

Care Quality Commission

Inspection Evidence Table

East Quay Medical Centre (1-548296995)

Inspection date: 15 May 2018

Date of data download: 01 May 2018

Safe

Safety systems and processes

Source	Y/N
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)	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: 31/01/18	Yes
There was a record of equipment calibration Date of last calibration: 6/07/2017	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: 8/01/2018	Yes
Actions were identified and completed.	Yes
Additional observations: Fire risk assessments were included in the room or area risk assessments; actions were identified and put in place.	
Health and safety Premises/security risk assessment? Date of last assessment: December 2017	Yes
Health and safety risk assessment and actions Date of last assessment: December 2017	Yes
Additional comments:	
Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 11/09/17 The provider acted on any issues identified	Yes

Detail: No significant concerns found. However, clearer information could be recorded as to why aspects of the audit tool do not apply. For example, the type of hand wash facilities available did not match current good practice guidelines for public or clinical areas.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

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

Information to deliver safe care and treatment

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

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017) ^(NHSBSA)	0.94	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)	4.8%	5.2%	8.9%	Variation (positive)

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).	No
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.	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	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	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	

The PDG documentation to support staff to deliver treatment was incomplete. Some were not signed by the authorising manager and some were out of date. These concerns were addressed during the inspection.

The practice had safe systems for storage and for recording the movement of prescription paper at the practice. Although stored safely at the practice the logging systems for prescription pads (used infrequently) for GPs home visits could not be found. A new system and process was implemented during the inspection and we were informed that an audit would be carried out to check that prescription pads were still required.

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.	15
Number of events that required action	5

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

Event	Specific action taken
Patient presented with adverse symptoms when prescribed a medicine as part of post discharge from hospital treatment plan.	One of the GPs investigated and sought information from clinicians involved in the treatment plan from the hospital before advising the patient to discontinue medicines. The patient's symptoms resolved although not they had not been identified as known possible side effects. The incident was referred to Medicines & Healthcare products Regulatory Agency under their Yellow Card system – reporting a problem with a medicine or health care product. The incident was shared with other GPs within the practice, reiterating the need to not stop medicines without seeking further advice.
Routine insertion of a contraceptive device.	A check showed that it incorrectly fitted and patient required surgery for the device to be removed. The practice reviewed the most recent clinical advice regarding the possible risks for insertion of a contraception device in various circumstances. From this they reviewed and updated advice given to patients as to make an informed choice to have this procedure carried out.
Patient required a six week follow up x ray but did not have one. Carried out six months later when the practice identified one was not done.	The practice changed its processes for patients who there was a particular concern that they were unable to arrange a follow up themselves. A flag or message was placed in their electronic patient record to alert staff that this should have been 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
<p>Comments on systems in place:</p> <p>The practice has a system to monitor that safety alerts are shared, acknowledged and acted upon. Changes were made to routine practice if required and audits carried out in response to check that the changes were in place. The most recent safety alerts included Sodium Valproate, Breast Screening and the use of Vacutainers.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.77	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)	89.2%	72.1%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.3% (212)	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	82.6%	68.6%	78.1%	Comparable to other practices

(measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) <small>(QOF)</small>				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (83)	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) <small>(QOF)</small>	90.1%	78.0%	80.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.9% (119)	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)	80.1%	59.6%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.4% (127)	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)	91.9%	68.2%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.6% (29)	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)	87.6%	76.6%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (139)	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)	89.3%	85.2%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (18)	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)	176	183	96.2%	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)	177	182	97.3%	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)	177	182	97.3%	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)	175	182	96.2%	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)	77.4%	74.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.7%	74.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	60.0%	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)	63.9%	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)	94.7%	42.4%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (4)	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)	94.8%	48.2%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (3)	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)	82.6%	36.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (9)	5.8%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	413	539
Overall QOF exception reporting	6.6%	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. As there were no new Health Care Assistants employed since April 2015. This now includes the completion of the Care Certificate for Health Care Assistants.	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 practice nurses.	Yes
<p>If no please explain below: NA</p> <p>Any further comments or notable training:</p> <p>The practice used 360° feedback with all staff as part of their appraisal and professional development. The practice had supported nurses with their revalidation by regular quarterly nursing staff participating in reflective team discussion meetings where training, professional practice and experiences were discussed. The outcome of these meetings had driven change in processes and systems in the practice, care and support given to patients. For example, nursing staff received training in travel immunisations, the learning was shared and prompted a review of the protocols and information available to staff. Although, identified the practice systems were satisfactory it did prompt some improvements to be made. Another example was a discussion about how to respond when a patient refused treatment, this led to actions to be carried out, such as informing their GP and recorded the outcomes of these decisions and providing the opportunity for the patient to change their mind.</p> <p>GPs had protected time for five study days per year.</p> <p>Staff had benefitted from the regular virtual cardiology shared access clinics held at the practice and time was set aside in practice meetings and the regular morning meetings to share learning from this. Likewise, the regular input from the local nurse specialist for diabetes and the respiratory nurse specialist from the hospital (teaching sessions) who attend the practice was discussed and shared.</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)	93.8%	89.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (22)	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)	49.5%	55.6%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The practice had consent forms available for immunisations to be completed by the patient. Patients were sent consent forms prior to the appointment for immunisation so that they can consider the information and the decision properly. Completed consent forms were scanned into the patient records. Verbal consent was recorded in the patient's electronic record. The practice carried out searches of the electronic patient records to check that consent has been obtained.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	0
Number of CQC comments received which were positive about the service	0
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0
Although placed in a prominent position in the practice patients declined to complete the CQC comment cards.	

