

Care Quality Commission

Inspection Evidence Table

Oak Tree Partnership (1-582164452)

Inspection date: 12 June 2018

Date of data download: 05 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: November 2017	Y
There was a record of equipment calibration Date of last calibration: December 2017	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion: December 2017 (Reviewed)	Y
Actions were identified and completed. For example, the practice ensured that all staff completed refresher courses in fire safety.	Y
Health and safety Premises/security risk assessment? Date of last assessment: December 2017	Y
Health and safety risk assessment and actions Date of last assessment: December 2017	Y
Additional comments: The practice had a programme for undertaking risk assessments and reviews.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 3 February 2018</p> <p>The practice acted on any issues identified</p> <p>Detail: The risk assessment of having carpet in nurse consulting rooms was reviewed and updated. The practice minor works programme included replacing these carpets with hard flooring when carpets became worn. A reminder was issued to all staff to ensure the bins that held sharp clinical waste should be labelled and dated.</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Partial
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
<p>Explanation of partial answer: There was a system in place for reception staff to identify symptoms that may be life threatening when patients made contact with the practice. However, this had not been reviewed recently and did not include symptoms that could identify sepsis.</p>	

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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y

Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	0.86	0.83	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)	9.0%	10.1%	8.9%	Comparable to other practices

Medicines 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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

Explanation of any answers:

- Our review of processes and procedures to maintain appropriate use, storage and stock control of medicines identified that the practice nurses followed the procedures to reduce the risk from use of medicines.
- GPs retained responsibility for generating all prescriptions for repeat medicines. They chose to do this to maintain a close watch over usage and dosage. The practice achieved six monthly medicine reviews for 81% of patients prescribed four or more repeat medicines and 69% for patients taking any repeat medicines.

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	Y(*)
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	30
Number of events that required action	15(*1)

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

Event	Specific action taken
	(*) The practice system for reporting and recording of significant events was reliant upon verbal reporting to one member of staff. This member of staff held responsibility for ensuring all such reports were collated for review and subsequent learning. The practice did not have a backup system if this member of staff was absent for any length of time. (*1) Half of the issues recorded at significant events reviews were information items relating to premises or consumables supply. The recording system in use did not distinguish between events involving direct patient care and operational matters.
Examination couch failed when examining a patient.	Staff reminded of weight limit of examination couches and to assess patients before using the couches with backrest raised.
Patient did not receive a regular blood test that their condition required.	Extended recall system to include a wider range of long term diseases. Search undertaken for patients with the condition identified and all added to recall programme.
Female patient sent letter inviting them for flu immunisation when no longer pregnant.	Clinicians to update coding when women no longer pregnant and invitation letter to be updated to advise if no longer pregnant ignore the invite.

Safety Alerts	Y/N
---------------	-----

There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: The practice showed us evidence that confirmed safety alerts were processed effectively and action completed when alerts were relevant to the practice.	

Any additional evidence
The process in place to report and review significant events was heavily reliant upon one person recording the events and bringing them to the clinical team for review and learning. Staff who identified a significant event reported the event verbally to the nominated person. The practice did not use a standardised event reporting template and there was no system in place to stratify or grade the level of risk arising from a significant event. However, we noted that the meetings held to review and learn from events were well documented and there was a feedback mechanism to staff to reduce the risk of such events recurring.

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)	0.34	0.62	0.90	Variation (positive)

People with long-term conditions

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)	66.9%	79.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (12)	14.2%	12.4%	
Indicator	Practice	CCG	England	England

	performance	average	average	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)	68.8%	78.2%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (11)	11.0%	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)	63.3%	83.0%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (16)	13.9%	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)	68.7%	75.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (24)	5.7%	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)	80.4%	91.5%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (8)	12.1%	11.4%	
Indicator	Practice	CCG	England	England

		average	average	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)	73.3%	83.7%	83.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (33)	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%	88.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.6% (8)	9.7%	8.2%	
Any additional evidence or comments: We reviewed QOF data provided by the practice for the year 2017/18. This data had yet to be validated and published but showed an improvement on the previous year. For example, the data showed an improvement in the indicator for patients diagnosed with hypertension achieving a blood pressure of 150/90 or better from 73.3% to 88%. Overall the practice achievement had risen from 89% to 93%. However, this remained below the local average of 97%.				

