

Care Quality Commission

Inspection Evidence Table

Colindale Medical Centre Lp (1-541089133)

Inspection date: 21 June 2018

Date of data download: 19 June 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(s) 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 Last reviewed (Children – June 18/ Adults November 17)
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	Y/N
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
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 27/07/17
There was a record of equipment calibration Date of last calibration:	Yes 21/12/17
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes Monthly
Fire drills and logs	Yes Monthly
Fire alarm checks	Yes Weekly
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes August 2017
Actions were identified and completed. It was identified in the August 2017 assessment that emergency lighting was absent from the upstairs hallway and was needed to be put in place. This has now been completed.	Yes
Additional observations: The practice has a full fire risk assessment completed by an external provider in August	

2017. There is evidence that internal assessments have also been completed yearly.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 04/07/17
Health and safety risk assessment and actions Date of last assessment:	Yes 04/07/17
<p>Additional comments:</p> <p>The practice has acted on the recommendations of the last CQC report to ensure that all staff and patients are safe from the threat of fire by ensuring that a fire safety risk assessment was carried out every 12 months.</p> <p>Fire safety policy was in place dated June 2018.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: The only area of concern identified in the last infection control audit was regarding non-compliant hand washing basins. This issue had been outlined in the practice action plan. The practice had planned to replace the three non-compliant sinks within the proposed redevelopment of the site over the next 12-18 months.	Yes 08/02 18 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>Waste and clinical specimens were managed in compliance with the latest national guidance. A company was employed for the disposal of waste.</p>	

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Any additional evidence

There was a system in place for the cleaning of handheld clinical equipment such as nebuliser and spirometer.

A policy for blood and bodily fluid spillages and sharps injuries was in place with guidance posted in each of the clinical rooms.

Legionella assessment completed in 2018 – the practice was found to be low risk.

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
<p>Explanation of any answers:</p> <p>The practice carries out an in-depth assessment of staffing needs every six months by looking at both the school calendar and what religious holidays are taking place. The practice also considers high volume health seasons such as the flu season when assessing the need for staff. Staffing levels are then set accordingly until the next review.</p> <p>If a member of administration staff is absent due to sickness or holiday, cover is provided by the remaining reception staff (through the rota system). If a GP is absent due to sickness the practice appoint a locum doctor through the local locum group who can arrange last minute locum cover for the practice.</p> <p>If a patient presents who is acutely unwell, reception staff contact the duty doctor who sees them as a priority.</p> <p>There is a poster within the waiting area to alert patients to the risk of sepsis. Receptionists have been trained to act if a patient presents with suspected sepsis. There is a practice protocol for dealing with</p>	

possible cases of sepsis.

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)	0.61	0.78	0.98	Variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	7.3%	13.2%	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.	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	Yes

England Area Team Controlled Drugs Accountable Officer.	
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.	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.	N/A
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 answers:</p> <p>The practice employed a clinical pharmacist on a part time basis to undertake reviews and audits of medicines and prescribing procedures. The practice is also involved in regular meetings with the Clinical Commissioning Group (CCG) medicines optimisation team.</p> <p>All emergency medicines were checked monthly. No medicines were kept in the doctor's bags for home visits, but medicines would be transferred to the bag from the emergency medicines store if needed.</p> <p>There were two thermometers for the cold chain fridge, a built-in thermometer and an external thermometer. Fridge temperature logs were only kept for the external thermometer.</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.	10
Number of events that required action	9

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

Event	Specific action taken
A delay occurred in sending non-clinical post in relation to patients which had a deadline for submission.	The matter was reviewed in a practice meeting and a system was set up to ensure that two reception staff would check the mail daily to ensure all was correctly sent out.
A locum GP was unable to find the masks and tubing for the oxygen cylinder when a patient was feeling unwell. These were being stored in an adjacent cupboard and not with the cylinder. The locum GP was shown where they were by one of the reception team.	The case was discussed and it was agreed that all the equipment should be stored together in the same place to avoid confusion. The practice changed the storage arrangements, labelled the cupboard appropriately and informed all members of staff of the change.
Due to a server connection issue, staff were unable to log on to the network when arriving at the practice. This meant that the support team had to re-boot the system before any of the day's work could commence. It did not interfere with the running of the clinics.	The practice reviewed contingency plans for such an event and the business continuity plan was reviewed and discussed in a practice meeting.