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Feedback directly from patients during the inspection was very positive and they expressed how much they valued the service. Staff were friendly and helpful.</p> <p>Patient feedback from NHS Choices showed that the majority of the patients commenting since March 2017 have had a positive experience of the practice. They had found staff caring and helpful.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
14,972	269	0.9	134	49.81%

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)	82.2%	82.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	88.9%	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)	92.1%	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)	91.0%	88.6%	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)	91.1%	92.8%	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)	93.6%	92.4%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
May 2017	Patient feedback was sought in regard to a pilot to test the appropriateness of direct access to physiotherapy. 87% of the patients who participated in the pilot rated the service as excellent. The practice told us that the positive outcomes seen for patients was helpful in planning possible future services at the practice.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>Patients told us that they were listened to and decisions were jointly made with the clinicians.</p> <p>Patients rated 4/5 stars on NHS Choices for involvement in decision making and expressed they felt included and consulted on any decisions about their health, given the options available and what the clinicians considered would be the best for them.</p>

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)	87.0%	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 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)	86.7%	85.2%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	89.7%	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)	87.6%	87.1%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	No
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	533 Carers - 3.6% of the practice population group had been identified as carers.
How the practice supports carers	The practice employed a specific member of staff, a Navigator, to support patients and carers navigate or access services. This included referring to the Carers Support Worker, Somerset Care Direct, Village Agent and District Nurse support. Staff had Dementia training as part of their core training.
How the practice supports recently bereaved patients	GPs had personal patient lists and maintained contact with the patients family to offer support. The practice liaised with the palliative care nurse, the local hospice and could direct bereaved relatives to the hospice for support.

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 patient waiting area was through a door to the side of the main reception area. Staff could offer privacy away from the reception area to speak to patients privately.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Monday	08:00-18:30
Tuesday	08:00-18:30
Appointments available	
Early appointments	8 am
Extended hours opening – shared with other practices across the federation.	
Late evening appointments	Tuesday and Wednesday evenings
Weekends	Every 4 th Saturday in the mornings.

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	
<p>Reception staff were able to ask key questions when a request was made for a home visit. From this, using a triage protocol, usually patients or their relatives were either directed elsewhere such as the emergency services or put on the duty doctor list for a telephone call to check the urgency of the concerns.</p>	

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)	81.6%	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)	67.5%	76.6%	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)	82.0%	81.4%	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)	79.6%	77.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Mixed comments had been placed on NHS Choices in regard to access to patient appointment on the day. For some patients they had been able to see or speak to a GP on the day or make an appointment in the future. For others they felt there was a longer delay in achieving this.

Listening and learning from complaints received

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

Complaints	Y/N
Number of complaints received in the last year.	17
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

Well-led

Leadership capacity and capability

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

The practice has 12 partners all with equal ability to influence and shape how the practice and the other services that the partnership own are delivered. The partnership had an annual rotating chair role and cabinet posts so that all members of the partnership can gain experience, knowledge and lead the service. The practice manager who was supported by a deputy, managed all of the services the partnership offers and there was no line management system, all staff report or were accountable to the practice manager.

Vision and strategy

Practice Vision and values

The practice has a vision and a set of values that was shared with staff and patients. It had documented agreement that highlights the ethos of the partnership, such as mutual empathy and respect that was fair and supportive to all partners. This was reflected, in essence, in their patient's charter as to what they could expect and what was expected of them.

Culture

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

Source	Feedback
Minutes of partner meetings	Changes to ways of working to improve how the service was delivered. Equitable balance discussed for GPs to working busier sessions/ days.
Minutes of Away days	Feedback from nursing staff was to have sufficient administration time set aside for travel immunisations. An effective decision making protocol was developed to ensure that the aim of everyone working in the practice has the ability to contribute and to have core principles in place for any decision made to check they are implemented appropriately and assessed and reviewed.
Minutes of revalidation meetings for nursing staff.	Reflective practice process had led to nursing staff feeling more confident to mentor and train others.

