

Care Quality Commission

Inspection Evidence Table

Dr Antoine Sayer (1-507819962)

Inspection date: 3 & 12 July 2018

Date of data download: 13 July 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: Whilst all staff received safeguarding training appropriate to their role, we found that the information held by the practice indicated that one GP's child safeguarding training had expired and the practice had failed to address this with the GP concerned or to check that training had been completed.	

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:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: May 2018	Y
There was a record of equipment calibration Date of last calibration: May 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	N/A
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: March 2017	Y
Actions were identified and completed.	Y
Additional observations:	
Health and safety Premises/security risk assessment?	Y
Health and safety risk assessment and actions	Y
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice's most recent NHS England-conducted audit highlighted some areas as being non-compliant with best practice; these related primarily to premises fixtures and fittings such as patient areas being carpeted and sink areas in clinical rooms not being easily cleaned. The practice provided evidence that the issues raised had been discussed with their PPG, who had been able to comment from an aesthetic point of view, however, the practice's risk assessment of these issues failed to include the development of a risk mitigation plan which was based on reliable guidance.</p>	<p>Y</p> <p>N</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any answers:</p>	

Any additional evidence

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.	N
<p>Explanation of any answers:</p> <p>Whilst clinical staff were aware of the symptoms of sepsis and were equipped to carry-out appropriate assessment of these patients, the practice had not provided training to reception staff on how to identify signs of 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.	N
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
<p>Explanation of any answers:</p> <p>There was no consistent approach to the management of patient referrals and test results which was followed by all clinical staff; the principal GP was not fully aware if the system being employed by other clinical staff, and had taken no steps to ensure that these systems were safe and effective.</p>	

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)	1.18	0.71	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)	26.0%	10.7%	8.9%	Significant Variation (negative)

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).	N
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.	NA
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.	NA
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	N
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	Y

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any answers:

The data in the table above relating to the practice's antibiotic prescribing shows that the practice's prescribing of broad spectrum antibiotics (antibiotics which act against a wide range of disease-causing bacteria, but which may contribute to antibiotic resistance) is significantly higher than local and national averages; however, this data relates to the time when the practice held the contract for providing care to patients resident in a local neuro-disability nursing home, and the figure represents the total prescribing for both patients of the nursing home and patients of the main practice. Due to the nature of the conditions of patients at the nursing home, their prescribing needs differ from the general population, and therefore, the prescribing data for the practice for this period cannot be accurately compared with local and national averages.

The practice did not have any medicines available on the premises to treat patients who were having a seizure.

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.	12
Number of events that required action	3

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

Event	Specific action taken
The practice had identified issues with a local pharmacy requesting prescriptions for patients which were no longer required. Eight of the practice's 12 recorded significant events were in relation to this issue.	The practice met with staff at the pharmacy to discuss the problem, and the issue has been raised with the CCG.
A patient was referred to hospital under the two-week wait rule for investigation into a suspected cancer. The patient subsequently contacted the practice because they had not received an appointment with the hospital.	The patient was reviewed again in the practice and a further referral was made. Investigations by the practice found that the hospital had not received the previous referral. The practice changed their process for tracking suspected cancer referrals, including requesting a delivery receipt when the referral is emailed to the hospital, and contacting patients to check that they have attended their appointment.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Safety alerts are received by the principal GP, who considers whether they are relevant to the practice and then arranges for any required searches to be undertaken. Details of relevant alerts are passed to the locum GP for information.</p>	

Any additional evidence

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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)	1.79	0.81	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)	87.1%	79.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 9.1% (7)	CCG Exception rate 9.2%	England Exception rate 12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.2%	78.5%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 1.3% (1)	CCG Exception rate 6.7%	England Exception rate 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)	75.0%	78.9%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	6.5%	(5)	9.8%	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)	85.9%	76.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (1)	2.5%	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)	94.6%	94.1%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.0%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.9%	83.0%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	2.9%	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)	93.3%	86.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.9% (7)	6.6%	8.2%	

Any additional evidence or comments

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)	17	20	85.0%	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) (01/04/2016 to 31/03/2017) (NHS England)	5	25	20.0%	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)	19	25	76.0%	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)	18	25	72.0%	80% or below Significant variation (negative)

Any additional evidence or comments

During the inspection the practice provided data submitted to NHS England relating to the year 1 July 2017 to 1 July 2018. This data showed that the practice had significantly increased its uptake for childhood immunisations. The data showed that the practice's overall uptake for all immunisations given to children aged 2 and under was 95% (53 eligible children) and for pre-school boosters the practice's overall uptake was 88% (18 eligible children).

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)	50.8%	69.9%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	42.7%	63.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	33.3%	53.1%	54.5%	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%	81.6%	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)	50.0%	51.1%	51.6%	Comparable to other practices
Any additional evidence or comments				
During the inspection the practice provided data on cervical screening uptake for the reporting year 2017/18, this showed that the uptake had increased to 81%.				

