

Care Quality Commission

Inspection Evidence Table

Park House Surgery (1-3075331957)

Inspection date: 8 August 2018

Date of data download: 16 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	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	Yes
Policies 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
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
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Explanation of any answers: The practice risk assessed if non-clinical staff required a DBS check. The practice manager informed us that in the future they would be requesting non-clinical staff to act as chaperones. They had risk assessed the role and had determined that staff would not be left alone with patients and therefore did not require a DBS checked. As this role was yet to be started, the chaperone policy was in the process of being reviewed to reflect the specific requirements of this role.	

Recruitment Systems	Y/N
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 Public Health England (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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes March 2018
There was a record of equipment calibration Date of last calibration:	Yes February 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes June 2018
Actions were identified and completed	Yes
Additional observations: The practice manager completed a regular walk around the building to look for internal and external risks. They were in the process of using an updated document recording all risks reviewed as currently some assessments were not being recorded in a central document.	

Health and safety	
Premises/security risk assessment?	Yes
Health and safety risk assessment and actions Date of last assessment:	Yes June 2018

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: No actions identified	Yes July 2018 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods	Yes
Comprehensive risk assessments were carried out for patients	Yes
Risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations	Yes
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.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients	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 National Institute for Health and Care Excellence (NICE) guidance	Yes

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	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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.96	0.97	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)	7.7%	9.6%	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	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions)	Yes

Prescriptions (pads and computer prescription paper) were kept securely and monitored	Partial
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength)	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance	NA
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance	Yes
The practice held appropriate emergency medicines	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	Yes
The practice had a defibrillator	Yes
Both were checked regularly and this was recorded	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
<p>Explanation of any answers:</p> <p>Blank prescriptions used within the printers were stored securely and monitored when used in the individual GP and nurse rooms. We noted that prescriptions delivered to the practice were not monitored. However, the practice sent to us after the inspection a new tracking spreadsheet. This ensured that all prescriptions were tracked when entering the building and when being used in printers.</p>	

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	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.	6
Number of events that required action	6

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

Event	Specific action taken
Patient with measles	The practice identified all patients that may have been in the same room with the patient. Information sent to PHE. A search was carried out to include higher risk patients who had not completed their MMR dose or were pregnant. Letters were sent to all patients that may have potentially been present at the same time as the patient. Staff checked to ensure MMR vaccination was up to date.

Safety Alerts	Y/N
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>Alerts were received by the practice manager and were passed to the practices pharmacist. The pharmacist decided what was relevant and circulated these to clinical staff. However, we noted there was no central recording of actions clinical staff had taken. The practice sent to us after the inspection a new tracking sheet for all alerts including safeguarding, MHRA and complaints. The spreadsheet ensured that all information was centrally recorded including actions, outcomes and when discussed at meetings.</p>	

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)	0.56	1.16	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)	86.5%	81.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.5% (38)	12.8%	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)	79.3%	76.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.2% (74)	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)	81.4%	79.2%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.1% (51)	13.7%	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)	71.9%	75.8%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (9)	8.3%	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)	91.5%	92.8%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (5)	15.0%	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)	84.5%	81.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (47)	3.4%	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)	76.5%	88.2%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.7% (11)	7.8%	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)	75	75	100.0%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	74	78	94.9%	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) (01/04/2016 to 31/03/2017) (NHS England)	0	78	0.0%	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)	0	78	0.0%	80% or below Significant variation (negative)
Any additional evidence or comments The practice had recognised there was an error in some of the data submitted and were working to rectify the situation. The practice was regularly reviewing their immunisation cohort to ensure patients were receiving the correct immunisation when required. We reviewed practice data for child immunisations and saw evidence of up to date (non-verified) data which showed the practice was working towards the targets required.				

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)	72.3%	73.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.5%	70.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	61.7%	60.6%	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)	68.4%	72.9%	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)	36.4%	49.0%	51.6%	Comparable to other practices
---	-------	-------	-------	-------------------------------

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)	94.7%	93.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (2)	15.4%	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)	94.3%	92.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (5)	13.7%	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)	72.1%	86.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (2)	7.6%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	553	539
Overall QOF exception reporting	6.5%	5.6%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.5%	93.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (10)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice was able to monitor that consent was sought for interventions through the patient records. The practice ensured that written consent was sought for minor surgery procedures; the completed forms were then uploaded into the patient record. Consent for other procedures, such as childhood immunisations and cervical screening was verbally sought and recorded on the patient's clinical record.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	4
Number of CQC comments received which were positive about the service	4
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC Comments cards	We received four CQC comment cards all of which were positive about the service.
NHS Choices	NHS Choices showed that six respondents had rated the service 4.5/5 stars.
NHS Patient Survey	90% of patients, who responded to the survey, would recommend the practice.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,847	253	124	49%	3.4%

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)	89.5%	85.5%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	89.8%	92.8%	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)	99.4%	97.6%	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)	92.1%	89.5%	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)	90.8%	92.9%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	89.2%	92.1%	90.7%	Comparable to other practices

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

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comment cards	None of the four comment cards we received raised any concerns from patients.

