

Care Quality Commission

Inspection Evidence Table

Tillingham Medical Centre (1-547871292)

Inspection date: 13 April 2018

Date of data download: 09 April 2018

Safe

Safety systems and processes

Source	
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. They 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
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. 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
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:	

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current 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 'No' answers:	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person	Yes
Date of last inspection/Test:	Sep 2017
There was a record of equipment calibration	Yes
Date of last calibration:	Apr 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	Yes
All actions identified on the fire risk assessment had been completed.	
Additional observations:	
Health and safety	

Premises/security risk assessment? Date of last assessment:	Yes Mar 2018
Health and safety risk assessment and actions Date of last assessment:	Yes Feb 2018
Additional comments: There was an overall risk log which identified all risks in the practice from all risk assessments. This was reviewed in the managers meetings to continually assess and update any ongoing risks.	

Infection control Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified Detail: the provider recognised that due to the current building, there were infection prevention and control risks such as carpeting in a consultation room that required action. The practice had taken the appropriate steps to mitigate the risk. For example, no blood tests were taken in this room and the risk was recorded on the overall risk register for continual monitoring. This room was a priority for when there was funding available for re-decoration.	Yes Jan 2018 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

Any additional evidence

Risks to patients

The practice had systems in place to monitor and review staffing	Yes
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levels and skill mix.	
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	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 NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers:	

Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	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
Explanation of any 'No' answers:	

Safe and appropriate 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	0.95	1.07	0.98	Comparable to other practices

PU).(01/07/2016 to 30/06/2017)(NHSBSA)				
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	7.2%	9.8%	8.9%	Comparable to other practices

Medicine Management	
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 PGDS or PSDs).	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 CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use. 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 GMC 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
Explanation of any 'No' answers:	

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Dispensing practices only	
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Explanation of any 'No' answers:	

Track record on safety and lessons learned and improvements made

Significant events	
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.	2
Number of events that required action	2

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

Event	Specific action taken
During a consultation, it was noted that a medical device had not been removed from a patient at the appropriate time.	The patient was treated appropriately and successfully. A root cause analysis was undertaken and the practice had decided that the action from this would be to put an alert on to all patients records with medical devices to ensure that the due date for removal was communicated to the patient and an appointment was booked.
Exception reporting for atrial fibrillation	The practice had completed a full review of all patients and placed a system in place to ensure the correct coding of these patients was implemented. This system was due to be reviewed on an ongoing and regular basis.

Safety Alerts	
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>Medicines alerts came in to the lead GP and dispensing manager. These members of staff discussed what actions were required to be taken and by whom. These actions were all recorded and completed.</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)	0.80	1.08	0.90	Comparable to other practices

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)	73.1%	76.5%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (16)	12.2%	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)	69.3%	73.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.2% (19)	9.5%	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)	76.1%	74.9%	80.1%	Comparable to other practices
QOF Exceptions	12.4% (38)	13.8%	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	70.3%	74.9%	76.4%	Comparable to other practices

preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (1 2)	7.9%	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)	85.2%	87.3%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.7% (1 4)	15.0%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.7%	83.0%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (3 4)	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)	96.2%	88.2%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.9% (1 4)	7.6%	8.2%	

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)	45	47	95.7%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	37	39	94.9%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	37	39	94.9%	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)	37	39	94.9%	Met 90% Minimum (no variation)

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)	77.7%	74.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.8%	69.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	60.1%	60.0%	54.6%	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)	48.1%	66.2%	71.2%	N/A

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)	91.7%	89.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 14.3% (2)	CCG Exception rate 15.5%	England Exception rate 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)	78.6%	86.7%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 0 (0)	CCG Exception rate 15.0%	England Exception rate 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)	97.7%	85.0%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions) 6.4% (3)	CCG Exception rate 9.0%	England Exception rate 6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	524	537	539
Overall QOF exception reporting	3.9%	5.4%	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>All nurses were supported to undertake training in long term conditions, for example for respiratory conditions and diabetes. Two nurses had been fully supported with undertaking their prescribing course.</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	90.1%	94.9%	95.3%	Variation (negative)

smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (13)	0.9%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	56.0%	56.1%	51.6%	Comparable to other practices

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	42
Number of CQC comments received which were positive about the service	42
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 comment cards	<p>Quotes included:</p> <p>"The doctors here are fantastic they really listen to you, you don't feel rushed. This practise is by far the best care I have experienced."</p> <p>"Tillingham medical centre treat you with the upmost respect they listen to your concerns and give you time they are very caring."</p> <p>"You can always get an appointment when you need one."</p> <p>"This practice is second to none. From the front desk staff to the nurses and doctors. I never feel hurried. I feel very fortunate that I have this practice in my village."</p> <p>"All the doctors and staff have shown outstanding care and professioalsm to myself and my family."</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
4,848	256	5.3%	138	53.91%

