

# Care Quality Commission

## Inspection Evidence Table

### Dr JTW Spinks & Partners (1-571152855)

Inspection date: 3 May2018

Date of data download: 18 April 2018

## Safe

### Safety systems and processes

Source	
There was a lead members 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:  N/A	

Recruitment Systems	
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
<p>Explanation of any 'No' answers:</p> <p>The practice did not have an induction pack available for locum GPs. Staff told us that they inducted locum GPs to the practice verbally. We saw records that showed locums used by the practice had worked there routinely and there were very few occasions when a new locum was employed.</p>	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 19/10/17
There was a record of equipment calibration Date of last calibration:	Yes 19/10/17
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 14/10/17
Actions were identified and completed. No actions identified	Yes
Additional observations: N/A	No
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 26/02/18
Health and safety risk assessment and actions Date of last assessment:	Yes 19/09/17
Additional comments: NA	

<p><b>Infection control</b></p> <p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>There was a system to manage infection prevention and control. The Advanced Nurse practitioner was the newly appointed lead for managing infection prevention and control and was completing the appropriate advanced training. We saw that an infection control audit had been completed. However, we found that some details contained within the audit did not always match the practices policy. For example, the practice policy stated that disposable privacy curtains should be changed on a six monthly basis but the audit stated annually.</p>	<p>Yes</p> <p>January 2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p> <p>N/A</p>	

<b>Any additional evidence</b>	
N/A	

## 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)	0.88	0.92	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)	12.1%	10.7%	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.	N/A
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site 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	

### Any additional evidence

The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.

We saw that the practice had anaphylaxis kits (medicines to counteract allergic reactions) in each clinical room. However, there were some inconsistencies noted in how these were maintained. For example, one contained two vials of adrenaline, two sterile syringes and two sterile needles for injection. Whilst others contained multiple numbers of sterile needles and syringes.

Following taking part in the Introducing Pharmacists into GP Practice pilot, funded by NHE England two years ago, the practice had employed a pharmacist.

The pharmacist had been supported by the practice to obtain an independent prescribing qualification. Diabetic management clinics were run by the pharmacist with GP support. The purpose of the clinic was to conduct annual reviews of diabetic patients, give advice on diet and lifestyle and to refer difficult to treat patients to external diabetic clinics. Additionally, they reviewed all newly registered patients and those discharged from hospital medicines to ensure they were detailed within the patient's records appropriately. We saw that work flows had been set up on the patient records system, to ensure that alerts for monitoring and routine screening had been appropriately applied to patient's records.

Since commencing employment at the practice, the pharmacist has implemented a repeat prescribing policy. The policy provided practice staff with the criteria for any queries relating to the repeat prescribing of controlled drugs, contraceptives, non-steroidal anti-inflammatory drugs and any other medicines that required a review or regular monitoring. In addition, a guide had been developed to support any medicines that required monitoring tests. For example, high risk medicines, such as lithium (a psychiatric medicine), which required blood tests and regular reviews, in order to ensure they were the appropriate dose for the patient. We saw that the document had been developed in conjunction with nationally published guidance.

The practice pharmacist had identified a risk associated with international ratio (INR) results being maintained by the warfarin clinic, which were available to the practice only on request. (Warfarin is a medicine used to prevent the blood from clotting). As a result, a change in practice had been implemented and INR results were now being routinely sent to the practice. This practice was recognised by the clinical commissioning group (CCG) and had been adopted by all GP practices within the CCG.

## 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.	Five
Number of events that required action	Five

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

Event	Specific action taken
Incorrect diagnosis being given to a patient following a test.	The practice had investigated the event and found that it was human error in use of the practice patient record software. The event was discussed at a team meeting and the software package was investigated to see if errors such as this could be prevented in the future. It was found that there was no way to change the system, therefore staff were routinely reminded to be vigilant when entering test results into patient records. Staff we spoke with and minutes of meetings viewed confirmed this.
A GP had identified an administrative error regarding two week wait referrals. This highlighted a need for a change in process.	The practice conducted an audit into all historic two week wait referrals and found there was an issue in the process they were using. The process and procedure was subsequently changed as a result. Staff we spoke with, the procedure we were shown and minutes of meetings viewed confirmed this.