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>The practice had a system of printing all alerts out that were received via email. These were discussed in practice meetings and a copy of the alert given to relevant staff. An alert via instant messaging was also sent to staff when a new safety alert was received.</p> <p>All the original alert emails are filed on the practice computer system for future reference.</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)	0.57	1.09	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)	79.7%	77.1%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (15)	10.2%	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)	79.0%	76.5%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (11)	9.2%	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)	81.3%	79.3%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (20)	10.3%	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)	85.4%	77.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (4)	2.7%	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)	93.2%	92.9%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (1)	8.7%	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%	81.4%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (16)	3.5%	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)	81.4%	84.9%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
		4.4%	(2)	11.8%

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)	121	156	77.6%	80% or below Significant variation (negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	89	109	81.7%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	91	109	83.5%	Below 90% Minimum (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)	90	109	82.6%	Below 90% Minimum (variation negative)
Any additional evidence or comments				
<p>The practice provided evidence from their computer system to show that these targets had been met for the year 2016/2017.</p> <p>From a search of the practice computer system, using the same timeframe as the figures provided above, the following figures were provided:</p> <ul style="list-style-type: none"> • The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection was 89%. • The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) was 95%. • The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose MMR) was 95%. • The percentage of children aged 1 with completed primary course of 5:1 vaccine was 90%. 				

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)	69.9%	63.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	68.5%	66.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	42.7%	47.8%	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)	84.2%	78.0%	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)	43.8%	54.6%	51.6%	Comparable to other practices
Any additional evidence or comments				
The practice provided evidence that the percentage of women eligible for cervical cancer screening who were screened adequately was 80% within 2016/2017.				

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)	90.5%	90.6%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.4%	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)	92.9%	92.3%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.5%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	78.9%	84.2%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (1)	4.2%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	551	535	539
Overall QOF exception reporting	3.0%	5.1%	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)	96.2%	95.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (2)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was sought for minor surgery procedures and the practice has an extensive consent form to be completed before the procedure commenced. The practice also audited consent for minor procedures on a yearly basis and each time meets its benchmark of 100% of completed consent forms.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	25
Number of CQC comments received which were positive about the service	25
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	Patients commented on the caring nature of the staff who were always willing to go the extra mile. Staff were always caring and all felt respected and treated with kindness.
NHS Choices website	An anonymous patient commented that they had great experiences with the practice. Clinical staff are superb and reception staff always willing to help.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,146	315	99	31.43%	Surveys returned divided by Practice population) x 100

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)	75.1%	76.5%	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)	87.7%	88.0%	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)	90.5%	94.4%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	81.7%	83.5%	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)	81.5%	88.3%	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)	85.5%	88.3%	90.7%	Comparable to other practices

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

Any additional evidence
<p>The practice carries out a yearly analysis from several surveys such as the GP patient survey, NHS choices, friends and family test, complaints, feedback from staff and feedback completed for the GP partners appraisal. From this, an action plan for practice improvement for the next 12 months is devised.</p> <p>The latest action plan, dated 2017, includes ensuring there is greater access to some patients preferred clinician by increasing telephone clinics and implementing a virtual online clinic. Another area for action was due to patients stating that there was insufficient time spent by the nurse during appointments, that appointments seemed rushed and that nursing staff did not communicate well. The practice introduced catch up slots in the nurse clinic list and a weekly catch up meeting between the nurse and the GP partners to discuss feedback from patients and consider possible improvement in practice.</p> <p>The practice also provided evidence of completed actions from the previous 12 months which included one of the receptionists training to become a medical assistant to help improve with the speed with which clinical correspondence and administrative queries were dealt with at the practice.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with and who completed CQC comment cards stated that they were always fully informed about their treatment and were actively involved in making the decisions about their treatment and ongoing care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	81.7%	84.6%	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)	79.4%	79.9%	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)	85.7%	87.7%	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)	82.7%	82.4%	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	The practice had 86 (1% of the patient list) of patients on the carers register.
How the practice supports carers	<p>Carers were identified at registration and through GP consultations. Once identified, a carers registration form was completed and information about local carers services given.</p> <p>The practice had a carers notice board in the waiting area with relevant up to date information. A yearly health check and flu vaccination was offered along with the flexibility of early or late appointments to see the GP to fit around caring responsibilities.</p>
How the practice supports recently bereaved patients	The practice calls the families of patients that have recently died to offer condolence and a follow up appointment if necessary.

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	Chairs in the waiting area were situated away from the reception desk with a distance between the first row and the desk.