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) (GP Patient Survey)	95.5%	74.7%	78.9%	Variation (positive)
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) (GPPS)	94.8%	86.9%	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) (GPPS)	100.0%	94.2%	95.5%	Variation (positive)
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) (GPPS)	95.0%	82.8%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	97.7%	90.8%	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) (GPPS)	98.5%	90.1%	90.7%	Variation (positive)

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
Multiple	The practice had sent patient surveys out, however had not received a quantifiable response. As a result, the practice had decided not to use these

	outcomes to form an action plan on, although did refer to these and discuss them in meetings. Instead, the practice used the outcomes from the GP Patient Survey to drive improvement within the practice.
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Any additional evidence

The practice was above local and national averages for all outcomes in the GP Patient Survey. This was celebrated within the practice as an achievement and results were feedback to staff. Staff commented positively on the morale within the practice.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	All patients we spoke with were positive about the involvement they had in their care and treatment. Examples were given whereby patients did not want to attend the normal appointment schedule for treatments such as vaccines. The practice had therefore formulated a bespoke appointment schedule for certain patients to meet both their needs, and ensure this complied appropriately with the vaccine schedule.
Feedback letters	During the inspection, we viewed several letters written to the practice complimenting their approach to patient care. These detailed how the practice involved all parties in the patients care, including the patient, external teams, carers and families in deciding the best course of treatment.
Interviews with patients and staff	Patients we spoke with on the day reported that all staff were approachable, friendly and knowledgeable about their care. Many staff had worked in the practice for many years, which enabled them to build strong relationships with patients.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	97.2%	83.2%	86.4%	Variation (positive)
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	91.0%	79.1%	82.0%	Comparable to other practices

(01/01/2017 to 31/03/2017) (GPPS)				
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) (GPPS)	98.7%	89.2%	89.9%	Variation (positive)
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) (GPPS)	96.5%	84.7%	85.4%	Variation (positive)

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	Number of carers identified: 125 Percentage of the population: 2.6%
How the practice supports carers	The practice was proactive in the identification and support of carers, and this was reflected in the percentage of carers in the population that they had identified. The practice proactively offered carers flu jabs and signposted them to the local health hub for support. Where appropriate, the matron also referred carers to support groups. There was a prompt on the clinical system to alert clinicians and non-clinical staff that the patient was a carer to enhance the care offered at every stage. When a patient being cared for passed away, the practice sent a personalised letter to the carer offering an appointment, support and signposting to local services.

How the practice supports recently bereaved patients	Due to each patient having a named GP, the practice was able to offer personalised support with bereavement. For example, each GP would contact a bereaved patient and offer the level of support they felt was appropriate, or the patient requested. This ranged from a letter, to a phone call, to a visit. All bereaved patients were signposted to local support groups. The practice were proud of the rapport they had with patients which enabled an individualised approach to bereavement.
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Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The waiting room had been separated from the reception so that confidential information could not be overheard. Patients in the waiting room could still be seen by reception so they could offer support if required.

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 interviews	Patients we spoke to on the day of inspection commented positively on how they were treated within the practice. They reported that GPs and nurses always treated them with dignity and respect and that they felt they were a partner in their care.
CQC comment cards	Comment cards also had positively comments regarding dignity and respect. Comments related to the positive and helpful attitude of reception staff and all clinical staff.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	7:40am-6:30pm
Tuesday	7:40am-6:30pm
Wednesday	7:40am-6:30pm
Thursday	7:40am-6:30pm
Friday	7:40am-6:30pm

Appointments available	
	Appointments were available during opening times.
Extended hours opening	
	None.

Home visits	
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	
Any patients calling and requesting a home visit were triaged by the practice matron. There was a second system in place to ensure that any patients with 'red flag' symptoms were immediately triaged by either the matron or a GP. The matron also completed home visits within 48 hours to any patient discharged from hospital.	

Timely access to the service

National GP Survey results

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)	87.8%	73.8%	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)	95.2%	56.5%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to	95.0%	72.5%	75.5%	Variation (positive)

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)				
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)	89.1%	66.2%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	The practice had received 4.5 stars out of 5 on NHS choices. Feedback was generally very positive. Comments related to the positivity of staff and the level of care received.
Friends and family test	In the most recent results, 100% of patients were either likely or very likely to recommend the practice.
GP patient survey	93% of patients who responded said they would recommend the surgery to someone new to the area, compared to 73% locally and 77% nationally.

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
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:	

The practice had reviewed best practice for cancer pathways following a complaint and found that they had followed appropriate guidance. However, they had decided to put an extra safety net in place following a complaint relating to cancer care. This included an extra blood test at the time of any scans.

Any additional evidence

The practice routinely reviewed any complaints at staff meetings and fed back appropriate information and learning to staff. The practice also recorded verbal complaints and identified any themes or trends in these.

The practice also utilised positive comments to feed back to staff to encourage morale and identify sources of good practice.

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values

The vision of the practice was to 'have the needs of patients at the heart of everything we do'.

