

Care Quality Commission

Inspection Evidence Table

Tower House Surgery (1-549882598)

Inspection date: 9 May 2018

Date of data download: 07 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
Explanation of any 'No' answers:	

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
Explanation of any answers:	

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Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 26/04/2018	Y
There was a record of equipment calibration Date of last calibration: 26/04/2018	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 November 2017	Y
Actions were identified and completed. No actions required	
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment: January 2018	
Health and safety risk assessment and actions Date of last assessment: January 2018	
Additional comments:	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 20/03/2018	Y

The practice acted on any issues identified	
Detail: No issues identified.	
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	
<p>We saw that the practice had in place processes for managing clinical waste which was kept secure and disposed of via a private specialist company who supplied comprehensive records of waste.</p> <p>The practice showed us the protocols for dealing with clinical specimens and staff could confirm the protocols were used and completed.</p>	

Any additional evidence
The practice published an infection control statement the last statement was published in January 2018.

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.	Y
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
Explanation of any answers:	

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
Explanation of any answers:	

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)	1.05	1.03	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)	8.0%	8.1%	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:

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.	Four
Number of events that required action	Four

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

Event	Specific action taken
Incorrect medication given	Fully investigated and written apology given to patient. Risk areas were looked at and an action plan formulated. Patient specific directions protocol and policy were reviewed published and shared with staff. Review of event was carried out with staff and further training was given to staff. Outcomes were discussed by the partners and report was sent to local clinical commissioning group with review of actions.
Member of staff missed a case of Sepsis	Fully investigated by the practice and outcomes discussed. Resulted in sepsis training for all clinicians and reception staff.

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: Alerts were discussed at clinical meetings and daily at meetings held in the mornings by GPs. Practice manager shared any alerts with the relevant staff and check that any required actions have been completed.	

Any additional evidence

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.76	1.21	0.90	Comparable to other practices

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)	78.2%	80.8%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.9% (124)	17.2%	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)	87.4%	81.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (88)	11.1%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	84.9%	78.7%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.6% (139)	17.8%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	74.2%	77.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (162)	20.5%	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)	94.4%	92.9%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.9% (36)	19.5%	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)	85.8%	85.6%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (133)	4.9%	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)	79.7%	85.8%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
Any additional evidence or comments	10.5%	(18)	10.7%	8.2%	

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)	66	92	71.7%	80% or below Significant variation (negative)
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)	94	129	72.9%	80% or below Significant variation (negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	78	129	60.5%	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) (01/04/2016 to 31/03/2017) (NHS England)	105	129	81.4%	Below 90% Minimum (variation negative)
Any additional evidence or comments				
The practice informed us that they had responded to these low figures. The practice had met with the Isle of Wight Child Health team and now sends weekly reports to them with details of child immunisation and these figures we are told improved in the following years unpublished results.				

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)	70.1%	72.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.1%	78.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	57.4%	59.6%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who	66.2%	62.4%	71.2%	N/A

have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)				
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)	42.6%	48.1%	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)	89.2%	89.4%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.6% (27)	19.0%	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)	90.4%	88.6%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (23)	16.2%	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)	86.7%	83.0%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (8)	4.8%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552	547	539
Overall QOF exception reporting	9.3%	7.5%	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) <small>(QOF)</small>	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) <small>(QOF)</small>	91.6%	94.1%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (11)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice showed us several consent forms which gave patients information about the procedures, what the procedure would include, the intended benefits and any possible risks. There was confirmation that the procedure had been discussed with the patient and details of any leaflets that the patient had been given. If required a statement was also included from an interpreter. The form also gave details of websites with consent guidance.

Any additional evidence
<p>The practice was currently undergoing extensive refurbishment. They have researched signage, colours, furnishings and floor coverings in the development of reception areas. They have also considered suggestions by the Patient Participation Group in access, automated lighting and disabled parking bays outside the main entrance.</p> <p>The practice told us that they take a proactive approach to older peoples' health needs and go above the usual primary care e.g. those who had not seen for over one year were phoned and offered health checks by a practice health care assistant (HCA) who is the lead for the over 75s.</p> <p>There was a senior's corner in the waiting room; staff were happy to phone for taxis and were happy to go the extra mile for older patients. The practice had named GPs looking after specific care homes and supported medicine management with polypharmacy reviews in the care homes.</p> <p>The practice continued to be a dementia friendly surgery, being the first on the Island, with all staff trained in level one dementia awareness and other staff trained to higher levels, dementia awareness was in staff induction programme and appraisals.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	39
Number of CQC comments received which were positive about the service	38
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards,	Patients told us that they were treated with respect, dignity and privacy whenever they visited the practice. GPs and nursing staff were professional, attentive and responsive. Reception staff were very friendly and always helpful. Several patients were very appreciative of the Saturday service provided by the practice which was needed by patients who worked away from the Isle of Wight during the weekdays.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,846	242	113	46.69%	1%

