

# Care Quality Commission

## Inspection Evidence Table

### Deptford Surgery (1-646266631)

Inspection date: 13 April 2018

Date of data download: 17 April 2018

## Safe

### Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	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
Explanation of any 'No' answers:	

<b>Recruitment Systems</b>	
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
Explanation of any 'No' answers:	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 9th March 2018
There was a record of equipment calibration Date of last calibration:	Yes 9th March 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	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 7th Sept 2017
The practice submitted their Health and Safety and fire safety action plan. Actions were identified and completed.	Yes
Additional observations: n/a	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 7th Sept 2017
Health and safety risk assessment and actions Date of last assessment:	Yes 7th Sept 2017
Additional comments: n/a	

<p><b>Infection control</b></p> <p>Risk assessment and policy in place  Date of last infection control audit:  The provider acted on any issues identified</p> <p>Detail:  The practice submitted their infection control action plan. Previously identified concerns had all been discussed with cleaning contractor or responsible person and actioned.</p>	<p>Yes  22 Feb  2018</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:  n/a</p>	

<p><b>Any additional evidence</b></p>	
<p>n/a</p>	

## Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	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
Explanation of any 'No' answers: n/a	

## Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers: n/a	

## 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)	0.52	-	0.98	Significant variation (very low prescribing)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	7.8%	-	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Explanation of any 'No' answers:

n/a

## Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	8
Number of events that required action	8

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

Event	Specific action taken
A patient on prostate cancer disease register had not had hormonal treatment. A member of staff had overlooked their register responsibilities.	Staff contacted the patient who came in for hormonal therapy treatment. Member of staff discussed the practice's agreed protocol with line manager. A new electronic system for prompting follow-up treatment was set up to replace the previous paper based system.
Transgender patient requested Testosterone prescribing before gender identity clinic (GIC) had completed their assessment process. Patient complained when GP declined hormone prescription request.	The GP sought advice from NHS consultant from GIC, the CCG pharmacy adviser, a private consultant. Shared care agreement for South East London sector discussed in clinical meetings. The GP concluded that it was correct to decline the patient's request. The practice has developed a user agreement form to use for transgender patients seeking hormone prescriptions.
A new member of staff inadvertently picked up a patient letter and took it off site.	The staff member reported this to a line manager when they realised their error. They kept the letter safely and confidentially until able to return it to the surgery. A member of staff scanned and filed on EMIS. Staff training was reviewed to ensure that staff received appropriate training for their job role. The letter concerned a visit to the A&E department but there was no GP action required.

Safety Alerts	
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 system in place ensured that the lead GP received all alerts and that actions were identified and recorded. Staff checked the alerts to see that action had been taken. Alerts were stored electronically on the practice's computer system and staff could access them when they needed to.</p>	



**Any additional evidence**

n/a

# 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)	0.25	-	0.90	Significant Variation (positive)

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)	81.8%	-	79.5%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.5% (18)	9.6%	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)	82.4%	-	78.1%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (7)	8.7%	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)	83.4%	-	80.1%	Comparable to other practices
<b>QOF Exceptions</b>	8.7% (15)	11.5%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	81.0%	-	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (3)	4.0%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	91.8%	-	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.2%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	86.1%	-	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (9)	4.1%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	75.0%	-	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (1)	10.2%	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. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	26	32	81.3%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	39	49	79.6%	80% or below Significant variation (negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	35	49	71.4%	80% or below Significant variation (negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	41	49	83.7%	Below 90% Minimum (variation negative)

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 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	63.0%	-	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	56.5%	64.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	31.8%	44.0%	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)	100.0%	78.4%	71.2%	N/A

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	95.5%	-	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0 (0)	8.8%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	100.0%	-	90.7%	Variation (positive)
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0 (0)	6.6%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	100.0%	-	83.7%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0 (0)	5.0%	6.8%	

### Monitoring care and treatment

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
Overall QOF score (out of maximum 559)	558	542	539
Overall QOF exception reporting	4.5%	5.0%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
If no please explain below: n/a Any further comments or notable training. n/a	

### 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 <b>(01/04/2016 to 31/03/2017)</b> (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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	96.7%	-	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (3)	0.5%	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) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	66.7%	-	51.6%	Comparable to other practices