Culture

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

Source	Feedback
Staff feedback	Enjoy working at the practice everyone is friendly and respectful. I feel able to discuss anything with the leaders.
Low staff turnover	Many members of staff had worked at the practice for many years and staff turnover was very low. Staff reported positive morale and felt proud to work at the practice.

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

Source	Example
Staff feedback	Patients discharged from hospital now receive a home visit within 48 hours of being discharged, after this was suggested by staff to reduce hospital admissions and to ensure care was handled appropriately following hospital admissions.
Staff feedback	Staff had discussed the idea of 'help hubs' within the local community. The

	plan was for external groups and speakers to attend meetings with practice patients to inform them of services available and for educational purposes. This had been implemented in accessible locations around the local area and was attended by the local community, including patients not registered with the practice.
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Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Sig event	During a consultation, it was noted that a medical device had not been appropriately removed. This was discussed in detail with both the patient, and the patients relative. A full explanation and apology was offered and a significant event was raised.
Complaint	A complaint had been raised relating to the care of a patient diagnosed with cancer. A full investigation had been completed, which was communicated to the patient and an apology was given.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Rescue plans- staff initiative	Staff had raised concerns regarding some of the vulnerable patients registered with the practice who had limited community support. As a result, the practice had initiated 'rescue plans' to identified patient's care plans. These were non-medical care plans that addressed issues such as if the patient was without electric, television, heating, water, social isolation. The practice could evidence where they had contacted fire services due to a non-working fire alarm and social services where a patient did not have adequate heating.
Risk register	The practice held a central risk register for all identified risks within the practice. All staff members were encouraged to identify risks which could be added to this.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
Yes	

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

Source	Example
Zero tolerance policy	The practice had a 'zero tolerance' policy to aggressive behaviour towards staff. This was detailed within the practice and on the staff website. It was a way of management supporting and safeguarding staff against abuse and staff commented positively on it.
Social events	The practice held numerous social events for staff, including recognition when staff retired and around religious holidays. This was a way for management to ensure positive engagement with staff and staff commented that they enjoyed these events which felt inclusive and worked towards team building.

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

Source	Example
Equality and diversity training	All staff were trained in equality and diversity to ensure they understood and engaged with the differing cultures and celebrations both within their team, and within the practice population.
Retirement support	Staff gave examples where the management team had proactively and positively supported members of staff to reduce hours when approaching retirement. Staff commented that the practice were flexible to their needs and responsive to the changing circumstances within their personal lives. They felt well supported and appreciated within the practice.

Examples of actions to improve quality in past 2 years

Area	Impact
Audit on urinary tract infections	The practice had undertaken several audits which were reflective of the patient population. For example, the practice had undertaken an audit on the diagnosis and treatment of urinary tract infections. The result of this two cycle audit had seen a reduction in inappropriate testing and a reduction in the use of antibiotics.
Quality Outcomes Framework	The practice were consistently high achievers for the quality and outcomes framework, and this had improved over the previous two years. There was a focus on appropriate, safe and effective patient care, while maintaining individuality and holistic care for all patients.

Examples of service developments implemented in past 2 years

Development area	Impact
Primary care matron and healthcare assistant.	The practice had employed a primary care matron and healthcare assistant to better cater for the needs of the population. This had resulted in fewer unplanned admissions to hospital and a more appropriate use of clinicians' appointments. Feedback from external teams had been positive in relation to the primary care matron.
Workflow audit	The practice had invested considerable time in to auditing their workflow and appropriateness of appointments. The practice were proactive with the results of this audit and had resulted in two nurses undertaking their prescribing course and the appointment of a healthcare assistant.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Help hubs and surveys	The practice had attempted on several occasions to establish a patient participation group. This was ongoing work and the practice had also tried to set up a virtual group. In the short term, the practice used the help hub and results of national surveys to communicate with their patients and gain feedback.
Public	Help hubs	The practice had established 'help hubs' in the local community in order to support and engage with patients in the practice population, and in the wider community. These had been successful and positive.
Staff	Meetings, social events and feedback	Staff reported that there was a positive morale within the practice and there was evidently a low turnover of staff. Staff commented on the inclusive culture of the practice and were encouraged to approach the management team with new ideas or areas of concern.
External partners	Communication with the clinical commissioning group	The practice regularly met with the CCG and the senior partner was on the CCG board. The CCG spoke positively about the practice performance and engagement.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Primary care matron	The practice had employed a primary care matron and continued to self-fund this once funding had been stopped. This had resulted in improved patient outcomes, improved care plan documentation and several new initiatives. These new initiatives included 'rescue plans', face to face reviews of discharges hospital patients within 48 hours and joint assessments with external agencies for patients.
Business plan	The practice were aware of the planning for a new housing development within their practice boundary. As a result, the practice had been proactive in forward planning their business. They had placed two nurses on prescribing courses, employed a healthcare assistant and a primary care matron. They had completed a workflow audit which had reflected the potential change in practice population and actively engaged with the CCG regarding the changes.

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>