Families, children and young people

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)	151	152	99.3%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	166	169	98.2%	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)	164	169	97.0%	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)	164	169	97.0%	Met 95% WHO based target Significant Variation (positive)
--	-----	-----	-------	--

Any additional evidence or comments: The practice demonstrated a robust recall system for following up families with children entitled to childhood immunisations. There was close liaison with health visitors

Working age people (including those recently retired and students)

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)	75.4%	71.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.8%	74.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.2%	57.7%	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)	79.2%	78.1%	71.2%	N/A
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)	56.3%	61.9%	51.6%	Comparable to other practices
Any additional evidence or comments				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	87.8%	90.5%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (7)	9.3%	12.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	73.5%	89.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (7)	8.1%	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)	87.0%	85.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (1)	5.0%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	499	544	539
Overall QOF exception reporting	2.6%	5.6%	5.7%

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)	90.7%	95.2%	95.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	0.6%	(10)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

Staff have detailed guidance setting out the requirements to obtain written consent for specific procedures. These include minor surgical procedures, implants and administration of immunisations.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	19
Number of CQC comments received which were positive about the service	16
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comment cards	<ul style="list-style-type: none"> Have always found the doctors and staff very helpful. Doctor A assessed me, talked me through possible treatments. Doctor B had always been so caring, listens and is reassuring.
Patient interviews.	<ul style="list-style-type: none"> GPs explain in a way that is understood and I feel listened to. The GPs listen attentively and give us time. Never feel rushed.
NHS Choices	<ul style="list-style-type: none"> All the doctors and nurses are very understanding and helpful. Five comments in last two years about unhelpful reception staff.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,256	240	101	42.08%	0.98%

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)	87.3%	84.1%	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)	91.5%	91.4%	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)	96.9%	96.9%	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)	86.6%	88.7%	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)	88.1%	92.9%	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)	88.4%	93.0%	90.7%	Comparable to other practices
Any additional evidence or comments: The practice was aware of the GP patient survey feedback. They had increased the staffing levels with the addition of a paramedic practitioner and an additional practice nurse. The paramedic was due to increase their hours over the next two months to give more alternatives for appointments and more time for consultations.				

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

Date of exercise	Summary of results
Jan 2015 to May 2018	See results in responsive section of evidence table. The survey was targeted on feedback about the appointment system.
Friends and family recommendation test March to May 2018	Total of 37 returns of which 31(84%) would recommend the practice to others.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with eight patients during the inspection. The feedback included: GPs explain in a way that is understood and I feel listened to. The GPs listen attentively and give us time. Never feel rushed.

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)	82.5%	89.2%	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)	82.4%	85.9%	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)	87.9%	91.1%	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)	80.8%	87.2%	85.4%	Comparable to other practices
Any additional evidence or comments				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Partial (a)
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and	The practice held a register of 135 carers which was just over 1% of the registered patient population. There was evidence that the practice actively

number of carers identified	encouraged patients with a caring responsibility to register these responsibilities. There were approximately 800 patients registered over the age of 65 years old. The predominantly younger age group of patients reduced the number with caring responsibilities and therefore the number of carers was similar to that of practices with a larger population of older patients.
How the practice supports carers	Carers were clearly identified on the practice electronic records system. Staff knew how to record new carers on the system. GPs and nurses consulted with carers to offer advice on support groups and where to access benefits advice. Carers were offered an annual health check and a seasonal flu immunisation.
How the practice supports recently bereaved patients	Patients who had suffered a recent bereavement were identified on the practice patient record system. GPs made contact, as appropriate, with these patients and they were offered an appointment to see their GP if they so wished.

Any additional evidence

(a) The practice did not have information leaflets available in easy read format but was able to produce these upon request.
--

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff told us, and we saw, that a private room was available to meet with patients who requested a private conversation with reception staff. The waiting room was set at a distance from the reception area reducing the risk of patients waiting overhearing conversations. The majority of calls from patients wishing to book appointments were taken in an office away from the reception area.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive	Y

issues.	
---------	--

Examples of specific feedback received:

Source	Feedback
Patient interviews	<ul style="list-style-type: none"> • I can always get a chaperone • Always felt respected by staff.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm

Appointments available	
In the morning from 8.20am to 12.30pm	In the afternoon from 2pm to 6.20pm
Extended hours opening	
Available from the local federation of GP practices between 6.30pm and 8pm on weekdays and Saturday morning from 9am to 12pm.	

