

Care Quality Commission

Inspection Evidence Table

Park Surgery (1-537742893)

Inspection date: 25 May 2018

Date of data download: 04 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There were lead members 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

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 25/10/17	Y
There was a record of equipment calibration Date of last calibration: 27/06/17	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 20/04/18	Y
Actions were identified and completed. No actions identified	N/A
Health and safety Premises/security risk assessment? Date of last assessment: 16/04/18	Y
Health and safety risk assessment and actions Date of last assessment: 16/04/2018	Y

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

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

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)	0.67	0.96	0.98	Variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	10.2%	10.3%	8.9%	Comparable to other practices

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

Explanation of any answers:

The patient group directions (PGDs) that had been adopted by the practice to allow nurses to administer medicines in line with legislation were not kept up to date. For example, the PGD for administering five different vaccinations had expired in 2016. This meant that the practice could not provide assurance that health professionals administering certain medicines were authorised or trained to do so. After the inspection the practice sent us details of the action they had taken to ensure that all PGDs were now up to date and signed by relevant clinical staff. They told us that procedures had been put in place to ensure that clinical staff always worked in accordance with the latest versions.

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.	15
Number of events that required action	15

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

Event	Specific action taken
Patient presented at the surgery with chest pain. The GP took patient to the treatment room to administer oxygen to discover that the oxygen cylinder was empty and there was no other oxygen on premises.	An ambulance was immediately called for patient. Subsequently the practice ordered another oxygen cylinder. A policy and procedure was created with a nominated person responsible for checking and ordering supplies of oxygen. This was raised as a significant event and learning for the event was shared with all clinicians and relevant staff.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: Each safety alert received was saved in individual folders along with the action taken on the practice's shared computer drive.	

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)	0.62	0.85	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)	86.7%	83.8%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.3% (113)	16.6%	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)	75.4%	77.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.6% (90)	14.2%	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)	79.7%	80.3%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	17.2%	(106)	20.3%	13.3%	
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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)	68.8%	71.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (70)	15.8%	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)	74.1%	84.0%	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.9% (28)	17.1%	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)	87.6%	81.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (138)	6.7%	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)	90.4%	86.0%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (6)	8.4%	8.2%	

Any additional evidence or comments

The practice's performance was below the local and England average for 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. This was because the practice had taken on approximately 2000 patients from a nearby practice that closed in 2016. The practice's QOF targets were suspended for two years in 2016, in agreement with the local clinical commissioning group (CCG) and the local medical committee (LMC), to give the practice time to adjust, reorganise and restructure its chronic disease management to accommodate the additional patients.

The practice, previously only had one COPD/asthma nurse working one day. In response to the additional demand, the practice had recently increased these hours to three days a week. The practice had recently recruited an additional nurse practitioner who would also be involved in reviewing patients with asthma and COPD.

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)	112	114	98.2%	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) (01/04/2016 to 31/03/2017) (NHS England)	126	136	92.6%	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)	126	136	92.6%	Met 90% Minimum (no variation)
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)	125	136	91.9%	Met 90% Minimum (no variation)

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)	75.6%	74.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.1%	72.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.7%	61.2%	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)	73.5%	66.0%	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)	56.7%	52.4%	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)	65.2%	82.5%	90.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	41.0% (16)	21.7%	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)	70.8%	85.1%	90.7%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	38.5% (15)	16.6%	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)	75.9%	80.9%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (6)	10.4%	6.8%	

Any additional evidence or comments

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 health was below local and England averages. This was because the practice had taken on approximately 2000 patients from a nearby practice that closed in 2016. The practice's QOF targets were suspended for two years in 2016, in agreement with the local clinical commissioning group (CCG) and the local medical committee (LMC), to give the practice time to adjust, reorganise and restructure the management of mental health reviews to accommodate the additional patients.

The practice had also had comparatively higher levels of deprivation and found that many patients did not respond to invitations for annual review. Many of them were also under the care of the local mental health trust which again made them more likely to decline an annual review.

