

# Care Quality Commission

## Inspection Evidence Table

### The Surgery (1-4886522273)

Inspection date: 8 August 2018

Date of data download: 30 July 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:  Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. However, some staff we spoke with were unclear about their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Posters displaying the names of non-clinical staff who acted as chaperones were displayed in consulting rooms.	

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
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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* February 2017
There was a record of equipment calibration Date of last calibration:	Yes February 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. November 2017
Fire drills and logs	Yes. July 2018
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes. January 2018
Actions were identified and completed.  <ul style="list-style-type: none"> <li>Garden waste that could spread fire easily was removed.</li> </ul>	Yes
<b>Health and safety</b> Health and safety risk assessment and actions Date of last assessment:	Yes. May 2018
<b>Additional comments:</b>  * The practice carried out portable appliance testing every two years. One item had been tested in February 2018, and all other electrical equipment tested in February 2017.	

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* July 2018 Yes.

<ul style="list-style-type: none"> <li>Cracks on the walls in the reception office were re-plastered and painted.</li> <li>The practice was not satisfied with their cleaners and appointed a new cleaning company.</li> <li>Carpets in communal areas needed cleaning. This was done in August 2018.</li> <li>Legionella testing was overdue. This was done in July 2018.</li> </ul>	
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>* The most recent infection prevention and control audit stated the washbasin in an upstairs consulting room was sealed to a wall, had a splashback, and had handsfree taps. However, this was not the case as the washbasin was part of a portable sink unit. The audit did not risk assess the use of this portable unit.</p>	

## 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.	Yes
Receptionists had been given guidance on identifying such patients.	No
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> <ul style="list-style-type: none"> <li>No formal training had been given to reception staff to assist them in identifying a deteriorating or acutely unwell patient.</li> </ul>	

## 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	Yes

needed for their ongoing care was shared appropriately and in line with relevant protocols.	
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## 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)	0.76	0.82	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)	9.5%	10.4%	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.	No
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
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	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 answers: <ul style="list-style-type: none"> <li>We were told uncollected prescriptions were checked every three months and patients were contacted at this point. We were told prescriptions were destroyed if they were not collected</li> </ul>	

within six months of issue. However, when we checked the uncollected prescription box we found prescriptions dating back to January 2018, and we could not see evidence that these patients were contacted after three months. This was a safety risk as patients may have collected more medicine than what was required or be taking medicine that was no longer appropriate.

- Appropriate monitoring and clinical review prior to prescribing was not always evident for some patients taking high risk medicines. For example, there were no records of blood tests within the last three months for four out of 13 patients taking warfarin. The GP principal told us they had reviewed the results of these patients by contacting the hospital, accessing results via the hospital's clinical system, or checking the patient's warfarin anticoagulant record book, however this was not documented in the patient's medical record. When we reviewed records of the four patients taking methotrexate, it was not clear when the patient had their last blood test or when a review was required in two out of four records.

## 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.	3
Number of events that required action	3

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

Event	Specific action taken
Power cut over the weekend	<ul style="list-style-type: none"> <li>• Incident reported to relevant organisations</li> <li>• Vaccines stored in the fridge were destroyed and re-ordered.</li> <li>• The practice now stocked limited quantities of travel vaccines.</li> <li>• The practice made arrangements for a neighbour to contact the GP principal if a power cut occurred when the practice was closed.</li> </ul>
Telephone line failure for two days	<ul style="list-style-type: none"> <li>• Business continuity plan put in place.</li> <li>• Incident reported to relevant organisations.</li> <li>• Text messages sent to all patients informing them of the disruption to the telephone lines.</li> <li>• Main telephone line temporarily transferred to emergency bypass number for incoming calls.</li> </ul>

Safety Alerts	Y/N
There was a system for recording safety alerts	No*
There was a system for acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place:	

The GPs and practice manager received safety alerts. The practice manager would forward alerts relevant to other staff and we saw an example of this. The GP principal would advise what action was needed (for example, what searches to run). The practice manager filed all historic alerts in an email folder, however this was not accessible to other staff and there were no records to confirm what action had been taken in response to specific alerts.

