

Care Quality Commission

Inspection Evidence Table

Roborough Surgery (1-567767768)

Inspection date: 21 August 2018

Date of data download: 01 August 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

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent	Yes

person Date of last inspection/Test: March 2018	
There was a record of equipment calibration Date of last calibration: March 2018	Yes
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 Last fire drill in June 2018.	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion January 2018	Yes
Actions were identified and completed. Magnetic systems that allow designated fire doors to close in the event of a fire were upgraded. Additional signage was put in place showing location of fire assembly point.	
Health and safety Premises/security risk assessment? Date of last assessment: January 2018	Yes
Health and safety risk assessment and actions Date of last assessment: January 2018.	Yes
Additional comments: Additional lighting was installed in a cupboard under the stairs.	
Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: January 2018. The practice acted on any issues identified Detail: Additional audits took place throughout the year including <ul style="list-style-type: none"> • Handwashing audit • Clinical rooms cleaning audit. 	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

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 had an organised system for holiday arrangements to ensure that there was adequate cover. A buddy system was in place to ensure that all test results were seen in a timely manner.</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

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) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.90	0.94	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	14.1%	9.8%	8.8%	Variation (negative)

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.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

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.	4
Number of events that required action	4

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

Event	Specific action taken
New vaccines were delivered to reception after the nurses had left for the day. The reception staff had stored them in a fridge that is used for specimens and not temperature controlled.	The vaccines had to be destroyed and a new order made. Following this event, a new protocol for reception staff to follow was written for reception staff when nurses were not available.
Needlestick injury. A phlebotomist was accidentally scratched following a procedure.	The protocol for this event was followed. We saw evidence that additional learning and checking on staff knowledge on guidelines was discussed.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: All alerts were received by the practice manager who sent it to the relevant staff member. Where action by the practice was required, the alert would be printed off and stored in a file with details of any actions taken.	

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) (01/04/2017 to 31/03/2018) (NHSBSA)	0.65	1.01	0.84	Comparable with 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)	86.6%	81.6%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.7% (91)	13.7%	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)	70.9%	76.5%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.7% (91)	12.1%	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)	84.1%	81.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.8% (67)	15.8%	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 preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	82.2%	76.7%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (10)	11.3%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.9%	90.0%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (19)	13.0%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.3%	84.1%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (71)	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)	90.5%	89.8%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (16)	8.5%	8.2%	
Any additional evidence or comments				
Patients were called for a structured annual review on or around their birthday by means of a message on their prescriptions, which was administered by the prescription clerks. The patient was called for blood tests, any other investigation required and then saw the relevant practitioner. The appointment length was tailored to try and cover all their conditions in one appointment, working towards a “one stop shop”. The patients were allocated a named nurse whom they could contact at the surgery thus maintaining continuity of care and identifying any risk factors earlier.				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	123	126	97.6%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for	96	100	96.0%	Met 95% WHO based target

Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)				(significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	96	100	96.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	96	100	96.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

The practice offered flexible appointments for facilitate attendance and they ran two dedicated clinics per week (outside of school hours/pick up times) and scheduled appointments at other times for convenience. The nursing staff had also devised different ways to make the experience less frightening for children, for example wearing “bobbly” headgear.

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 at a given point in time who were screened adequately within a specified period (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)	79.2%	75.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.8%	76.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	68.2%	61.3%	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)	74.0%	68.0%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	51.5%	56.5%	51.6%	Comparable with 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)	94.7%	85.5%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.8% (10)	15.8%	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)	100.0%	87.1%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (4)	13.7%	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)	82.5%	85.9%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (5)	8.4%	6.8%	
Any additional evidence or comments				
Patients suffering with mental health issues were offered longer appointments.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554	543	539
Overall QOF exception reporting (all domains)	5.5%	6.5%	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, and pharmacists.	Yes
<p>Any further comments or notable training.</p> <p>The practice invested in training of their staff to increase patient experience.</p> <p>They had employed five apprentices, all had undertaken NVQ's in Business Administration and one was working towards an NVQ in customer care.</p> <p>Reception staff were able to further develop with skills training in house to become prescription clerks and medical secretaries.</p> <p>Weekly tutorials involving all clinical staff were held and all learning materials were available on the practice intranet.</p> <p>Health Care Assistants were provided with additional training so they could undertake health education clinics for patients, for example smoking cessation and healthy weight sessions.</p> <p>One member of the nursing team was being supported to train as a nurse practitioner.</p> <p>A community pharmacist was being supported to train as a clinical pharmacist and could see patients for medicines reviews and answer any medicine enquiries.</p> <p>A paramedic was being trained for working within a GP environment and was able to see patients at</p>	

home.

