inspection date: 9 May 2018

Date of data download: 03 May 2018

Safe

Safety systems and processes

Source	Y/N
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	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:	Yes 3/3/2018
There was a record of equipment calibration Date of last calibration:	Yes 23/4/2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	June 2017
Fire drills and logs	October 2017
Fire alarm checks	Weekly checks and annual check by external contractor May 2018
Fire training for staff	Yes
Fire marshals	4
Fire risk assessment Date of completion	Yes 9/10/2017
Actions were identified and completed.	Yes
Additional observations:	NA
Health and safety Premises/security risk assessment? Date of last assessment:	Yes August 2017
Health and safety risk assessment and actions Date of last assessment:	Yes August 2017
The practice fire risk assessment had identified issues that needed to be addressed. The issues were shared with the landlord of the building and the practice was working with the landlord and other services operating from the building to ensure this work was carried out.	

Infection control	Y/N
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Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified.	Yes 28/4/2018
The arrangements for managing waste and clinical specimens kept people safe?	Yes 20/3/2018

Any additional evidence
No

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	Yes

managed in a timely manner.	
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)	0.73	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)	5.1%	7.1%	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). 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.	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
There was medical oxygen on site	Yes

The practice had a defibrillator Both were checked regularly and this was recorded.	
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	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.	13
Number of events that required action	8

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

Event	Specific action taken
Issue with a vaccine	Discussed with member of staff, discussed at clinical meeting. P Staff advised to be double check patient record and vaccine prior to administration.
Patient with the same names	Practice have put an alert on patients with the same name to prompt staff to check they are dealing with the correct patient details.
Patient clinician communication issue	Discussed with Macmillan service clinicians to provide more information with regard to documentation to be completed.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Safety alerts are seen by the Registered Manager and disseminated to other clinicians. There is a central folder on the computer shared drive for clinicians to access this information. All safety alerts come into the practice electronically and are managed and appropriately disseminated by the practice management team.	

Any additional evidence

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)	1.38	0.89	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)	86.0%	84.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.7% (61)	10.9%	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)	84.5%	82.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (27)	10.0%	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)	84.8%	80.4%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.9% (54)	19.2%	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)	77.2%	79.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (5)	7.7%	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)	96.6%	93.5%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (2)	12.7%	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)	84.3%	84.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (32)	4.6%	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)	84.3%	88.6%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (9)	9.3%	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)	98	99	99.0%	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)	79	81	97.5%	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)	78	81	96.3%	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)	77	81	95.1%	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)	75.0%	76.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.7%	74.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	55.2%	61.0%	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)	94.4%	76.1%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG	England	England

		average	average	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)	95.2%	95.5%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (6)	16.1%	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)	93.7%	90.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (5)	12.5%	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)	93.7%	84.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (6)	5.9%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	549	539
Overall QOF exception reporting	4.0%	5.1%	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, 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
The practice supported staff to undertake external training to support them in their role. For example members of the nursing team have been supported to carryout specialist training in long term conditions such as chronic obstructive pulmonary disease (COPD) and asthma to diploma level. One of the health care assistant is undertaking further training to become an advanced practitioner.	

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)	97.0%	95.1%	95.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (3)	0.7%	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)	56.5%	54.4%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The practice ask patients to sign a consent form when carrying out invasive medical procedures.

Clinical staff were aware of the roles and responsibilities with regard to seeking informed consent and were aware of the Mental Capacity Act 2015 and Gillick competencies.

Any additional evidence

- The practice offered effective signposting to local services such as 'Living Well' and dietary services to support patients to live healthier lives. The practice had posters and leaflets in the waiting areas to support patient education.
- The practice had a recall system in place to support patients with long term conditions and offered longer single appointments for patients with multiple chronic conditions to reduce the amount of times patients need to attend for reviews. This system has also allowed more clinical time to be used in other areas.
- All outcomes including QOF data and outcomes were discussed with all staff at team meetings to look at how this could be improved.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	46
Number of CQC comments received which were positive about the service	46
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	Patients were extremely happy with the service they received and felt the practice staff respected, valued and cared for them.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,828	243	1%	106	43.62%

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)	96.7%	84.8%	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)	95.4%	92.5%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	96.4%	96.5%	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)	89.5%	90.0%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	96.7%	92.6%	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)	95.7%	92.4%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Date of exercise	Summary of results

Any additional evidence
The practice reviewed NHS Choices and friends and family monthly. Any issues identified through patient feedback were discussed at the monthly protected learning afternoons. The practice manager responded to patients who left contact details and asked those who had left anonymised comments to contact the practice to discuss them.

Doctors and the practice manager performed their own patient / staff feedback cycles as part of their 360-degree assessments.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients told us they felt clinician listened to them and spent time explaining treatment options and involved them in decisions about their care and treatment. They told us they did not feel rushed and were given enough time in their consultation.