# 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)	0.98	0.59	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)	83.7%	77.3%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (17)	12.1%	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)	82.9%	76.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (10)	8.6%	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)	83.0%	74.7%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	7.8%	(9)	9.1%	13.3%	

#### Any additional evidence or comments

The practice monitored performance for diabetes management via the QOF and CCG diabetes dashboard. The dashboard data looked at whether patients were receiving the recommended nine key care processes which included: foot checks; smoking status; weight check; blood pressure; eye test; urine test; and blood tests for cholesterol, kidney function, and HbA1c (glycated haemoglobin).

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)	72.7%	79.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (3)	3.6%	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)	100.0%	92.5%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (2)	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)	82.7%	83.4%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (13)	4.3%	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%	87.3%	88.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (2)	6.7%	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)	41	45	91.1%	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	34	82.4%	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)	30	34	88.2%	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)	30	34	88.2%	Below 90% Minimum (variation negative)

### Any additional evidence or comments

The practice was aware that their uptake rates for child immunisations was below the 95% target. Staff told us there had been a lapse in recalls last year due to changes in nursing staff. The practice was trying to improve uptake rates by offering accessible appointments outside of school hours; following up children who failed to attend appointments as per the practice's paediatric did not attend policy; and reviewing uptake rates every quarter and recalling patients who had yet to attend.

## Working age people (including those recently retired and students)

Cancer Indicators
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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)	65.1%	63.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.7%	66.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	51.6%	45.9%	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)	70.0%	64.3%	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)	45.5%	55.2%	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)	94.0%	92.1%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (3)	10.5%	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)	98.1%	92.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (1)	8.4%	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)	86.7%	87.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (3)	7.3%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	545	539
Overall QOF exception reporting	5.8%	6.6%	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)	97.6%	95.6%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (2)	1.2%	0.8%	

### Any additional evidence or comments

The practice had created a large database of information leaflets which were accessible to all staff and could be printed for patients. For example, there were leaflets on medical conditions; diagnostic tests; home exercises; referrals; other health services; and support organisations.

### Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff were provided with training and written consent was recorded when required.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	46
Number of CQC comments received which were positive about the service	43
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	The comment cards received were largely positive. Patients said they felt staff were kind, professional and helpful.  Three cards provided mixed feedback. Negative statements referred to difficulties getting an appointment for working patients.
Patient interviews	The GP principal was particularly praised for their caring, empathetic and thorough approach during consultations.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,359	342	115	33.63%	3.42%

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)	84.6%	71.6%	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)	89.5%	85.3%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	96.5%	93.1%	95.5%	Comparable to other practices
• The percentage of respondents to the GP	85.3%	80.8%	85.5%	Comparable to

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)				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)	86.6%	84.7%	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)	86.1%	83.5%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
May 2018	<p>The practice carried out a patient survey and received 161 responses (143 completed responses and 18 incomplete responses).</p> <p>Results:</p> <ul style="list-style-type: none"> <li>Most patients were satisfied with staff and their experience of the service.</li> </ul> <p>Action taken:</p> <ul style="list-style-type: none"> <li>10% of respondents did not know about the practice's mobile application which could be downloaded to mobile devices; 27% had downloaded the application; and 63% had not downloaded the application.</li> <li>The practice advertised the application by creating information cards for patients and displayed details on the television screen in the waiting area.</li> <li>26% of respondents had signed up to online services to book appointments and request repeat prescriptions; and 74% had not signed up.</li> <li>The practice ensured new patients were given the opportunity to enrol for online services at the time of registration.</li> </ul>

Any additional evidence
The practice also monitored monthly feedback via the Friends and Family Test.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient interviews and comment cards	Patients were positive about the involvement they had in their care and treatment.

## 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)	87.7%	82.3%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	81.7%	76.3%	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)	82.2%	82.9%	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)	75.6%	78.4%	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	57 carers identified Approximately 2% of the practice population
How the practice supports carers	<ul style="list-style-type: none"> <li>• Health checks</li> <li>• Flu vaccinations</li> <li>• Advice and signposting to local carer's centre and support services</li> <li>• Referral for carers assessment</li> <li>• Information in the waiting area</li> </ul>

How the practice supports recently bereaved patients	<ul style="list-style-type: none"> <li>• A sympathy card was delivered or posted to the family.</li> <li>• A GP would usually contact the family to offer their condolences and provide advice on support services available.</li> </ul>

## 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	Patients had access to a separate room should they need to speak with reception staff in private.