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)	92.7%	88.5%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	82.8%	86.1%	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)	85.0%	90.6%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	80.7%	83.6%	85.4%	Comparable to other practices

Question	Y/N
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	127 patients were identified as carers; this represented approximately 2% of the practice list.
How the practice supports carers	Written information was available to direct carers to the various avenues of support available to them. Carers were offered timely and appropriate support. The practice was part of the Surrey GP Carers Breaks scheme, which allows GPs to prescribe a limited number of carers, a break worth up to £250, based on a clinical assessment of health.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their usual GP contacted them and could give them advice on how to find a support service.

Privacy and dignity

Question	Y/N
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	The reception area was separate from the waiting area. Where possible, phone calls were taken away from the front desk. There was an electronic booking in system for patients to use. Staff followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private.

Question	Y/N
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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 8.30pm
Tuesday	8am – 6.30pm
Wednesday	7.30am – 6.30pm (alternate weeks)
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Extended hours opening
Park House Surgery work jointly with Heatherside Surgery and Lightwater Surgery on a rota basis to provide GP and practice nurse appointments in the evening, Monday to Friday until 8pm.

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	Yes
If yes, describe how this was done	
Reception staff entered information into a 'visit book' held in reception. All GPs reviewed this book. The Duty GP would complete the first two visits recorded. If there were more than two visit requested the GPs would determine who would be best placed to visit the patient. Reception staff would record as much detail as possible from the patient and if necessary, the GP could call the patient before the visit to gather further information.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,847	253	124	49%	3.4%

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)	85.7%	83.4%	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)	90.2%	79.1%	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)	84.7%	81.8%	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)	82.6%	82.4%	72.7%	Comparable to other practices

Listening and learning from complaints received

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We saw evidence that complaints were fully investigated, with transparency and openness. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. The practice manager also documented verbal complaints and any outcomes from these to ensure continued learning. All complaints were reviewed yearly to look for trends.	

Example of how quality has improved in response to complaints
<p>The practice had introduced a 'sit and wait' clinic. Reception staff ensured that information from the patient is recorded for the GP and that the patient is informed they may have to wait for up to one hour. The practice's protocol is that the GP should be made aware of children or vulnerable patients who are waiting to ensure they are prioritised.</p> <p>The practice received a complaint in relation to a child that was not seen by a GP for an hour. The patient's guardian had not been informed that there may be a delay of an hour before seeing the GP. The GP had also not been informed that a child was present in the sit and wait clinic. On this occasion, the protocol had not been followed.</p> <p>The practice re-enforced the protocol and placed further information in the waiting area informing patients that they may have to wait for up to one hour but if their condition was worsening to inform the receptionists.</p>

Well-led

Leadership capacity and capability

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

On the day of inspection, the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

Systems were in place to ensure patients received personalised care that was responsive to their needs. Patients had regular reviews of their health care needs with prompt referrals to secondary care made as necessary. The practice had taken on board patient concerns and introduced a sit and wait clinic to ensure patients could access care and treatment in a timely way. Team members met regularly to discuss different aspects of the running of the practice and its future development.

Vision and strategy

Practice Vision and values

The practice's statement of purpose included the aims and objectives of the practice. This included:-

1. To provide a high quality, sustainable treatment and support to our patients their families and carers within a safe and confidential environment.
2. Be courteous, approachable, friendly and accommodating.
3. To involve patients in decisions regarding their treatment with a strong emphasis on health promotion and disease prevention.
4. To continually measure, monitor and improve our services.

Culture

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

There was an open culture at the practice and staff felt the GPs and management were very approachable.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Staff were able to access practice specific policies and procedures on the practice intranet system. A process was in place to ensure these were regularly reviewed and updated.
Audits	The practice completed clinical audits to improve outcomes for patients.
QOF	The practice monitored performance against the Quality Outcomes Framework (QOF) to improve outcomes for patients.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Safe use of medicines	Regular reviews took place of patients' medicines.
Staff development in their role	All staff received an annual appraisal of their work, which included a discussion about their training needs.
Procedures for monitoring and managing risks to patient and staff safety.	The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice was aware that they had limited numbers to their patient participation group (PPG). The PPG was a virtual group but numbers had fallen. The practice was looking at ways to re-engage patients to the group and to find alternative ways to gather patient feedback.

Continuous improvement and innovation

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

Audit area	Improvement
ADHD Audit	Audit undertaken to check if children with attention deficit hyperactivity disorder (ADHD) on medications were having six monthly checks as per shared care agreement. Two patients had not received the required check and were contacted. The information found in this review helped to inform the design of the local enhanced service and from October 2018 robust measures will be put in place including alternating the six monthly reviews between primary care and Child and Adolescent Mental Health Services (CAMHS).

Any additional evidence

The practice was embracing technology and strived to continuously improve:

- The practice was using text messages to improve chronic disease recall and follow up.
- The practice planned to pilot in October 2018 access to online medical services.
- The practice had developed a Surrey Heath Nursing Home Care Passport, which was being co-designed with the local Clinical Commissioning Group. Patients who were newly registered in care homes would have key information recorded such as Advanced Care Planning, Resus status, Power of Attorney as well as relevant medical information. This would be collated on a standardised form kept at the front of the patients care plan, which would be instantly recognisable for care providers.

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](#)).