

# Care Quality Commission

## Inspection Evidence Table

### The Wilberforce Surgery (1-2807156629)

Inspection date: 27 June 2018

Date of data download: 25 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 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	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
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test:</p> <p>New test arranged for 13/07/2018.</p>	<p>Yes</p> <p>03/07/2017</p>
<p>There was a record of equipment calibration</p> <p>Date of last calibration:</p>	<p>Yes</p> <p>25/04/2018</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment</p> <p>Date of completion</p>	<p>Yes</p> <p>14/04/2016</p>
<p>Actions were identified and completed.</p> <p>We saw actions raised and addressed in relation to waste storage areas kept clear, confirmation report that PAT testing is up to date and removal of excessive leaflets on display.</p>	
<p>Additional observations:</p> <p>Last fire alarm test 26/06/2018 (observed a weekly test plan).</p>	
<p><b>Health and safety</b></p> <p>Premises/security risk assessment?</p> <p>Date of last assessment:</p>	<p>Yes</p> <p>Weekly test no date available.</p>
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment:</p>	<p>Yes</p> <p>25/05/2017</p>
<p>Additional comments:</p> <p>Legionella water flushing log check 25/06/18 (observed weekly records)</p> <p>Fire evacuation record 02/05/2018 Building evacuated.</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:	Yes 02/12/2017 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Any additional evidence

## 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 monitored patients at risk and was a staff responsibility to monitor these patients on a weekly basis. For example, patients at risk were identified as, cancer patients, child protection and safeguarding and domestic violence.</p>	

## 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
<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)	1.12	1.04	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	4.0%	4.8%	8.9%	Variation (positive)

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 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.	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.	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	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
<p>Explanation of any answers:</p> <p>The defibrillator was held and stored centrally and checked by building services.</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.	28
Number of events that required action	All

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

Event	Specific action taken
Clinical Governance	A safeguarding report was received by the practice from the local authority that did not belong to them. The information was secured and returned to the sender. The local safeguarding team was notified and the incident was recorded and reported on the central incident computer system.
Reception	An interpreter did not arrive at the practice to support a non-English speaking patient. Information regarding booking interpreters had not been actioned following a staff incident. The practice revised its procedures and implemented an electronic system for requesting interpreter services.
Clinical	A patient sample was refused by the pathology department as it was not identified with a label. The practice implemented a double-checking procedure before samples were sent for analysis.

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>Noted a comprehensive system in place with good awareness by all staff.</p> <p>Formally discussed significant events at meetings. An electronic system was used centrally to manage these events.</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)	0.94	1.10	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)	75.3%	80.1%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (8)	14.8%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	86.4%	77.8%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (17)	12.0%	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)	72.3%	80.1%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	8.8%	(17)	15.6%	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)	81.8%	76.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (8)	13.9%	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)	90.1%	89.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (7)	16.8%	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)	87.3%	83.7%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (15)	5.2%	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)	100.0%	86.2%	88.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.5% (2)	6.3%	8.2%	

## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	47	50	94.0%	Met 90% Minimum (no variation)
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)	28	30	93.3%	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)	28	30	93.3%	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)	28	30	93.3%	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)	62.6%	73.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	58.3%	68.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	36.4%	54.2%	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)	88.9%	64.4%	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)	44.4%	50.4%	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)	88.7%	86.6%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (2)	18.4%	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)	80.6%	89.4%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (2)	16.3%	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)	100.0%	84.3%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	12.3%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	533	522	539
Overall QOF exception reporting	5.4%	6.6%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>Any further comments or notable training:</p> <p>We observed all appraisals were up to date.</p>	

## Coordinating care and treatment

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

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.7%	95.7%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (4)	0.9%	0.8%	

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	11
Number of CQC comments received which were positive about the service	8
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
CQC comments cards	A number of cards noted that staff were polite, friendly and helpful. The GPs and nurses at the service were described as caring and patients felt listened to.
NHS Choices	A patient commented that they could always get an appointment when they need one and both regular doctors were excellent and thorough with a caring manner.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,544	378	84	22.22%	2.4%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	75.7%	74.0%	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)	94.3%	86.8%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	95.7%	93.6%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	90.8%	83.2%	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)	88.2%	92.1%	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)	85.8%	90.1%	90.7%	Comparable to other practices
<b>Any additional evidence or comments</b>				