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 interviews and comment cards	Patients told us their privacy and dignity was respected.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 17:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30
<b>Appointments available</b>	
Monday, Tuesday, Wednesday and Friday	09:00 – 12:00 12:00 – 13:00 14:30 – 16:30
Thursday	09:00 – 12:00 12:00 – 13:00 14:30 – 16:30 18:00 – 20:00
<b>Extended hours opening</b>	
Thursday	18:30 – 20:00
<b>Any additional evidence</b>	
The practice could pre-book appointments for patients at three local GP access centres open till 20:00 on weekday evenings and from 08:00 to 20:00 at weekends. This service enabled patients to receive timely access to primary care services in their locality.	

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
<b>If yes, describe how this was done</b>	
Reception staff would take the patient's details and the reason for their call. A triage system was in place whereby a GP or nurse would contact the patient to determine if a home visit was clinically necessary.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,359	342	115	33.63%	3.42%



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)	70.9%	74.8%	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)	92.3%	67.8%	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)	90.3%	68.6%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	82.9%	67.0%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient interviews and comment cards	<p>Patients we spoke with stated the appointment system was easy to use and they were able to get an appointment when they needed one. Most comment cards reflected this feedback, although some statements referred to difficulties getting an appointment for working patients.</p> <p>The practice prioritised early appointments and extended hour appointments for working patients. Patients could also be booked an appointment with a GP or nurse at one of the three local GP access centres.</p>

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	6
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

### Example of how quality has improved in response to complaints

- Complaints of a clinical nature were investigated with relevant organisations. Staff involved undertook further learning and reflection to improve care.

# Well-led

## Leadership capacity and capability

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

- The practice was previously run as a partnership between two GPs however, in 2017 one of the GP partners passed away. We were told this was a challenging time for all staff working at the practice and decisions needed to be made regarding the long-term management of the practice. The GP partner decided to manage the practice as a single-handed GP with the support of the current practice team including the practice manager and a long-term GP locum.
- The GP principal was visible in the practice and staff told us they were approachable and always took time to listen to all members of staff.
- The practice manager worked part-time and staff told us they were accessible and supportive.

## Vision and strategy

### Practice Vision and values

The practice had a mission statement which comprised of their promise to patients. For example, to treat patients with respect, courtesy, dignity and compassion; providing advice and treatment in a timely manner; maintaining confidentiality; and ensuring staff were trained to provide high levels of care.

Staff we spoke with were aware of the practice's mission.

## Culture

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"><li>• Many staff had worked at the practice for a long period of time. Staff reported a positive working environment and described practice leaders as supportive and approachable.</li><li>• Staff described a positive learning environment where they were encouraged to complete training and professional development.</li><li>• The practice organised social events for team building.</li></ul>

## 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's policies and procedures were up to date and all staff we spoke with knew how to access these.
Staff were able to describe the governance arrangements	Y/N Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

Major incident planning	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
Demise of GP partner	Re-structured the management of the practice to ensure staff remained employed and patients could still access their local GP surgery.

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes
Any additional evidence	
The practice had taken action to ensure compliance with the General Data Protection Regulation 2018 (GDPR).	

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
<p>We were told the previous GP partner managed the PPG and communication had lapsed since 2016. The practice was keen to re-engage with the group and had recently organised a meeting which was attended by six members. The group was updated on the new governance arrangements, changes implemented by the practice over the last two years, and other practice news.</p> <p>We received positive feedback from three members of the PPG. They were complimentary about the leadership of the practice, changes implemented over the last year, and how the practice communicated with patients.</p>

## Continuous improvement and innovation

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

Audit area	Improvement
To ensure all patients with AF have been assessed for anticoagulation need in line with NICE guidance	<ul style="list-style-type: none"> <li>The standard set was 100%.</li> <li>The practice achieved 100% in three areas and 93% in one area.</li> </ul> <p>Action plan</p> <ul style="list-style-type: none"> <li>A template to assess patients with AF had been added to the</li> </ul>

Jan 2017 – one cycle audit	<ul style="list-style-type: none"> <li>computer system.</li> <li>Clinicians undertook further learning and development in AF.</li> <li>The GP principal liaised with a consultant haematologist to obtain a healthcare checklist for the initiation of direct oral anticoagulants. This had been merged into the practice's computer system.</li> </ul>
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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](#)).