

Care Quality Commission

Inspection Evidence Table

Warstones Health Centre (RL4CC) / M92044

Inspection date: 5 July 2018

Date of data download: 21 June 2018

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data from external websites has been used to populate this Evidence Table except for the QOF exception data which was available in the automated Evidence Table and copied across. Sources are noted for each data item. The practice is known as Drs De Rosa & Williams, Warstones Health Centre, on external websites.

Safe

Safety systems and processes

Safeguarding	Yes/No
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 checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Yes/No
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	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
<p>Explanation of any answers:</p> <p>Recruitment processes were managed by The Royal Wolverhampton NHS Trust (RWT)</p> <p>*The system for recording and risk assessing immunisation status was not formal and needed strengthening.</p>	

Safety Records	Yes/No
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 14/05/2018
There was a record of equipment calibration Date of last calibration:	Yes 21/02/2018
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 February 2013
Actions were identified and completed.	Yes
Additional observations: No fire safety notice was visible to advise staff and visitors of the evacuation procedure. A quality improvement tool was used to promote health and safety. The most recent audit had been carried out on 3 July 2018.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 31 May 2018
Health and safety risk assessment and actions Date of last assessment:	Yes 20 April 2018
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The last infection prevention control (IPC) audit identified that no holders were in place for the antibacterial wipes in the clinical rooms. Holders had been fitted.</p> <p>The practice nurse was the IPC lead supported by the healthcare assistant. The practice carried out monthly internal audits using an environmental audit tool. These were submitted to the infection prevention control (IPC) lead for the trust.</p> <p>The trust carried out their own IPC audits annually, the most recent was carried out in June 2018. The overall audit score was 81%.</p>	<p>Yes</p> <p>19/06/2018</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p> <p>The clinical waste was managed by the cleaners from RWT. Clinical bins were emptied daily and kept in a locked gated area while waiting for the weekly collection.</p>	

Any additional evidence
<p>The practice is supported by infection prevention control leads from RWT</p>

Risks to patients

Question	Yes/No
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
<p>Explanation of any answers:</p> <p>Staff demonstrated a good awareness of sepsis guidelines and had the correct equipment for diagnosis. A template on the clinical system supported diagnosis. The practice held emergency medication to treat sepsis.</p>	

Information to deliver safe care and treatment

Question	Yes/No
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
<p>Explanation of any answers:</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHS Business Service Authority - NHSBSA)	1.10	0.94	0.98	Comparison not available
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) (NHSBSA)	9.0%	5.6%	8.9%	Comparison not available

Medicines Management	Yes/No
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.	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 Controlled Drugs 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.	Yes
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 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.	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 No answers:</p> <p>We found three emergency medicines that were outside of their expiry date. The practice disposed of these immediately however the system for checking did not list each individual medication and the expiry date.</p> <p>Blank prescription pads were monitored but not allocated by clinician.</p> <p>The fridges for storage of medicines were not lockable but they were in a room that could be locked.</p> <p>Two of the three fridges had to be opened to monitor their temperature.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Yes/No
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.	Four
Number of events that required action	Four

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

Event	Specific action taken
A prescription was printed on the wrong records	The member of staff responsible was spoken to.
Choose and book delayed urgent referral	The protocol was changed to include a follow up procedure.
Incorrect details on a smear test	The procedure was changed to use the public health form to check a name against the label.
Incorrect details of next of kin given	Duty of candour was followed and a double check of patient details introduced.

Safety Alerts	Yes/No
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: The internal system was supported by a Centralised Alerts Management System within The Royal Wolverhampton NHS Trust (RWT). A pro-forma known as 'health assure' was sent to the practice upon receipt of any alert. The practice returned the form with confirmation that the alert had been received and actioned.	

Any additional evidence
The practice was in the process of implementing 'Datix' (an electronic system used for recording and sharing incidents).

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.13	0.95	0.90	Comparison not available

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)	84.4%	77.3%	79.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8% (42)	12.0%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.9%	77.5%	78.1%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (13)	7.9%	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)	77.8%	78.1%	80.1%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.5% (35)	12.0%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	85.5%	77.4%	76.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.9%	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)	90.2%	91.3%	90.3%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (3)	9.3%	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 (01/04/2016 to 31/03/2017) (QOF)	87.8%	80.9%	83.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (12)	3.9%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	86.8%	85.2%	88.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (4)	9.4%	8.2%	
Any additional evidence or comments				
<ul style="list-style-type: none">Exception reporting is always discussed with a GP before excepting the patient.The practice showed us evidence that they were managing to reduce their overall hypnotic prescribing.				