To help improve its mental health service provision to patients, the practice was in the process of recruiting a mental health practitioner. This would help people with mental illness, severe mental illness, and personality disorder get better access to care and support and ensure care plans were in place.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	525	535	539
Overall QOF exception reporting	7.8%	7.2%	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)	89.2%	93.5%	95.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (15)	0.7%	0.8%	
Description of how the practice monitors that consent is sought appropriately				
The practice could 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	16
Number of CQC comments received which were positive about the service	15
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	Patients fed back that they were very happy with the service they received. They commented that the GPs were kind and caring and that they took time to listen and explain. They said the reception staff were friendly, polite and extremely helpful. They also commented that the nursing service was excellent.
Interviews with patients	Patients we spoke with described their experience of the practice as “excellent”. They told us that there was a good atmosphere in the surgery and that staff gave you time and you never felt rushed. They told us that reception staff were always friendly and polite even when they were under pressure. They said that the clinical staff listened and explained things well. They described the clinical staff as reassuring and comforting in their manner. They told us they always felt involved in making decisions about their care and treatment.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,107	235	110	46.81%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	79.1%	81.9%	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)	92.6%	90.4%	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%	96.8%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	86.6%	87.8%	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)	94.2%	93.6%	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)	94.0%	92.6%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
November 2017	The practice undertook a short survey of patient satisfaction with its minor injuries service. The results showed that 97% of patients were very satisfied with the service they received and 95% were very satisfied with the care provided by the health care professional.
December 2017	<p>The survey was carried out over two weeks in December 2017. The practice chose a winter month as a contrast to the last survey which was in July 2016 and December was usually a busier period.</p> <p>The results are summarised as follows:</p> <p>82% of patients said it was easy or fairly easy to book ahead compared with 91% in the previous survey.</p> <p>97% of patients were satisfied or fairly satisfied with the surgery opening times compared with 98% in July 2016.</p> <p>67% of patients responded that they could see a GP (excluding nurse triage) on the same day if there was an urgent need compared with 82% in July 2016. 99% of patients found the receptionists at the practice helpful or very helpful compared with 98% in July 2016.</p> <p>85% of patients were satisfied with the provision and quality of care received in respect of chronic disease management compared with 78% in July 2018.</p> <p>82% of patients said that they found it easy or fairly easy to get through to the surgery by telephone compared with 95% in July 2016.</p> <p>Overall there had been a decrease in satisfaction in all areas except for Chronic Disease Management and satisfaction with reception staff.</p> <p>However, the practice had grown in patient numbers from 7860 in July 2016 to 9760 in December 2017 due to the closure of a nearby practice. This had put increased pressure on resources.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us that clinical staff took time to listen to patients and that they explained things well. They told us they always felt involved in making decisions about their care and treatment and they were given choices.

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)	88.0%	87.3%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	83.5%	83.7%	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)	93.3%	91.8%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	89.5%	86.3%	85.4%	Comparable to other practices

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.	Large print
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	The practice had identified 123 carers which represented 1% of patients registered.
How the practice supports carers	<p>There was a member of staff responsible for liaising with carers, providing them with an information pack and putting them in touch with carers' support organisations. We saw information for carers was readily available in the waiting area.</p> <p>There was a regular citizens advice clinic held at the practice which carers could access.</p>

	The practice worked with third sector organisations to provide information and support for patients and carers. For example, on the day of the inspection the practice was running an awareness week on its premises with representatives from a national and local organisation for older people with dementia providing benefits advice and carers support.
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice reviewed all deaths at its monthly clinical meeting to identify learning points from the care they received but also to identify the needs of the spouse or carer.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	The waiting area was behind a separate door so that conversations at the reception desk could not be heard.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.00pm

Extended hours opening
<p>The practice had extended hours appointments Monday to Friday between 7.00am and 8.00am for nurse appointments and blood tests.</p> <p>Nurse appointments were available fortnightly on Saturday mornings from 10.00am until 2pm.</p> <p>Appointments were available on Monday and Friday evenings until 8pm via the locality's minor injury assessment and minor illness (MIAMI) service, which operates from The Park Surgery.</p>