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>There was a comprehensive log of safety alerts and actions taken. There were responsible persons within the practice to ensure that safety alerts were appropriately managed. This included safety alerts relating to medicines which were monitored by the practice pharmacist.</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)	0.85	1.10	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	58.2%	75.6%	79.5%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (29)	15.6%	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)	66.6%	75.4%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (12)	11.6%	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)	70.2%	77.9%	80.1%	Comparable to other practices
QOF Exceptions				
	5.1% (26)	13.9%	13.3%	

### Any additional evidence

The practice had recognised that some of its QOF results for patients with diabetes were lower than the CCG and national averages. The practice provided us with unpublished and unverified data for 2017/18, which showed that the percentages for both patients with diabetes and hypertension, on the register, had been improved. This has been as a consequence of implementing dedicated diabetes clinics coordinated by the practice pharmacist.

### 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)	72.6%	74.5%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (27)	13.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	89.5%	89.1%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (14)	16.3%	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)	69.1%	81.5%	83.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (18)	5.1%	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,	90.5%	88.1%	88.4%	Comparable to other practices

the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (7)	5.4%	8.2%	

### Any additional evidence

The practice had recognised that some of its QOF results for patients with hypertension were lower than the CCG and national averages. The practice provided us with unpublished and unverified data for 2017/18, which showed that the percentages for both patients with diabetes and hypertension, on the register, had been improved. This had been because of enhancing medicine reviews and routine checks clinics coordinated by the practice pharmacist.

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)	100	105	95.2%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	128	141	90.8%	Met 90% Minimum (no variation)
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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	129	141	91.5%	Met 90% Minimum (no variation)
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)	128	141	90.8%	Met 90% Minimum (no variation)

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)	75.0%	74.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.5%	72.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.6%	55.3%	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)	72.2%	74.2%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	92.9%	88.5%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.6% (6)	17.2%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	82.8%	90.2%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.7% (5)	13.5%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	81.3%	78.0%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (1)	8.5%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	511	528	539
Overall QOF exception reporting	3.0%	6.5%	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
<p>If no please explain below:</p> <p>N/A</p> <p>Any further comments or notable training.</p> <p>N/A</p>	

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed <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)	94.3%	94.3%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (4)	1.1%	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)	57.6%	49.8%	51.6%	Comparable to other practices

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	20
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
Comments cards	Patients said that they felt the practice cared about their health and gave them support to improve their wellbeing. They described examples where they were listened to and treated with respect, dignity and kindness. Patients also commented on the professionalism of staff.
NHS Choices	Mixed comments raised concerns regarding being able to access appointments.  Comments related to the high standard of care received from staff, helpful receptionists and the quality of clinical care provided. Some negative comments related to accessing the service via the telephone and GPs bedside manner.  Patients had rated the practice three and a half stars out of five on the NHS Choices website. The practice had replied and responded to these comments.
Friends and Family Test	Patients gave a 90% positive response in January 2018 in regard to recommending the practice to others. We saw that this had increased to 100% in March 2018. Comments received were positive about care and treatment received.



## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
9,814	293	1%	111	37.88%

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)	86.6%	68.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	85.4%	83.2%	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?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.6%	93.1%	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)	90.6%	79.7%	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)	89.0%	90.2%	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)	93.3%	90.1%	90.7%	Comparable to other practices

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with four patients who told us they were satisfied with the care provided by the practice. They commented that they had been listened to and treated with dignity and respect.
Comment cards	Patients described how they felt they had been listened to and how the GPs, nurses and pharmacist explained results and treatments to them, 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)	88.5%	80.4%	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)	85.0%	75.0%	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)	93.5%	89.3%	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)	87.4%	84.9%	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	133 patients were identified as carers; this represents approximately 2% of the practice list.
How the practice supports carers	The practice offered to refer carers to local support groups. Carers were offered flexible appointment times and invited for annual influenza vaccinations.
How the practice supports recently bereaved patients	<p>The GP sends a letter to the family if they are known to the practice, which includes condolences and offers an appointment with the GP for the family. The GP would visit the next of kin or family if appropriate.</p> <p>The practice also provided help with forms or other arrangements and signpost relatives to other support services where appropriate.</p>

## 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	There was an area of the practice where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality.

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
Patients	Told us that they had seen posters in the waiting room, highlighting that a private room was available if they felt the need to use it.
Comment cards	Patients commented in cards that they felt their privacy and dignity was always respected.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:30-18:30
Appointments available	
	08:30 - 11:00 and 16:00 - 18:00
Extended hours opening	
	There are some appointments available each week at 08:00 and earlier in the afternoon. There are GPs available for consultations, although exact times vary each week.

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	
All home visits were triaged by the duty GP and, if clinically appropriate, a visit was completed by a GP.	