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

Date of exercise	Summary of results
January to March 2017	<p><b>Patient questionnaire survey result.</b></p> <p>The practice had completed its own patient survey during January 2017 and March 2017 which was sent and handed out to approximately 170 patients. 52 patients responded to the survey which represented 1.5% of the practice population. Results were very positive; for example:</p> <ul style="list-style-type: none"> <li>• 94% of patients said the level of satisfaction with the manner in which the result was given was either excellent or very good.</li> <li>• 97% of patients said the helpfulness of the Reception staff was either excellent or very good.</li> <li>• 100% of patients said the opportunity of speaking to a Doctor or Nurse on the telephone when necessary was either excellent or very good.</li> <li>• 95% of patients said their overall satisfaction with the practice was either excellent or very good.</li> </ul>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient questionnaires	On the day of inspection, we distributed seven patient questionnaires. These were all returned completed and we asked several questions. For example, what was their experience in making and accessing appointments, of privacy and dignity and involvement with care. Mostly patients commented positively. Two patients responded that they could not get an appointment on the same day. We spoke to the practice manager about this and they told us that they were in the process of introducing appointments for all registered patient across the Hull federation group where practices were open later and on Saturdays. All patients commented positively about the GP listening and understanding their wishes and the nurse explaining treatments and medication.
CQC Comment cards	On the day of inspection, we received 11 CQC comments cards. The majority of responses were positive.

## 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)	87.9%	84.4%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	86.1%	78.3%	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)	82.5%	90.1%	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)	76.5%	85.9%	85.4%	Comparable to other practices
<b>Any additional evidence or comments</b>				

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.	Available on request.
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	1.5% of the practice population had been identified as carers. The provider offered flu vaccinations for all carers registered at the practice. Posters were displayed in the reception area and leaflets were available.
How the practice supports carers	The practice had a carer's information board in place which was regularly updated.
How the practice supports recently bereaved patients	The practice sent a sympathy card and booked an appointment as necessary for family members who were patients. We were told that the practice had been invited to attend patient's funerals and GPs would occasionally visit bereaved patients.

## 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	Although the patient waiting area was a short distance from the reception desk, staff we spoke with were aware of keeping confidential conversations with patients to a minimum. In addition to this there was a separate private room available on request.

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

Examples of specific feedback received:

Source	Feedback
Patient questionnaires	On the day of inspection, we distributed seven patient questionnaires. The questionnaires asked if their privacy and dignity was respected by medical staff. All seven patients said yes.
CQC Comment cards	82% of the patient comment cards we received on the day of inspection were positive about the service received. For example, patients told us that their health needs were listened to and they were understood and staff were very helpful and the GP was thorough and friendly.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am until 6.30pm
Tuesday	8am until 6.30pm
Wednesday	8am until 6.30pm
Thursday	8am until 6.30pm
Friday	8am until 6.30pm

Appointments available	
	9am to 5:50pm Monday to Thursday 8am to 12pm and 2pm to 4.30pm Friday
Extended hours opening	
Extended opening hours were under planning stages in conjunction with Hull Health Forward Confederation (HHFC) grouping strategy.	

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	
Telephone triage was available each day (usually with the GP) with emergency appointments available.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,544	378	84	22.22%	2.4%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	86.5%	81.4%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	66.3%	62.8%	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)	63.2%	69.3%	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)	68.8%	69.1%	72.7%	Comparable to other practices
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
January to March 2017	<p><b>Patient questionnaire survey result.</b></p> <p>The practice had completed its own patient survey during January 2017 and March 2017 which was sent and handed out to approximately 170 patients. 52 patients responded to the survey which represented 1.5% of the practice population. For example:</p> <ul style="list-style-type: none"> <li>• 88% of patients said the speed at which the telephone was answered was either excellent or very good.</li> <li>• 100% of patients said the length of time waiting to check in at reception was</li> </ul>

	<p>either excellent or very good.</p> <ul style="list-style-type: none"> <li>• 100% of patients said they were told when to contact the practice for test results was either excellent or very good.</li> <li>• 95% of patients said their overall satisfaction with the practice was either excellent or very good.</li> </ul>
Patient questionnaires	<p>On the day of inspection, we distributed seven patient questionnaires. These were all returned completed we asked several questions. For example, what was their experience in making and accessing appointments, privacy and dignity and involvement with care. Mostly patients commented positively. Two patients responded that they could not get an appointment on the same day. We spoke to the practice manager about this and they told us that they were in the process of introducing appointments for all registered patient across the Hull federation group where practices were open later and on Saturdays. All patients commented positively about the GP listening and understanding their wishes and the nurse explaining treatments and medication.</p>
CQC Comment cards	<p>On the day of inspection, we received 11 CQC comments cards. The majority of responses were positive.</p>

#### Any additional evidence

The practice carried out an audit of waiting times in the waiting area. The national GP patient survey found that 72% of patients said they waited 15 minutes or less for their appointment. The practice audit showed that in June 2018 waiting times were as follows.