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

Source	Example
Away day meetings	Appointment lengths for nursing staff, extending the time available for patients with long term conditions. Reducing the time allocated for patients with well managed diabetes and certain sexual health appointments which in turn freed up more time to spend with patients with more complex needs.
Reflective practice study by nursing staff	A change was made in the procedure for the management of cytotoxic dressings (hazardous waste), a safer process was implemented, including the use of purple waste bags after a learning reflection by one of the nursing staff.

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

Source	Example
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Complaints and SEA's	A childhood immunisation was found to have been given twice to a patient. Once by another health practitioner and then by the nursing team at the practice. This occurred because there were gaps in communication to the immunisation service to register that the patient had already received it and a check on the practices patient record was not carried out prior to the procedure. The incident was fully investigated, full detail given and apology to the patient's family. Changes made to the internal system to ensure that the potential of this type of event reoccurring.
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Examples of concerns raised by staff and addressed by the practice

Source	Example
SEA's – Observations of care regarding a nursing home.	Concerns were raised about the care, care pathways and the working relationship with a care home the practice supports. The practice reviewed the problems, provided some suggestions for improvements and met and worked with the nursing home to implement them. This included using the practices own member of staff, the NHS Navigator/ Patient Advice lead to be a point of contact. These problems were gradually resolving and evidence seen of better outcomes for patients living there.

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

Source	Example
Aggressive patient protocol	This led to the implementation of a protocol to use when staff were subject to aggressive and threatening behaviour from patients or visitors. This included call systems or alerts on patient records, processes to ensure that staff were not lone working, safety systems and awareness of escape routes.

Examples of actions to improve quality in past 2 years

Area	Impact
Regular programme of audit	Including reviews of prescribing of medicines and the risks to patients for medicines such as quinines, aspirin or clopidogrel. These audits had enabled the practice to reduce risks to patients. This was by patients being identified as no longer requiring these medicines or provided with alternative or additional treatments.
Reviews and studies	Patient deaths – looking at the circumstances, choice and any actions that could have taken place to change outcome.

Examples of service developments implemented in past 2 years

Development area	Impact
Pilots	Patient self-referral programme to a physiotherapist identified the benefits to patients with quicker recovery time and reduced need to attend the practice for initial triage.
Projects	Respiratory Nurse Consultancy – benefits for both patients and staff reducing the number of patients requiring referral to acute services, early intervention and learning and development of staff to acquire enhanced skills. Project is ongoing.
Working with other providers	Working with other members of the GP federation with providing

	extended hours access. Sharing of learning for significant events. The joint provision of extra support with the Village Agent who leads on monitoring those patients most at risk.
Enabling local access to other healthcare services	The regular virtual cardiology consultancy and visiting paediatrician sessions meant that patients could be assessed, and ongoing treatment planned at a local level. Patients may have earlier interventions than if expected to attend hospital, care is planned jointly by the consultant and GPs.

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	Outcomes from complaints and significant events are shared across the practice and were subjects discussed at meetings. The practice also elevated 'interesting cases' to their significant events processes such as unusual symptoms and diagnosis, unexpected outcomes for patients care.
Practice specific policies	There is a review process for practice policies on an annual basis and when events or activities occur they are reassessed.
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
SCORE Survey(Patient Safety Collaborative) 2016/2017	A review of what staff feel about the working environment, impact on home/ work life, team working and learning/ development. The outcome was it enabled to trigger discussions across the staff team. Plans were put in place to support staff, such as providing a more effective method of clinical support for new GPs, a second duty doctor role on busy days, giving staff time to adjust to change.

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	Surveys, patient participation group meetings(PPG), newsletter, complaints and compliments	The practice provides a newsletter on a monthly basis which includes contributions from the PPG and feedback received.
Public	Joint working and the provision of support for community health promotion events.	Supporting patients and others to access health checks and support within the community.
Staff	Meetings, Away Days	Changes to the division of workload across the staff teams to be more equitable and reducing stress levels.
External partners	Meetings and key roles with Clinical Commissioning Group and other organisations.	Sharing of knowledge and on-going learning between organisations to improve the outcome on patient care.

Feedback from Patient Participation Group;

Feedback

The PPG told us that they felt they were including in some of the aspects of how the practice and services were provided. They were encouraged and supported to engage outside of the practice and participated in PPG groups and activities within the federation. They told us they found this helpful as it shared information and has enabled them to shape change at the practice such as looking at aspects of social support for patients, such as for young mothers.

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

Examples	Impact
Observation and feedback from patients highlighted that parking and some facilities were making visiting the practice difficult.	Changes implemented have included including more disabled parking facilities, a bicycle rack and changes to the reception area.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Access to secondary care clinicians through clinics for cardiology, diabetes and paediatrics.	Patients have received the support, care and treatment they needed without needing to travel further afield.

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>