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)	93.5%	93.0%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 0 (0)	CCG Exception rate 7.0%	England Exception rate 12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.5%	90.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 0 (0)	CCG Exception rate 6.1%	England Exception rate 10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.8%	85.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 3.0% (1)	CCG Exception rate 4.6%	England Exception rate 6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	536	543	539
Overall QOF exception reporting	3.6%	4.2%	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)	97.5%	93.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (2)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>The practice does not provide minor surgery, and therefore there were no issues around consent for surgical procedures.</p> <p>Consent for treatment such as immunisations was taken verbally and recorded; however, the practice did not audit this area.</p>

Any additional evidence

Caring

Kindness, respect and compassion

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with two patients, both reported that staff at the practice treated them with kindness and respect.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
1,653	356	95	26.69%	6%

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)	89.9%	83.8%	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)	95.1%	90.2%	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)	96.4%	96.4%	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)	94.7%	86.2%	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)	88.4%	90.0%	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)	92.0%	91.1%	90.7%	Comparable to other practices
Any additional evidence or comments				

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients spoken to during the inspection days could provide examples of having been involved in decisions about their own care and in decisions relation to children and elderly relatives who they cared for.

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)	91.0%	86.8%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	88.7%	83.5%	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)	90.6%	89.5%	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)	91.2%	83.4%	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.	N
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	17 (1% of total patient population)
How the practice supports carers	<p>The practice holds a register of patients with caring responsibilities, and these patients are offered ongoing support, including flu vaccinations. The practice has a carers pack in the waiting area, which contains information about support services available in the local area.</p> <p>At the time of the inspection the practice's Healthcare Assistant was undertaking a project aimed at reviewing the way that carers are recorded on the patient records system to ensure that the practice's data is accurate and consistent. Following this, she had plans to invite patients on the carers register to meet with her so that she could discuss their needs with them and signpost them to appropriate services.</p>
How the practice supports recently bereaved patients	Patients are contacted and an appointment with a GP is offered at a time to suit them.

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.	N
Explanation of any answers: The doctor's consultation room had a separate examination room, where patients could undress in privacy before the doctor entered to carry-out the examination.	

	Narrative
Arrangements to ensure confidentiality at the reception desk	The patient waiting area was set apart from the reception desk. Telephone calls with patients were carried-out in the administrative office and could not be overheard.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am-1pm; 2pm-6:30pm
Tuesday	8am-1pm; 2pm-6:30pm
Wednesday	8am-1pm; 2pm-6:30pm
Thursday	8am-1pm; 2pm-6:30pm
Friday	8am-1pm; 2pm-6:30pm

Extended hours opening	
Monday Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day.	6:30pm-7:15pm

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	
When a request for a home visit was received, reception staff would send a message to the Principal GP, including any details provided by the patient about the nature of their condition. The GP would speak to the patient by telephone to establish the urgency of need for medical attention and, where necessary, to arrange to visit 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
1,653	356	95	26.69%	6%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	81.2%	78.6%	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)	96.0%	79.4%	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)	86.5%	80.7%	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)	88.9%	75.4%	72.7%	Comparable to other practices
Any additional evidence or comments				

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
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
Additional comments:	
<p>Of the four complaints recorded by the practice, one was a complaint that a patient had not received an appointment at the local hospital, and following investigation it was found that the fault was with the hospital and not the practice. One complaint was logged following contact from the General Medical Council (GMC) asking for copies of a patient's records as part of their investigation into a complaint that had been made to them directly (the GMC subsequently decided not to pursue their investigation further).</p>	

Example of how quality has improved in response to complaints

The practice had received a complaint from a patient who had requested a letter, summarising her medical history, and was surprised to be charged a fee for this service. Following this complaint, the practice asked reception staff to make patients clear about services which attract a fee when they initially make the request for letters and reports.

Any additional evidence

Well-led

Leadership capacity and capability

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

Leaders were visible within the practice and communicated regularly with staff both on an informal basis, and via regular staff meetings. We saw minutes of these meetings, and all staff could provide examples of effective communication with colleagues at all levels.

Vision and strategy

Practice vision and values

From discussions with the practice's leadership team and staff it was clear that the practice valued its patients and that there was a strong ethos of delivering high quality patient care. Patients we spoke to confirmed this, and stressed the value they put on the continuity of care they received from the practice.

Culture

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

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

Source	Feedback

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	Policies were in place; however, in some areas, such as the management of incoming correspondence and test results, more specific systems and processes, and associated quality assurance arrangements, were required.
Other examples	
	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

Major incident planning	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
Discussions about patients during MDT meetings not being recorded in patients' individual care records.	System introduced whereby details of discussions are recorded in meeting minutes during the meeting. Notes relating to individual patients' care are transferred to the patient's notes by the admin team; the principal GP checks the patient record, and then signs the meeting minutes to confirm that the patient's notes have been updated.
Urgent suspected cancer referrals not being received by hospital.	System introduced whereby practice requests a delivery receipt when a referral is emailed to the hospital. This is logged and the practice then checks with the patient that they have received an appointment.

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
We spoke in detail with two members of the practice's Patient Participation Group (PPG), who told us that the practice called them for meetings regularly when there was a topic for discussion; for example, when the NHS GP Patient Survey results are published. Members of the PPG are given the opportunity to comment and to raise any other issues that they would like to discuss.

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Unplanned admission to hospital for complex care patients	This was a CCG-wide audit aimed at reducing unnecessary admissions to hospital. The audit results for the locality identified that providing a higher level of support for carers could have an impact on admission rates for patients with complex care needs. As a result, the practice commenced a project to further identify patients with caring responsibilities and to provide them with additional support.
Carers	The practice's records on patients with caring responsibilities has been checked to ensure that all these patients are correctly coded.

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](#)).