

Care Quality Commission

Inspection Evidence Table

Rowner Surgery (1-2947401019)

Inspection date: 11 September 2018

Date of data download: 05 September 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There were lead members of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any answers: The practice policy was for both GPs and nurses to be trained to level 3 in child safeguarding and this was evidenced. The local safeguarding policies and procedures were kept under regular review and we saw that they were up to date to August 2018. In addition, the practice summarised the safeguarding protocols to make them easy to read for all staff.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y

Staff who require medical indemnity insurance had it in place	Y
Explanation of any answers: The practice manager had a programme in place to undertake annual checks of professional registration and medical indemnity insurance.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: March 2018	Y
There was a record of equipment calibration Date of last calibration: March 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion:	Y
Actions were identified and completed. The NHS Trust that owned the premises had a planned maintenance programme in place that included maintaining adequate fire precautions.	Y
Health and safety Premises/security risk assessment? Date of last assessment: April 2018	Y

Health and safety risk assessment and actions
Date of last assessment: April 2018

Y

Additional comments: The premises were in good order with relevant risk reviews and planned maintenance in place. If practice staff identified any safety concerns or defects to the premises they knew how to report their concerns and they were responded to in a timely manner.

Risk assessment and policy in place Date of last infection control audit: 4 September 2018	Y
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The practice acted on any issues identified. The practice identified cleaning standards were inconsistent and had reported this to the contract cleaning company. The inconsistent standards were confirmed at inspection where dust was found at high level in three clinical rooms. The practice made immediate arrangements to have a deep clean carried out the next day.	
Detail: An order had been placed to install wall mounted dispensers for disposable aprons and gloves as identified in the audit.	
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Partial
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
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.	Y
Explanation of any answers: On the day of inspection, we found reception staff were able to describe the action they would take if a patient presented at reception and appeared to be in need of urgent medical attention. However, reception staff had not been given any formal guidance on symptoms that might alert them to a patient needing such urgent attention. Within one day of inspection the clinicians at the practice developed a sepsis policy. This included advice for non-clinical staff on symptoms to look out for that might indicate a patient had a life threatening condition. Training for staff in being aware of such symptoms was included within the new policy.	

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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
Explanation of any answers: Review of the practice system for dealing with test results showed these were dealt with in a timely manner on the day of receipt.	

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.85	0.85	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). (01/07/2017 to 30/06/2018) (NHSBSA)	6.2%	8.6%	8.7%	Comparable with 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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>When the medicines held for use in an emergency were checked we found that four medicines that should have been either held or risk assessed were not in stock. For example a medicine to treat a child experiencing breathing problems was not in stock. The practice made immediate arrangements by placing an order for delivery of all four medicines on the day following inspection.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	9
Number of events that required action	8

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

Event	Specific action taken
Prescription made out by GP for wrong patient but spotted by staff before issue.	Clinicians reminded to check date of birth as well as name before making out a prescription.
Wrong patient booked for an appointment because of similar names	Check the details and date of birth before booking an appointment.
No details of the strength of nicotine replacement therapy (NRT) for a patient starting the stop smoking programme	Contacted the stop smoking service and requested all requests for NRT have a dosage instruction.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Response to relevant medicine alerts was coordinated by the visiting medicines management team. Equipment alerts were responded to by the assistant practice manager.</p>	

Any additional evidence
<p>We noted there was close liaison between the medicines management team and the practice clinicians to follow up on medicine safety alerts and ensure action was 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) (01/07/2017 to 30/06/2018) (NHSBSA)	1.20	0.63	0.83	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)	60.9%	81.8%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (15)	16.9%	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)	63.5%	79.0%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (17)	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)	64.0%	79.0%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (29)	17.2%	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)	66.2%	75.7%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (3)	10.5%	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)	90.2%	92.3%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (15)	13.2%	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)	79.4%		80.6%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	2.3%	(16)	2.6%	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)	89.6%		86.1%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	0	(0)	8.6%	8.2%	
Any additional evidence or comments: The practice was aware that their performance in supporting patients with long term conditions needed improvement. In 2017/18, improved recall systems were introduced to base all recalls around the patient's date of birth. This had resulted in better attendance for health reviews. The overall performance for QOF clinical performance indicators had improved from a total score of 394 in 2016/17 to 421 in 2017/18 (this equates to a 7% improvement). The unvalidated data we reviewed for 2017/18 also showed that the practice exception rates had only risen by 1% which kept the practice below the previous year overall national average exception rate of 6% (practice rate 5%). The practice recognised that further improvement in care for patients diagnosed with diabetes could be achieved and had commenced working with a neighbouring practice that provided a lead nurse for diabetes. This nurse offered two clinics a week for diabetic patients to attend.					

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)	110	113	97.3%	Met 95% WHO based target (significant variation positive)
The percentage of 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)	113	129	87.6%	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)	114	129	88.4%	Below 90% minimum (variation negative)
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)	113	129	87.6%	Below 90% minimum (variation negative)
Any additional evidence or comments: The practice provided the most recent data (Up to March 2018) for uptake of childhood immunisations. This showed that the target of 90% was being met for all immunisations for children aged one, two and five.				