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)	81.6%	81.2%	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)	88.5%	90.3%	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?" (01/01/2017 to 31/03/2017)	92.9%	95.3%	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)	86.9%	87.0%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	93.8%	92.7%	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)	92.3%	91.8%	90.7%	Comparable to other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
	<p data-bbox="311 510 735 539">Tower House Survey 2017/18</p> <p data-bbox="311 577 1517 685">Over 2017/18 the practice had offered patients the opportunity to feedback their opinions on the service they received. This survey was offered in the practice and for the first time through an online services portal.</p> <p data-bbox="311 723 1540 831">The practice asked for feedback on the telephone service, access to appointments, how well clinicians performed, repeat prescription service and an overall opinion of the surgery.</p> <p data-bbox="311 869 1540 1050">The results showed that work was needed on telephone answering at the beginning of the day. As a result, the practice invested in a new telephone system and changed the way that staff were used in the mornings. It was everyone's responsibility to answer telephones not just the receptionists. The practice felt that this would have a positive impact and ensure that patients could make appointments quicker in the morning.</p>

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	All positive feedback from patients. Very happy with the service provided and the improvements made to the reception area. Better seating and a more open waiting area.

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)	90.5%	88.7%	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)	83.1%	84.3%	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)	90.2%	91.7%	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)	88.9%	87.4%	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.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	447, 3.4% of list
How the practice supports carers	<p>The practice hosted a care navigator and designed an information governance protocol which they shared with the island practices. Tower House Surgery supported the care navigator work by designing a data entry template to be used on the Island wide computer System One. This enabled efficiencies within the care navigation process.</p> <p>The practice had produced a protocol to signpost practices to refer carers to the appropriate service. After completing a referral form contact was made with the carer and they were offered an appointment where an advisor would meet with them. At this point advice and signposting to support would be provided. Isle of Wight Carers could feedback to the referring practice. A data entry template had been designed to be used in this case to record carers support plan in the carer's records.</p>
How the practice supports recently bereaved patients	The practice contacted any bereaved families and signposted them to Cruse Bereavement Care.

Any additional evidence

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	The practice had a queuing system at the reception with notices asking for patients to give privacy to patients ahead of them. There was background music playing which helped to mask conversations at the desk. Reception staff were aware of confidentiality in the reception area and reacted accordingly making sure that patients privacy was respected.

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 issues.	Y

Examples of specific feedback received:

Source	Feedback
Comment cards	Patients reported that reception staff were always friendly and helpful and treated them with respect and dignity.
Comment cards	Staff are very caring, GPs were compassionate and treated patients with sensitivity.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:30-18:30

<p>Appointments available: Routine appointments were at 10-minute intervals, and could be booked up to eight weeks in advance. Patients requiring a longer appointment were asked to request when booking their appointment</p>
<p>Extended hours opening: the practice was open from 6.30pm to 7.30pm on Mondays and Tuesdays for pre-bookable appointments. The practice also ran specialist nurse clinics from 6.30pm to 7.30pm on Monday and Tuesday.</p> <p>Tower House Surgery hosted and designed the extended access service on Saturdays and bank holiday for Island practices. This supported improved access for patients but also those at other surgeries. Tower House Surgery managed this on behalf of all the practices and delivered Island wide access by using hubs.</p> <p>Patient feedback was very positive about the Saturday opening as many patients worked away from the Island during the week and found it difficult to book appointments otherwise. For example, the practice offered diabetic specialist clinics on Saturdays to support working diabetics.</p> <p>The practice was piloting a project with NHS111 to provide access to Saturday appointments via Adastra, and NHS England are looking at this idea as a system of working to share across England. Adastra is an effective clinical patient management system for urgent healthcare settings, including NHS 111, out-of-hours clinics and community pharmacies.</p>

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	
Patient was added to a list which was reviewed by a GP. GP checked patients notes and called patient back to assess if a visit was needed or if urgent, needed to be escalated. GP visits were then arranged with the patient.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,846	242	113	46.69%	1%

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)	85.4%	83.5%	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)	73.5%	75.2%	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 could get an appointment (01/01/2017 to 31/03/2017)	77.9%	75.7%	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)	69.7%	76.6%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	We saw that there was mixed feedback on the NHS Choices website. Several patients reported that they were disappointed with the attitude of the reception staff and the practice manager had replied offering to personally speak with the patients and work to improve the practice. Other patients had reported that the practice was very good and happy with the service that was given. The GP's and nurses were extremely supportive and gave a personal one to one service.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	21
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Example of how quality has improved in response to complaints

A patient was not happy with the way in which a receptionist dealt with a phone call. The practice manager made contact and an apology was given. Practice then cascaded customer care training down to reception staff.

Any additional evidence

Well-led

Leadership capacity and capability

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

The GP partners lead in long term condition areas (LTCAs). The practice conducted clinics for those with LTCs and offered clinics in the extended hours operated by the practice.