Families, children and young people

Indicator	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)	100.0%	Met 95% WHO 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)	100.0%	Met 95% WHO target Significant Variation (Positive)
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)	100.0%	Met 95% WHO target Significant Variation (Positive)
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)	100.0%	Met 95% WHO target Significant Variation (Positive)

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)	74.8%	67.8%	72.1%	Comparison not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.0%	68.0%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	58.5%	49.1%	57.4%	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)	81.3%	74.6%	70.3%	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)	54.5%*	39.6%*	51.0%*	Comparison not available
Any additional evidence or comments Any child who did not attend their appointment for immunisation was followed up immediately with a telephone call from the nurse. If there was no response, a letter was sent, and when there was no response within a week, the health visitor was informed and an alert put on the patient record to say that the patient had not attended. The same process was used for patients who had not attended for their cervical smear test.				

*There is a data quality issue with this value.

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	89.7%	89.7%	90.3%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.7%	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)	93.1%	91.9%	90.7%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.6%	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)	83.3%	82.3%	83.7%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.3%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	536	539
Overall QOF exception reporting	4.2%	5.5%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (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)	98.2%	96.1%	95.2%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (3)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
A written consent form was used for intrauterine device insertions and minor operations. There were annual audits carried out to check that consent has been recorded when appropriate.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	1
Number of CQC comments received which were positive about the service	1
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,	The care given is amazing. The staff and doctors are always helpful. They always do their best to offer appointments on the day required. Everyone is professional and great.
NHS Choices	A practice that listens to and cares for all my family.
NHS Choices	Unprofessional receptionist.
Family and Friends Test	Receptionists are always kind and considerate.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,262	218	118	54.1%	5.1%

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)	93%	73%	77%	Comparison not available
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%	85%	89%	Comparison not available
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)	97%	94%	95%	Comparison not available

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)	91%	83%	86%	Comparison not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	93%	91%	91%	Comparison not available
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)	90%	90%	91%	Comparison not available
Any additional evidence or comments				

Question	Yes/No
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
2016	<ul style="list-style-type: none"> A total of 100 completed questionnaires were received. The results with regards to the clinical staff were very positive with 96% very satisfied and 4% fairly satisfied. The reception results were 97% very satisfied and 3% fairly satisfied. The only areas where patients were not totally satisfied was telephone access and ability to speak to GPs and with regards to repeat prescription ordering. This was highlighted as a focus for the next Patient Participation Group discussion.

Any additional evidence
<p>We saw examples of when practice staff delivered a high-quality care, notable for patients nearing end of life.</p> <ul style="list-style-type: none"> A palliative care patient was visited every day by a GP for 20 days including weekends when nearing the end of their life. Home visits were carried out at weekends to check on the wellbeing of patients who had been particularly poorly during the week. The district nursing team could not be contacted to care for a patient at the end of life. A GP visited the patient after evening surgery and stayed with the patient until 9pm.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient questionnaire	Overall, I feel I get an excellent service from this GP practice. Thank you all for the care and attention I receive and my management.
Patient questionnaire	The receptionists are friendly and helpful. The nurse is very efficient and gives you time to question and to answer queries. Overall a fantastic service.
NHS Friends and Family	Always given time during consultation, listened to and given options for treatment and medication. All staff are approachable and helpful.

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%	84%	86%	Comparison not available
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)	90%	79%	82%	Comparison not available
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)	91%	90%	90%	Comparison not available
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)	95%	87%	85%	Comparison not available
Any additional evidence or comments				

Question	Yes/No
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	1.2% of the patient list (53 patients)
How the practice supports carers	Double appointments were offered to carers. Carers were given priority access that included telephone access to a GP at any time during core hours.
How the practice supports recently bereaved patients	The GPs visited the patient and occasionally sent a card when deemed appropriate. Signposting was available on the practice website and a poster was visible in the patient waiting area.

Any additional evidence

Privacy and dignity

Question	Yes/No
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	Background music was played and seating for patients waiting was set back from the reception desk. Telephone calls took place in a room adjacent to the reception desk and could not be easily overheard.