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	81.2%	70.1%	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)	81.5%	60.0%	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)	71.8%	66.7%	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)	87.6%	63.6%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
Comment cards	Mixed comments raised concerns regarding being able to access appointments.
NHS Choices	Comments relating to accessing the service via the telephone were mixed. Positive comments were made regarding the online booking system. Where negative comments had been received, the practice had responded to these.

## 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

Complaints	
Number of complaints received in the last year.	19
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:	
<p>The practice learned lessons from individual concerns, complaints and from analysing trends. Where appropriate, any complaints raised that were considered to be significant events, these were investigated as such.</p> <p>Patients we spoke with were aware how to complain but felt they had no cause to at the present time or in the past. We saw the practice patient information leaflet contained information about how and who to complain to, as did the practice website.</p>	

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
<p>The overarching aims of Dr JTW Spinks and Partners (also known as Grove Park Surgery) were:</p> <ul style="list-style-type: none"><li>• To be committed to providing the best GP service possible to the people of Strood.</li><li>• To provide high quality, safe and timely care for patients regardless of age, gender, race or creed.</li><li>• To provide as wide a range of services as possible.</li><li>• To be innovative and lead, rather than follow.</li><li>• Work with other providers and commissioners to improve ours and other services.</li><li>• To support staff and encourage them to increase their skills.</li><li>• Have an open and honest culture.</li><li>• Strive to be an approachable, friendly, patient-centred practice with high patient satisfaction.</li></ul>

### Culture

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

Source	Feedback
Staff	Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically.
Staff	Staff reported that the morale within the team was high and that the culture was positive.
Staff	Staff we spoke with told us they were supported to complete training that would enhance their skill and knowledge base.

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

Source	Example
Staff	The practice had changed its policies and procedures for repeat prescribing of medicines based on a risk identified by the practice pharmacist.



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

Source	Example
GPs	Following a significant event where a patient had been provided with an incorrect diagnosis, the practice informed the patient of the error and under duty of candour was sent an open and honest apology letter. Discussions were held at practice meetings and learning outcomes were shared with the whole staff team.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff and practice meeting minutes	The practice had responded to feedback from staff regarding winter pressures on the service and how this could be managed in terms of patients not attending for appointments (at a time when the need for appointments had increased). In order to address the number of do not attend (DNA) appointments, the practice had reviewed patients contact information, raised awareness of online services and had implemented a DNA policy. The policy included a system for writing to patients who do not attend and if a patient failed to attend on a third occasion, a GP would review the patients records to monitor for any concerns.
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
Practice health and safety risk assessments	The practice had a comprehensive range of risk assessments that covered all areas of the practice premises and staff working conditions. These were regularly checked and updated as needed.
Staff	The practice funded an annual social event for staff. Staff told us there was an open-door policy at the surgery and they were free to raise any concerns with managers. They told us they were made to feel valued members of the team.

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

Source	Example
Staff	Staff said they had been supported through challenging periods, including poor health and returning to work from periods of long-term sick leave.  The practice considered their staff and treated staff fairly and considered equality.
Training Records and Staff	All staff had received equality and diversity training.

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

Area	Impact
Access to guidelines	Computer system work flow processes had been incorporated into the software package used by the practice to provide instant access to current guidance. For example, NICE, local and national, as well as prescribing guidelines.
Self referrals to antenatal care	The GPs had developed a form to promote better communication between community midwives and GPs. This promoted an improved means of sharing patient information. For example, medical histories and medicines prescribed.

## Examples of service developments implemented in past 2 years

Development area	Impact
GPs and Practice Management	The practice worked closely with the CCG and provided support to other practices within the area. As a result, the GP partners discussed systems and processes they had seen working in other practices, in order to see if they would better suit the needs of their patient/practice staff. For example, implementing extended online services.

## 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	Feedback forms in the waiting area  Direct email contact	Ongoing assessment of services and discussion of any suggested improvements. For example, addressing patient confidentiality within the practice.

	with the practice Friends and family test	
Public	Practice website	Improved flow of information to and from the practice.
Staff	Open door policy Staff meetings and minutes Staff appraisal	Open and transparent communication. Staff felt able to raise concerns and involved in service development.
External partners	Regular programme of meetings Good communication channels. For example, email and electronic software systems	Meeting as a locality helped to map out service provision and plan for future developments. This enabled services to be planned and delivered effectively and for better sustainability of service provision in the future.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice were working with the local care team as part of the Medway plan, in order to enhance their services.	A wider range of services being provided and improved accessibility to services.
Expanding the role and services offered by the practice pharmacist.	Improved access to medicine management, prescribing and reviews of medicines.

### 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>