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
All requests for a home visit were assessed and prioritised by a member of the clinical triage team for that day.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,107	235	110	46.81%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	77.8%	81.0%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	76.0%	72.0%	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)	82.9%	79.6%	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)	74.9%	76.5%	72.7%	Comparable to other practices

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	17
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Well-led

Leadership capacity and capability

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

The practice leaders demonstrated leadership, capacity and capability in several ways. The partnership itself included the nurse practitioner as a partner and the practice manager as a managing partner. The practice was innovative and forward thinking and worked with external organisations to implement new and more effective ways of working. They had enhanced the skill mix of the practice with the employment of nurse practitioners and a paramedic practitioner. This was to ease the workload for GPs and provide a more efficient and effective service to growing numbers of patients. The practice was also in the process of recruiting a mental health practitioner to provide more accessible mental health services for patients. They had expanded the practice premises in response to a growing patient population. Practice leaders engaged with the local health and social care community and took opportunities for innovative and collaborative working. For example, the minor injury assessment and minor illness service which had been set up in collaboration with a local federation to improve access and extended hours.

Vision and strategy

Practice Vision and values

The practice's mission is to improve the health and well-being for those we care for, with a shared vision to work in partnership with our patients and staff to provide the best primary care service possible.

Culture

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

Source	Feedback
Staff interviews	<p>Staff told us they felt valued and well supported in their roles. They had good access to training and felt all their learning needs were met.</p> <p>They told us they felt able to raise concerns and that their views were listened to and acted on. For example, in response to their feedback the practice was recruiting additional administrative and reception staff to deal with increased workload. They told us their office layout had been made more open plan and comfortable and the practice had agreed to purchase headsets for staff following a successful trial.</p> <p>They told us the partners paid for staff social events which included a staff Christmas event.</p>

Governance arrangements

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

Practice specific policies	The practice had a comprehensive set of policies and procedures that were regularly reviewed and kept up to date. We saw up to date policies for Infection control, safeguarding adults and children, recruitment and selection, complaints and whistleblowing. All staff could access policies and procedures in a shared folder on their work computer.
	Y/N
Staff could describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

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
Health and safety	Regular health and safety risk assessments were undertaken
Fire	Regular fire risk assessments were undertaken

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>On the day of the inspection we met with several members of the patient participation group. They told us they felt that patients really had a voice in the practice and that feedback was responded to immediately. For example, they had asked for a notice board with photos and names of staff members which was now in place. They had also asked for a TV screen in the waiting area which was now in place. The practice had involved patients in the choice of larger sized number signs which were now on the doors of consulting rooms in different colours. This was to help those who were visually or cognitively impaired.</p> <p>They told us that the practice kept them regularly updated about developments by email and that they were transparent about decision making.</p>

Any additional evidence

The practice used several methods to engage with patients included the patient participation group, regular patient surveys and the friends and family test. It had also recently joined with six other practices in the locality - Rustington, East Preston, Angmering and Littlehampton - 'REAL Care'. This provided a place for patients from the six practices to meet online and discuss matters that were important to patients in the area. REAL Care held a public meeting in April 2018 that enabled the public to come and meet with GPs and other patients in the area, hear from local professionals and learn about local changes to the NHS.

Continuous improvement and innovation

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

Audit area	Improvement
Gestational diabetes	<p>In 2017 an audit was performed to determine if a robust recall system for follow up of patients with a diagnosis of gestational diabetes (GDM) was in place at the practice. The audit found that a significant number of patients, whose condition had been diagnosed prior to them being registered at the practice, had not been placed on the recall system. Whilst patients who were diagnosed at the practice, had their diagnosis coded and were placed on a recall system for annual review</p> <p>The audit standard of 90% of patients having evidence of a long term follow up plan following diagnosis, had not been met. The practice repeated the audit after 12 months (February 2018) to determine if the changes put in place for recalling patients had been effective. The audit showed that 10 patients were found with a diagnosis of GDM in the last 12 months and that 10 patients had been added to the recall system, three of whom had registered at the practice within the last 12 months. Therefore, the audit standard of 90% had been achieved.</p>

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](#)).