Question	Yes/No
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	08:00 to 18:30
Tuesday	08:00 to 18:30
Wednesday	08:00 to 18:30
Thursday	08:00 to 19.45
Friday	08:00 to 18:30

Appointments available	
08.30 to 11.30	15.00 to 18.30
Extended hours opening	
Thursday	The practice provided extended hours on a Thursday evening from 18.30pm to 19.45pm
Saturday, Sunday and Bank Holidays	Extended hours were also available on Saturday, Sunday and Bank Holidays. All patients within the vertical integration primary care services could make an appointment with a GP consultation between the hours of 8am and 2pm. These weekend appointments were routine pre-bookable appointments, which must be booked with the patients usual GP practice.

Home visits	Yes/No
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	
Home visit requests were added to a home visit book which a GP looked at during their clinic. If the receptionists felt that it may be urgent, the GP would be informed immediately.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,262	218	118	54.1%	5.1%

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)	82%	77%	76%	Comparison not available
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)	93%	69%	71%	Comparison not available
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)	91%	80%	84%	Comparison not available
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)	85%	69%	73%	Comparison not available
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
NHS Family and Friends	I can always get an appointment quickly.
NHS Family and Friends	Appointments can be made quickly with little waiting time.

Listening and learning from complaints received

Complaints	Yes/No
Number of complaints received in the last year.	Two
Number of complaints we examined	Two
Number of complaints we examined that were satisfactorily handled in a timely way	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman	Nil

Example of how quality has improved in response to complaints
The practice implemented a new prescription policy to inform patients and support staff with patient requests for medicines.

Well-led

Leadership capacity and capability

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

The management team had integrated with The Royal Wolverhampton NHS Trust (RWT) to build a resilient system for primary patient care that strengthens the position of the practice for the future and provides patient continuity. The senior leadership had been designated to one of the GP partners to allow for succession planning. The practice had a clear awareness of their performance and benchmarked outcome data when appropriate.

Any additional evidence

The practice had a set of corporate values and behaviours collated by RWT. In addition, there was a written practice ethos and vision. These were linked into the appraisal process where objectives were set to challenge staff on how they can demonstrate the corporate values and behaviour.

Vision and strategy

Practice Vision and values

The practice had a set of corporate values and behaviours collated by RWT. In addition, there was a written practice ethos and vision. These were linked into the appraisal process where objectives were set to challenge staff on how they can demonstrate the corporate values and behaviour.

Culture

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

The practice provided a level of access beyond the nationally recognised levels and the end of life care demonstrated a culture of high-quality care.

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

Source	Feedback
Staff feedback	The GPs often will visit patients at the weekend or after the practice has closed, including a local hospice for palliative patients nearing end of life.
Staff feedback	The access at the surgery is the best experienced and clinicians are very accommodating with patient care at the centre of what we do.

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 suite of policies that had been integrated with RWT . As these were reviewed, representatives from the practices liaised with the policy author to ensure that policies were tailored to the practice when appropriate. An ‘integration framework’ was a working document that covered all RWT policies specific to primary care.	
Vertical Integration	The Royal Wolverhampton NHS Trust (RWT) was the registered provider for the practice. Progress had been made to strengthen seamless links between RWT and the practice. There was an organisational structure in place with clear lines of accountability and responsibility to support good governance and management arrangements between the practice and RWT.	
		Yes/No
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Managing risks, issues and performance

Complaints	Yes/No
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
Fire	A fire risk assessment had been completed and ongoing checks were carried out.
Legionella	A legionella risk assessment had been completed and ongoing checks were carried out.
Infection prevention	The practice completed their own monthly audit supported by an external audit completed every two years.

Appropriate and accurate information

Question	Yes/No
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 had high levels of patient satisfaction and felt that this was a factor in trying to establish an active Patient Participation Group (PPG). The group tried to meet every three months and were developing a 'you said, we did' list to go on a dedicated PPG notice board. The practice had sought patient feedback through the group on how to manage patients who did not attend or arrived late for their appointment.

Continuous improvement and innovation

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

Audit area	Improvement
Audit of hypnotic prescribing	In May 2016, there were 41 prescriptions, in January 2017 this had reduced to 33 and by June 2017 this had further reduced to 25. This had been completed using the guidelines to review each patient and discussed at clinical meetings.
Audit of Novel Oral Anticoagulants	A two-cycle audit to review if patients have had a kidney function test. In March 2016, 20 out of 23 patients had been tested for renal function in the past year. This was repeated in June 2016, and all 23 patients had received a renal function test.

Any additional evidence
<ul style="list-style-type: none">Funding had been secured for a social prescribing initiative.The vertical integration model included a VI daily dashboard that included named patients that had been admitted to hospital, attended the emergency department and regular attenders to the hospital. The GP liaised with hospital colleagues to develop appropriate care packages for those patients with the highest needs.

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).