The practice was able to provide placements for student nurses.

The practice had years two, four and five medical students observing general medical practice.

The practice was also a training practice for GP registrars.

Coordinating care and treatment

Indicator	Y/N
The practice 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 any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.9%	95.0%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (66)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
There were systems in place for recording both for written and verbal consent when appropriate. There was a consent protocol and staff could describe how they obtained consent in line with relevant guidance.

Any additional evidence
The lead clinical nurse practitioner was in the process of updating the competencies for the nursing staff which included guidance and instruction for the obtaining and recording of consent.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	29
Number of CQC comments received which were positive about the service	29
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
Comment Cards	The comments included that the receptionists were polite, professional and caring. They were always able to obtain an appointment with either a GP or nurse and were satisfied with the care and treatment received.
NHS Choices	The practice received a rating of 3.5* out of 5* from 11 responses. The majority of the comments showed patients were extremely satisfied with the service although two comments expressed dissatisfaction with staff attitude and the ability to obtain an appointment.
Friends and Family Test	The latest friends and family results showed that 96% of 77 patients were likely or extremely likely to recommend the practice.
Health Watch Plymouth	We received information from Plymouth Health Watch on their survey carried out between January 2018 and June 2018 and 100% of patients were happy with the service.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,727	222	130	58.56%	About 1.2% of the practice population

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	92.8%	86.7%	78.9%	Comparable with 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)	94.8%	92.5%	88.8%	Comparable with 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)	98.9%	97.2%	95.5%	Comparable with 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)	94.9%	90.4%	85.5%	Comparable with 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)	92.4%	93.7%	91.4%	Comparable with 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)	90.3%	93.6%	90.7%	Comparable with other practices

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

Date of exercise	Summary of results
June 2018	The practice carried out an in house survey to establish patients views on access to the practice and staff attitudes. They received 59 responses with positive reviews. For example, 56 patients said the practice were very good or excellent when being greeted by staff on the front desk and all 59 patients were positive with the practice opening hours.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with three patients on the day of inspection. They all told us the GPs and nurses discussed their treatment with them.

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)	93.1%	90.5%	86.4%	Comparable with 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)	89.0%	87.7%	82.0%	Comparable with 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)	84.9%	92.5%	89.9%	Comparable with other practices
The percentage of respondents to the GP patient	81.0%	88.9%	85.4%	Comparable

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)				with other practices
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Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 176 (1.6%) patients as carers. New carers were identified opportunistically and by asking on new patient questionnaires.
How the practice supports carers	The staff were all able to signpost and direct patients to the correct source of help or advice. The practice sponsored and worked closely with Elder Tree, a local charity providing a befriending service. A staff member had been identified to engage with outside agencies to develop further support avenues. The practice offered flu vaccines and health checks as required.
How the practice supports recently bereaved patients	The practice would contact the family and offered support.

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	The reception desk is in a separate area to the waiting rooms. All incoming calls were answered away from the reception.

	Patients were encouraged to use the self check in screen to aid confidentiality.
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Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am -6pm
Tuesday	8am -6pm
Wednesday	8am -6pm
Thursday	8am -6pm
Friday	8am -6pm

Appointments available; telephone lines are open from 8:30am
Extended hours opening: from 8am to 1:15pm on a Saturday morning.
The GP partners worked on a rota for this service and were approximately twice monthly. Appointments were pre-bookable. Urgent appointments on the day were subject to availability and if available, could be booked at the front desk on the day.

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	
All urgent home visit requests were allocated to a GP for assessment. If a home visit was required patients were seen by the GP or the paramedic.	