### Any additional evidence

n/a

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	41
Number of CQC comments received which were positive about the service	41
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Patients said they felt the practice offered excellent service and staff were helpful, caring and treated them with dignity and respect.</p> <p>We saw examples of the practice providing individualised care to support vulnerable patients. Patients told us that they felt the practice cared about their health and gave them support to improve their wellbeing. They described examples where staff provided them with information and contact details of local services that can offer additional support to patients.</p>



## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
4,812	382	7.94%	79	20.68%

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 <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	85.5%	-	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.3%	-	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	95.7%	-	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.3%	-	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	88.6%	-	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
February 2018	The practice had conducted a patient survey through the Patient Participation Group (PPG) asking about availability of information for patients and patient access.

Any additional evidence
Interpretation services were available for patients who did not have English as a first language. Notices in the waiting area were displayed in languages other than English. Copies of the practice leaflet were available in other languages.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients told us they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by their doctor and had sufficient time during consultations.
Comment cards	Patients described how the receptionists, nurses and doctors were approachable and treated them with respect, empathy and sensitivity. Patients described how the doctors explained results and treatments to them clearly enabling them to be involved in decisions about their care.

## 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	87.8%	-	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	86.4%	-	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	85.8%	-	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	74.1%	-	85.4%	Comparable to other practices

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

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

Information leaflets were available in easy read format. Yes

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	The practice proactively identified patients who were carers. The practice had identified 55 patients as carers (2.8% of the practice list).
How the practice supports carers	There was information about support services for carers in the waiting area. The practice gave out a carer's pack to help signpost carers to the local support services. The practice offered carers flexible appointment times and invited them for annual influenza vaccinations. The practice has invited the local Carers Trust Network Partner to have an information desk in the waiting area.
How the practice supports recently bereaved patients	Staff told us that when families had experienced bereavement, their usual GP sent them a letter of condolence and the Practice Manager will call the family and offer advice on how to find support services. The practice mental health nurse offers additional support to families.

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff recognised the importance of patients' dignity and respect. Reception staff knew that if patients wanted to discuss sensitive issues or were distressed, they could offer them a private room to discuss their needs. Staff made efforts to maintain privacy and confidentiality at the reception desk. They kept surfaces clear of paperwork, locked their computer screen, and removed their smart card when away from their desk.

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
Comment cards	A patient who had a long-term condition described how staff are helpful when they found themselves in stressful situations. The patient described how staff go out of their way to provide people with information and contact numbers of support services. When necessary, the patient said they had been provided with a double appointment.
Staff	Staff described how they will use a private area to help patients who have difficulty to complete registration forms. Staff described how they talk to patients who feel agitated or distressed and discuss their concerns in a calm, respectful manner.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Saturday	08:45-12:15
Appointments available	
Extended hours opening on Saturdays	
	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	
<p>The practice had identified patients who were vulnerable or who would have difficulties accessing the service and flagged them on their computer system. Requests for home visits were added to the home visit list and the duty doctor determined whether the visit was necessary and the urgency. If an urgent request was received, reception staff advised the duty doctor immediately on receipt of the request.</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. <b>(01/01/2017 to 31/03/2017)</b>	89.0%	-	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?" <b>(01/01/2017 to 31/03/2017)</b>	95.8%	-	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment <b>(01/01/2017 to 31/03/2017)</b>	75.9%	-	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 <b>(01/01/2017 to 31/03/2017)</b>	74.0%	-	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
Patient interview	Patients said they could access appointments easily.
Comment cards	Patients said it was easy to get an appointment including in an emergency or book an appointment on the same day. Patients were satisfied with the appointment system.

## Listening and learning from complaints received

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

Information was available to help patients understand the complaints system. Yes

<b>Complaints</b>	
Number of complaints received in the last year.	8
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The complaints procedure was clear, with timely responses and evidence of the whole practice team learning from investigations.	

<b>Any additional evidence</b>
n/a



# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
There was a clear vision and set of values to provide patients with high quality, personalised and holistic care. There was a formal governance structure in place to ensure priority areas of improvement were highlighted, risks identified and actions planned. All staff were aware of the vision and we saw that this translated into the action of the practice.