Over the last year the practice had established a diabetic team consisting of named admin staff, nurses and a lead GP to support. In diabetic care they were promoting the NHS Diabetes Prevention Programme (NDPP). The practice quality outcome framework results had improved year on year in almost every area.

The practice offered diabetic specialist clinics on Saturdays to support working diabetics and were extending this Saturday service to include other LTCAs.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice vision was recorded in their statement of purpose as caring across the community To work in partnership with our patients, staff and colleagues to provide the best Primary Care services possible working within local and national governance, guidance and regulations.

The practice had also used the previous Care Quality Commission report to develop their vision and future values and business strategy. Concentrating on the five domains to provide a better service for patients.

Culture

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

The practice remained a dementia friendly practice, being the first on the Island, with all staffed trained in level one dementia awareness and other staff trained to higher levels, dementia awareness is in staff induction programme and appraisals.

Public health had been unable to commission the practice sexual health drop in service from May 2018, however this was considered as an important service to the local population so the practice has decided to continue with it.

The practice listened actively to patients promoting the 'You Said We Did' for e.g. putting on more administration staff on the mornings answering the phones after this was flagged up via a patient survey as an area where the practice could improve.

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

Source	Feedback
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Member of Staff	Very supportive management. Practice works as a team and are all GPs are very helpful if there is ever an issue. Really enjoys working at the practice.
Member of Staff	Comfortable working environment. Really good atmosphere with a friendly team. A proactive and forward-thinking practice.

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had an in-depth significant event recording policy. This fully explained the background, guiding principles and what to report.
Other examples	The practice had recently registered a refugee family and worked with them to ensure they received the best care and advice. The practice had completed translation of forms and information to provide a good quality of care.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

Managing risks, issues and performance

Complaints	Y/N
Major incident 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
Infection control	Infection control policy in place, the lead for infection control completed regular risk assessments. The practice published infection control statement for patients.
Health & Safety	Practice manager completed risk assessments for the practice.
Car Park Risk Assessment	Practice had completed a risk assessment for patients using the car park and a disabled parking space was being arranged directly outside the practice to make access for patients with disabilities better. There was also a wheelchair risk assessment to ensure easy access and safe access to the practice.

Any additional evidence

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The patient participation group (PPG) designed a framework to be used to make primary care age friendly, it was shared in locality meetings for further older person input. It was being rolled out across the Island. In this project a PPG member made a video to be shared (you tube Making GP surgeries Age Friendly 30/1/17 Age friendly).</p> <p>The framework designed by Tower House and its PPG helped in the design of the Age Friendly Charter. This was being adopted by other organisations across the Island in a move towards making the Island Age Friendly. The practice was working with AGE UK in the formation of a training program aimed at practice staff.</p> <p>The practice was also undergoing extensive refurbishment. The practice had researched signage, colours, furnishings and floor coverings in the development of reception areas. The practice had considered suggestions by the PPG in access, automated lighting and disabled parking bays outside the main entrance.</p>

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Smear sampling	<p>Sample takers should ensure that there is a fail-safe system in place where they can assure themselves that a cervical sample result comes back for every test they take and that appropriate action is taken when necessary. Guidance from Public Health England.</p> <p>342 results have been reviewed this was an ongoing to process to ensure high quality.</p>
Post splenectomy patients having appropriate vaccination.	<p>A new patient attended for routine post-surgery vaccines in April. This prompted a search to ensure all patients post splenectomy had received a 5-yearly booster for pneumococcal vaccine in accordance</p>

	with the guidelines outlined in the 'green book' The practice was now including a recall when such a procedure had been undertaken.
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Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Chlamydia Screening Audit.	To ensure patients recorded as having chlamydial screening using code XaPwu had a result read and actioned if required. Following an event where a positive result was missed (which was reported as normal) a search was set up by the practice audit clerk to search on the code XaPwu. The code was used by all staff, searched monthly and results sent to the lead nurse to ensure result had been read and treatment given and partner notification discussed if result 'Detected'. Target – 100%
Diabetes foot care pathway	This was an audit to check that the practice was following the diabetes foot care pathway. The audit reviewed case notes of all diabetes patients seen with Diabetes foot problems (e.g. ulcer, redness, callus) over the last 6 months. Were they referred appropriately? If not referred why not? What was the outcome? The impact of the audit for patients was that: 3 monthly whole diabetes team meetings took place. The practice followed the Diabetes Pathway and guidelines. There were regular reviews and audits. The practice ensured that regular searches done for the following: Monthly searches for HbA1c>59, BP > 140/80, Cholesterol>4 and then patients individually reviewed monthly. The audit was then presented to whole team followed by a brief talk on Diabetes foot care pathway. A second audit was planned to be undertaken later in 2018.

Any additional evidence

DO NOT DELETE THE NOTES BELOW

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](#)).