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 practice opening hours (01/01/2017 to 31/03/2017)	86.4%	83.7%	80.0%	Comparable with 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	81.0%	82.1%	70.9%	Comparable with other practices

GP surgery on the phone?' (01/01/2017 to 31/03/2017)				
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)	88.9%	84.8%	75.5%	Comparable with 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)	81.8%	82.0%	72.7%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
Comment Cards	From the 29 comment cards received, four specifically mentioned that they were able to get an appointment when the needed one.
Patient Interviews	All three patients we spoke with told us they were able to get an appointment with either a GP or a nurse.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	8
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
Additional comments:	
Complaints were investigated in a timely manner and when required findings were shared with other organisations.	

Well-led

Leadership capacity and capability

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

The GPs and practice manager demonstrated a good understanding of their practice population and the needs of the population in the areas they provided services to.

The practice had developed other key members of staff to manage the practice. This had enabled the practice manager to concentrate on the strategic plans and development of the Drake Medical Alliance (DMA).

The practice were in the process of promoting an on line service for patients with the introduction of E-consult. This allowed for online consultation with GP 24 hours a day and allowed for the practice to determine the right care by the right staff member.

The practice, with the DMA, had employed a pharmacist and paramedic to assist with patient home visits and medicine enquiries allowing the GPs additional time to see patients with more complex ailments.

Any additional evidence

The practice was part of the Drake Medical Alliance which is group of five GP practices in Plymouth. A GP in the Roborough Surgery was the clinical lead for this federation.

Vision and strategy

Practice Vision and values

A mission statement had been developed and was displayed in the staff areas.

The practice had a clear vision and strategy in place. They recognised the need to look at other ways of working, for example, 'working at scale'. They worked in partnership with other organisations such as the local GP Federation and the clinical commissioning group locality group, a GP practice cluster group which worked together to improve outcomes for people living in local area.

Culture

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

Feedback from the comment cards was wholly positive. Patients praised the practice for providing an excellent service. Words used to describe the practice were exceptional, high quality and supportive. Several patients reported that they were fortunate to live in the area served by the practice. Patients reported that it was easy to obtain an appointment.

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

Source	Feedback
Staff Interviews	Staff we spoke to told us they felt they were a good team that worked well together

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	yes

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>There was an active Patient Participation Group (PPG) with eight patients regularly attending meetings, members told us that over time the relationship between the practice and the group had developed in a positive way and their views and opinions were listened to and valued by the practice.</p> <p>There were examples of several suggestions that the PPG had made that had resulted in changes at the practice. Examples included, they had been involved in circulating the in house patient survey and contributed to the practice newsletter. We saw PPG meeting minutes which showed that the practice shared information on practice performance and current local health issues.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Cervical sample taking Audit- the practice undertook this audit to ensure all the staff continue to maintain safe, effective and competent cervical sample taking with a minimum inadequate rate.	<p>In 2016, 94% of the 602 samples taken were normal with only eight being inadequate, these patients were referred for appropriate treatment.</p> <p>The 2017 audit again showed 96% of 553 sample taken were normal with 12 being inadequate, however there was also a drop in the number of eligible ladies attending for their test. This has resulted in the practice monitoring all cervical screening invites and used this to improve patient education and health promotion and demonstrated the importance of staff attending training and maintain their competency.</p>
Cleaning Audit- the practice carried out an audit against set standards to support the clinicians with the recording of the cleanliness of their working space.	<p>During 2016, the Clinical lead carried out monthly spot checks to look at the recording of equipment being cleaned. The results ranged between 7% to 86%. The rooms were observed to be clean, but some equipment was found to be out of date. Following this, a meeting was held with the nursing team, new laminated signs requesting other healthcare professionals who used the rooms to clean equipment and sign newly designed cleaning records was carried out.</p> <p>The audit was repeated in 2017 and the results were greatly improved with all being over 90%. Additionally, the room cleaning record sheets were again redesigned to reflect the days that the rooms were being used, along with sickness, annual leave and training days so it could be highlighted who was not recording their cleaning for the next audit.</p>

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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](#)).