### Culture

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

Source	Feedback
Staff	Staff told us that all practice staff worked together as a team. Staff told us that the GPs and managers were very approachable. Leaders encouraged staff to raise concerns. Staff said they felt confident that managers would address their concerns and issues raised.

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

Source	Example
Records and staff interviews	Members of the practice administration staff had noted that the new International Medical Graduates (IMGs) were struggling to understand their admin duties. The admin staff raised this at a team meeting and it was escalated to senior managers. Although the IMGs had received standard training prior to starting work at Deptford Surgery, managers arranged for IMGs to have a progress and needs assessment and additional support from the senior receptionist and salaried GP. An experienced administrator from another site, provided in house training for new IMG staff. The practice developed guidance and a protocol for IMGs to follow.

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 and staff	A Patient was unhappy that he could not access his online prescriptions and that his account had had restrictions put in place. The practice sent an e-mail to apologise regarding the patient's inability to access their online account. A member of the reception team tried to reset the patient's online access but this was not successful. Staff contacted the software company who advised the patient to re-register online. This was successful and the patient was able to resume online access.
Records and staff	A patient contacted the practice and was upset that the surgery did not have the results of her MRI scan. The patient's GP checked the patient's file and asked the Reception Manager to chase up the results. The GP rang the patient back to ease her distress. The practice wrote to the patient in the absence of an e-mail address

	on file.
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Examples of concerns raised by staff and addressed by the practice

Source	Example
Practice complaints record	Patients presenting with pregnancy were not seeing a GP but sent to the Health Care Assistant for referral. The safeguarding lead at the practice identified that none of these patients had documentation of discussion about antenatal safeguarding risk factors. The GP carried out a maternity antenatal risk factors audit. Following the audit, actions were agreed; the safeguarding lead discussed with all practice staff about risk factor completion within antenatal referral forms. Staff were given guidance on highlighting cases with risk factors to the safeguarding lead and arranging for GP review.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

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

Source	Example
Staff	All staff attended practice team meetings. This provided an inclusive culture for non-clinical staff and assisted in providing improvements to the quality of service.

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

Source	Example
Staff	The practice considered their staff and treated staff fairly. There was an inclusive culture. The practice had an Equality and Diversity policy which was accessible to staff.

### Examples of actions to improve quality in past 2 years

Area	Impact
Records and staff	Uptake rates for childhood immunisations were below the national target percentage of 90% or above. The practice told us that they were aware of these results and a GP contacted all delayed and childhood immunisation decliners, in order to improve uptake of childhood immunisations. There was an increased percentage of children immunised at the surgery following this practice improvement activity.
Records and staff	There was evidence of clinical audits and evidence of action taken to improve quality. The Quality and Outcomes Framework (QUF) data for 2016/17 demonstrated a high achievement overall.

### Examples of service developments implemented in past 2 years

Development area	Impact
Diabetes care	The practice carried out an audit of diabetes care and monitored patients. The practice developed a clinic to help patients to control their diabetes.
Staff skill mix	The practice had planned for an increase in the list size and recruited a pharmacist, a mental health nurse and paramedic to give additional input into prescribing practice and care given to patients.

### Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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### Engagement with patients, the public, staff and external partners

#### Examples of methods of engagement

	Method	Impact
Patients	Patient survey	The practice considers patient survey results and undertakes its own patient surveys.
Public	PPG	The practice actively engages with the Patient Participation Group and meets with them every four to six months.

Staff	Engagement	Staff said suggestions are encouraged and discussed in the team. Staff identify opportunities for further training to develop their roles.
External partners	Clinical Commissioning Group, Adult and Social care agencies	The practice engages effectively with the CCG and local services to get involved in pilots and to assist learning and development and improve quality.

### Feedback from Patient Participation Group;

Feedback
The Patient Participation Group (PPG) reported that the practice involved them and considered their suggestions.

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

Examples	Impact
The PPG had improved the waiting room by installing fans to keep the air cool.	This provided a more comfortable environment for patients in the waiting area, during the Summer months.
The PPG were involved in planning the updated website and joined in discussions on the new extension to the surgery building.	Patients had access to up to date information and services on the website.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Planned audit schedule	Improved care for patients, for example improved monitoring of patients with diabetes.

Any additional evidence
n/a

#### 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>