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Requests for home visits were identified in the patient call lists allocated to GPs. Whenever possible the request was allocated to the patient's usual GP. The GPs called the person requesting the home visit to assess their need. This was followed by either arranging the home visit or providing treatment advice over the phone. The practice had recently appointed a paramedic who was able to undertake home visits when this was assessed by the GP to be appropriate.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,256	240	101	42.08%	0.98%

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)	73.5%	82.5%	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)	85.6%	82.9%	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)	92.3%	86.1%	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)	78.5%	80.5%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	There had been seven patients who posted comments on NHS choices in the last year. Two were very positive giving the practice five out of five stars. The remaining five were negative quoting difficulty in accessing the practice by telephone and unhelpful reception staff. The practice had responded to all comments posted. We noted that the negative comments had been followed up by senior staff.
Practice survey Jan 2015 to May 2018 monitoring comments from Friends and	There had been 234 pieces of feedback about the appointment system received by the practice. The practice noted that 71 patients were negative about the system with the majority stating they could not access the practice easily by telephone. The practice had invested in an updated telephone system which would a) take more calls, b) have a call queue function and c) record all calls with a date and time

Family test specific to appointment system.	stamp. Installation of the system was due to be completed by the end of July 2018.
CQC comment cards and patient interviews on inspection day.	We received feedback from 27 patients. Of these 22 were positive about accessing services at the practice. The other five commented on difficulty in getting through on the telephone.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	17
Number of complaints we examined	17
Number of complaints we examined that were satisfactorily handled in a timely way	17
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
All complaints were investigated and responded to in detail in a timely manner. All replies to complaints referred to the options available to complainants who were not happy with the response they received. Staff we spoke with were able to advise patients on how to submit a complaint. The practice identified trends in complaints and had plans in place to respond to the themes identified.	

Example of how quality has improved in response to complaints
Reception staff reminded to inform patients when clinics running late to reassure patients and keep them informed.

Any additional evidence
The practice had commissioned an upgrade to their telephone system. This included a call queue system to enable people calling to estimate the time they may have to wait for their call to be answered. The system would also enable more incoming calls to be taken. Call recording was also commissioned within the upgrade. Installation was due to be completed by the end of July 2018.

Well-led

Leadership capacity and capability

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

The practice had a detailed business plan endorsed by the partners. The plan identified challenges the practice faced with development of new housing estates in the locality and resource planning to meet the forecast demands.

Vision and strategy

Practice Vision and values

The practice vision was to continue to provide personalised primary care to all patients and on the day access to clinical advice, treatment and appointments when these were clinically indicated.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

Review of complaints and significant events had led the practice to commence a programme of contacting patients who, in the past, had made little or no contact with the practice. The aim of the project was to ensure patients who may have underlying medical conditions were identified and offered support.

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

Source	Feedback
Nursing staff	All four said they are supported to maintain their learning and development. Feel involved as part of the team and are listened to.
Admin/reception staff	GPs are helpful and always available if we need them.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Practice specific policies	We viewed a sample of practice policies including safeguarding, complaints, whistleblowing and information governance. We found they had been regularly reviewed and contained up to date information.	
Other examples	<ul style="list-style-type: none">• The practice investigated complaints and incidents effectively and identified areas for improvement. Learning and actions taken was shared with staff.• Staffing structures kept under review. Increase in staff by appointment of paramedic practitioner and practice nurse.• GPs retained responsibility for generating repeat prescriptions to maintain a close watch over prescribing.	
		Y/N
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Managing risks, issues and performance

Complaints	Y/N
Major incident/business continuity plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Mixing clinical waste with general waste.	Incident involved a visiting clinic. Practice staff were vigilant and identified risk. Visiting clinicians reminded of need to separate differing types of waste.
Infection control audit.	Ensuring staff maintained their appropriate training in reducing risk of cross infection.
Calling wrong patient for appointments/advice	Reception staff to copy and paste patient telephone number into call list to reduce risk

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Y

Any additional evidence

The practice had a robust system in place to identify patients with complex needs. We saw that these patients were highlighted on the practice clinical records system.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback

We spoke with two members of the patient participation group (PPG). Both told us that the practice shared information about service developments and the outcomes of patient surveys. For example, they were aware that a new telephone system was being installed. However, we were told that in the past the PPG meetings had focused on information sharing from the practice. Neither were able to tell us of any practice developments arising from PPG feedback.

The practice business plan, endorsed by the GP partners in February 2018, included giving the PPG greater autonomy to set their own agenda and provide more feedback on the service to inform the future direction of the practice.

Continuous improvement and innovation

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

Audit area	Improvement
Medicines	Reviewed patients diagnosed with asthma who received a high dose of inhalers. Of the 12 patients reviewed three had their dosage reduced.
Pregnancy and diabetes.	Two cycle audit following reminder about best practice in treatment of women at risk from diabetes following pregnancy. First audit showed four out of 42 had developed diabetes. The second cycle found no women who had gestational diabetes had gone on to develop long term diabetes. The audits also identified those women requiring reminders for their diabetes checks.

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.([See NHS Choices for more details](#)).