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)	91.6%	90.2%	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)	86.3%	87.7%	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)	94.5%	90.9%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	90.3%	85.6%	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 – The practice had a translate the page facility on their

	website.
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 97 patients (1.2% of the practice list) as carers.
How the practice supports carers	The practice had a range of information for carers and sign posted carers to health and community services for advice and support. The practice website provided carers with guidance and signposting to community services.
How the practice supports recently bereaved patients	The practice website offered bereaved patients helpful and compassionate information to support them through the process of registering a death to arranging a funeral. The clinicians contacted bereaved patients and offered them a suitable time to come and talk to them. The practice sent a sympathy card to bereaved patients.

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 seating in the waiting area some distance away from the reception desk and there was a separate room available for patients if they wished to discuss issues in private.

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
Examples of specific feedback received:	

Source	Feedback
Surveys	Patients stated that they felt all staff treated them with respect and promoted

	their dignity and promoted their privacy.
Discussion with patients	Patients told us they felt the practice supported patients with special needs in a supportive and caring manner. Patients told us they were confident that the practice protected their information.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	07:00-19:00
Wednesday	07:00-19:30
Thursday	07:00-18:30
Friday	08:00-18:30
Appointments available	
	Yes
Extended hours opening	
	Yes

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	
<ul style="list-style-type: none"> When a request for a home visit was made the reception staff would seek information from the patient to gain basic information with regard to the reason for the request. They would check the patient record to see if there were any alerts on the record that showed home visits were routinely made to the patient. They would ask the patients if they could attend the practice. The duty GP would triage all requests for a home visit to determine if they were appropriate and clinically necessary. The GP who normally saw the patient would when possible would make the home visit. 	

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.	86.1%	82.0%	80.0%	Comparable to other practices

(01/01/2017 to 31/03/2017)				
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)	84.2%	77.3%	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)	88.5%	83.2%	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)	94.1%	77.8%	72.7%	Variation (positive)

Examples of feedback received from patients:

Source	Feedback
NHS Choices, Friend and family test	Patients said they could access appointments in a timely manner.

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.	

Complaints	Y/N
Number of complaints received in the last year.	7
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	0
Additional comments:	
We discussed with the practice the need to ensure all actions undertaken to investigate a complaint were recorded to support openness and the ability to audit the effectiveness of the complaints process. We discussed with the practice the need to have a complaints poster and leaflets available in the	

waiting area.

Following the inspection the practice provided evidence to show these actions had been completed.

Any additional evidence

Well-led

Leadership capacity and capability

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

There were governance structures in place to support risk management and quality improvement. For example the practice had sought specialist training for one of the GPs to be able to provide musculoskeletal ultrasounds at the practice to support timely diagnosis and treatment for patients.

Vision and strategy

Practice Vision and values

The practice was forward thinking and proactively supported training of the staff they employed and of students and trainee GPs who had placements at the practice.

Culture

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

Source	Feedback
Staff	Staff we spoke with told us they enjoyed working at the practice and felt supported by the practice leaders. They said they were confident any issues they raised were addressed.

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

Source	Example
Records and staff	The practice held meetings to ensure compliance with the accessible information standard. Through these discussions the practice put protocols in place to support the collection of appropriate information to support patients with specific communication need.

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

Source	Example
Records	An issue had arisen due to patients having the same name. When the incident was discovered the practice apologised to the patients and advised staff that they must check patient addresses prior to any information being requested or sent out.

Examples of concerns raised by staff and addressed by the practice

Source	Example
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

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

Source	Example
Records and staff	Regular meetings such as team meetings, clinical meetings and partner meetings took place and complaints and significant events/incidents were standing agenda items.
Records and staff	The practice closed one afternoon per month and arranged whole team meetings and training events for the staff to attend.

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

Source	Example
Record and staff	The practice considered their staff and treated staff fairly and considered equality. There was an inclusive culture.

Examples of actions to improve quality in past 2 years

Area	Impact
Clinical care	The practice was involved in research pilot work for the CCG for example advanced minor surgical services. This has resulted in patients receiving a local service for more complex conditions that would have had to be treated in a secondary care setting.
Responding to patient need	The practice had introduced extended hours to support better access for patients.

Examples of service developments implemented in past 2 years

Development area	Impact
Hosting a service to provide surgical treatment	The practice hosts an organisation to provide vasectomies locally for the CCG.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	There was evidence that the practice learnt from significant events and learning from complaints was embedded.
Practice specific policies	Yes
Other examples	

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
Patient attendance at local A&E department with core practice hours.	The practice provided extended hours and sought to provide support and education to patients with regard to the appropriate use of the local A&E department.

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	Friends and family, GP national patient survey results	Consider feedback
Public	PPG	In house Surveys
Staff	Engagement	Staff feel valued and treated equally
External partners	Engagement	Improved learning and quality improvement

Feedback from Patient Participation Group;

Feedback
The PPG felt valued, listened to and felt they worked in partnership with the practice.

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

Examples	Impact
In put into the information the practice provided with regard to the pharmacy first initiative.	Patients were given information to support self-management of minor ailments.
Flu clinics	Involvement in the letter inviting patients in for their flu jab to ensure patients took advantage of this vaccination.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Working with the CCG and other healthcare providers	To provide specialist services at local level.

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

Audit area	Impact
Medicines	The practice followed up dated NICE guidance to ensure a vulnerable group of patients medication was reviewed and altered where necessary.

Any additional evidence

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>