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	09:00 – 18:30
Tuesday	09:00 – 18:30
Wednesday	09:00 – 18:30
Thursday	09:00 – 13:00
Friday	09:00 – 18:30

Appointments available	
	Monday 09:00 -12:00, 14:00 – 15:00, 16:00-18:00 Tuesday 09:00 – 12:00, 16:00 – 18:00 Wednesday 09:00 – 12:00, 16:00 – 18:00 Thursday 09:00 – 12:00 Friday 09:00 – 12:00, 14:00 – 15:00, 16:00 – 18:00
Out of hour access via the local GP Hub	08:00 – 20:00 (Saturday – Sunday)

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	
When the receptionist takes a call for a home visit, they ask for the reason for the visit. The call is then passed to the duty doctor who assesses with the patient whether a home visit is needed or advise on any other course of action could be taken of it is not needed.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,146	315	99	31.43%	Surveys returned divided by Practice population) x 100

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)	75.7%	76.3%	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)	69.5%	67.0%	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)	63.5%	71.2%	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)	70.9%	68.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	A comment was made regarding a miss communication between the patient and reception team about the time of the appointment. Initially this resulted in the appointment being missed but another appointment was made for the same day. This issue was addressed by the practice.
CQC Comment	Patients commented that they could get through by telephone and that they were

Cards	generally able to get an appointment when they wanted.
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
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:	
<p>Complaints were dealt with in a timely way, as per the practice complaints policy.</p> <p>The policy was last updated in June 2015. Although the practice will listen to verbal complaints, the policy does not state any procedure for recording verbal complaints. If a verbal complaint is received, the practice would invite the patient to come into the practice to speak with a member of clinical staff and this is then recorded in the patient record. Verbal complaints were discussed in team meetings. There is no system for collating these for any end of year complaints review.</p> <p>Verbal complaints were discussed in team meetings.</p>	

Example of how quality has improved in response to complaints
<p>All medicines reviews are now documented in patient notes and patients are informed with a written explanation of any changes on the prescription.</p>

Well-led

Leadership capacity and capability

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

The leadership was aware of everything that was happening within the practice and knew the capabilities of the workforce and was able to advance employee skills through training to enhance their roles.
Partners were visible and staff said that they were always approachable and open to suggestions on how to improve the service.

Vision and strategy

Practice Vision and values

The staff were aware of the vision and values of the practice which included to provide a high standard of medical care, be committed to patient needs, be accommodating and to improve as a patient centred service through decision making and communication.

Culture

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

Staff stated that there was an open and friendly culture. All staff had received the training necessary to complete their job role and further training was offered to them as necessary. We saw evidence that there was a good relationship between the management and staff.

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

Source	Feedback
Interview with staff	Staff said that it was a very nice place to work and everyone gets along with each other. Staff work together well as a team and there was a good relationship between staff and management. Staff stated that they could talk to management about any issues in confidence and are provided with support.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There was an overarching governance policy within the practice. The practice also had other policies to ensure the good governance of the practice which included safeguarding, infection prevention and control and information governance.
Other examples	Regular governance meetings were held by the partners and management staff. There was a governance structure that all staff were aware of. Staff knew who to contact if they had any concerns. Significant events and complaints were assessed and acted upon. An annual review was held to find areas for improvement in the practice.
	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

Complaints	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
Expanding list size	The practice was working with NHS England (NHSE) and the local Clinical Commissioning Group (CCG) regarding the expanding list size caused by local housing redevelopment and the closure of other local practices. They were in discussion about the development of the existing property which was an ongoing process in which the CCG were looking at ways to help the practice.
staffing	A six-monthly review of staffing levels was undertaken to ensure there are the correct numbers of staff. The practice considered the health season, such as winter flu season and the school and religious calendars to predict demand for services so that there were enough staff in place to meet demand.

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
There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members told us that the practice had acted on a range of suggestions including name badges for staff and extra reception staff for call handling.

Continuous improvement and innovation

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

Audit area	Improvement
Diabetes Clinical inertia audit	Greater documentation in patient notes of patient reviews and the reasons as to why some patients did not receive a review or refused a review.
Smoking cessation audit	Quit rate went up from 39% in April 2017 to 52% in April 2018. This was achieved through special nurse clinics.

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Diabetes Clinical inertia audit	Through this audit, the practice developed a Diabetes medication review template which has been rolled out to other practices in the local CCG area.

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](#)).