Total number of GP appointments 583: Average waiting time 5.5 minutes.

Total number of Nurse appointments 211: Average waiting time 5.8 minutes.

### Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i> )	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	4
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
We discussed complaints in detail with the practice manager and found the practice response was timely and appropriate. We saw examples of letters which were sent to patients.	

Example of how quality has improved in response to complaints
A patient used the online prescription ordering system and they did not receive their prescription. They wrote to the practice and complained. The practice investigated the request and identified that the original request was not authorised by the GP. The practice encouraged use of the online system.

Any additional evidence
We saw that information on how to complain was available for patients in the waiting area. Patient complaints were discussed at partners clinical meetings and actions recorded and allocated to staff.



# Well-led

## Vision and strategy

Practice Vision and values
We saw that the practice had a 'practice charter' that included the aims of the surgery. The aims of the practice were noted as; 'offer the highest standard of health care and advice to our patients'.

## Culture

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

Source	Feedback
Staff	Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.
Practice Manager	The management and staff at the practice were long standing and worked closely together as a team. Annual leave was always staggered to allow for uninterrupted service for patients.

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

Source	Example
Staff	The staff had discussed improved communication between nursing and reception staff when clinics were running late. Clinical staff now inform reception when running late to pass this on to patients waiting to be seen.

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

Source	Example
Practice Manager	The Practice Manager and staff members were aware of the duty of candour. We saw apologies were made to patients where necessary.

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Practice Manager	The practice manager had a direct involvement with reception and support staff across both the provider sites and made regular visits to the sister site to support team working. Staff were also given personal support by management.
Staff members	Panic alarms were available on all the computers which enabled the staff to call for help if required and staff had annual appraisals.

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

Source	Example
Policies and procedures	We saw evidence that a recruitment policy, a workforce strategy and an equality and diversity policy were in place and staff had completed training.

## 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 was part of the Hull Health Forward Federation (HHFC) grouping and they benchmarked their performance against other practices in the group, and if appropriate implemented new ways of working to achieve results. The governance and management joint working arrangements were promoted and shared within this working group.
Other examples	An agreement had been set up with Yorkshire Ambulance Service (YAS) paramedic service to provide additional home visiting support to patients who were directly registered with the practice and other services in the group.
Y/N	
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

## 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
Staffing and Patients	A home visit risk assessment had been completed in conjunction with the lone worker risk assessment to ensure patients and staff remained safe.
Patients Environment	A daily risk assessment of the waiting area and the patient facilities was completed as the practice was deemed as high risk due to being a detox surgery for patients with specific needs. This was completed to prevent risk of injury.

## 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

### Examples of methods of engagement

	Method	Impact
Patients	Patient Participation Group (PPG) / Notice boards	The practice found forming a PPG a challenge and were currently working with the Hull federation group to implement sharing successful PPG groups with less successful surgeries to encourage and promote a wider group across all the federation sites.
Staff		Staff attend regular meetings and felt able to offer opinions. Training opportunities were offered and a number of staff attended peer meetings and all appraisals were completed in August 2017.
External partners		The practice had set up its own protected time for learning group (PTL) within the federation group and this coincided with a group session with Renew (a local alcohol and drugs addiction service). Also, as the practice was part of a GP federation, the group was discussing implementing extended hours access to patients for appointments.

## Continuous improvement and innovation

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

Examples of innovation and improvements	Impact on patients
Quality Outcomes Framework. (QOF)	<p>The provider had continued to improve year on year on their QOF scores for example, unverified data for 2017/2018 showed improved outcomes for patients.</p> <p>The practice was involved with a local integrated care project, for example, patients who were on a frailty register were identified and referred for assessment with the aim to reduce unplanned admissions.</p>

Practice survey January to March 2017	The practice had completed its own patient survey during January 2017 and March 2017 which was sent and handed out to approximately 170 patients. 52 patients responded to the survey which represented 1.5% of the practice population.
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#### 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](#)).