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)	72.9%	75.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	62.5%	75.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	54.2%	64.0%	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)	83.3%	74.7%	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)	40.0%	50.8%	51.6%	Comparable with other practices
Any additional evidence or comments: The practice was aware of the below average uptake of national cancer screening programmes by their patients. A recall and follow up system was in place but was not proving effective in achieving higher uptake of these screening programmes.				

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)	75.0%	91.6%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	15.6%	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)	85.0%	92.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	14.0%	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)	73.9%	83.5%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.5%	6.8%	
Any additional evidence or comments: See earlier comments about overall improvement in QOF in 2017/18.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	507	547	539
Overall QOF exception reporting (all domains)	3.3%	6.1%	5.7%

Coordinating care and treatment

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

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)	93.3%	94.3%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (2)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice seeks written consent to appropriate procedures. For example, minor surgery and insertion and removal of contraceptive implants. Random checks to ensure the consent has been obtained.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	39
Number of CQC comments received which were positive about the service	38
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Review of patient feedback on NHS Choices shows four patients has offered comments in the last year. Of the four there were three patients that gave the practice five out of five stars. The one negative piece of feedback related to accessing the practice by telephone. The patients who rated the practice highly commented on compassionate and helpful staff and GPs that took time to listen to patients.</p> <p>The 38 positive pieces of feedback from CQC comment cards referred to helpful GPs and practice staff who gave patients time to explain their symptoms and concerns and responded in a kind and caring manner to patients needs and questions.</p> <p>The five patients we spoke with on the day of inspection gave similar feedback about the professional and caring nature of all staff that worked at the practice.</p>

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7089	295	102	34.6%	1.44%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	80.0%	86.0%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	77.0%	83.8%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	88.4%	93.5%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	78.4%	78.0%	83.8%	Comparable with other practices
Any additional evidence or comments: The responses from 44 patients who either completed CQC comment cards or spoke with us on inspection day were more positive than the results of the national patient survey. We noted that one of the partners was not available during part of the survey period and that GP cover was not as consistent at that time.				

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

Date of exercise	Summary of results
July 2018 (second survey after first in July 2016)	Surveyed 45 patients who attended appointments with advanced nurse practitioners (ANPs). Of the 45 respondents 98% said their condition was dealt with appropriately and 91% said they would be happy to see ANPs again.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	The five patients we spoke with all told us they had sufficient time to discuss their symptoms and concerns with clinicians and felt as involved as they wanted to be in decisions about 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 during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	91.3%	91.0%	93.5%	Comparable with other practices
Any additional evidence or comments: The results of the national survey were reflected in the CQC comment cards (39) we received during the inspection.				

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

Carers	Narrative
Percentage and number of carers identified	The practice has 89 registered carers which is 1.2% of the registered patient population.
How the practice supports carers	The practice had, in the last year, reviewed the levels of support offered to carers. In addition to the signposting to local support and advice agencies the practice now offered an annual health check for carers and promoted the benefits of receiving annual flu immunisations. There was promotional material on notice boards encouraging patients with a caring responsibility to register and also information about local support groups. For example, support groups for patients who cared for a person with dementia.

How the practice supports recently bereaved patients	When a relative of a deceased patient is registered with the practice their regular GP makes a telephone call to the bereaved patient to offer sympathy and support as required. A card is sent to the family along with information about support groups and useful local telephone numbers for organisations that are able to assist at a time of loss. This also offered further support from GPs or the practice Patient Champion who was able to assist bereaved patients in finding the support they required.
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Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	All incoming telephone calls from patients were taken in an office that was physically separated from the reception desk. Therefore calls could not be overheard. Reception staff were able to offer patients the opportunity to speak to them in a private room if the patient wished additional privacy away from the reception desk.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Examples of specific feedback received:

Source	Feedback
Discussions with patients	The five patients we spoke with said staff treated them with compassion and respected their privacy and confidentiality.
CQC comment cards	A total of 20 patients (out of 39) added comments about staff being compassionate and caring.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 6:30pm
Tuesday	8am – 6:30pm
Wednesday	8am – 6:30pm
Thursday	8am – 8:15pm
Friday	8am – 6:30pm

Appointments available	
Mon, Weds & Fri 9am to 5.50pm. Tues 8.30am to 5.50pm. Thurs 9am to 8pm.	
Extended hours opening	
Thursday 18:30 to 20:15	Further appointments available every weekday between 6.30pm and 8pm and Saturday mornings 9am to 12pm via local GP alliance.

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	Y
If yes, describe how this was done	
All requests for home visits were logged and passed to the GPs on duty. The GPs reviewed the request and either made a phone call to the patient to offer advice or prioritised the visit based on the clinical information available. Acute visits were allocated to the local community nursing team to undertake. The GPs undertook visits to those patients with long term medical conditions and those receiving palliative care.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%		% of practice population
7089	295	102	34.6%		1.44%
Indicator		Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)		92.0%	92.1%	94.8%	Comparable with other practices

Any additional evidence or comments: The feedback from CQC patient comment cards and patients we spoke with on the day was positive in regard to their receiving the support they needed during consultations.

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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	91.4%	56.5%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	69.7%	57.1%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	65.2%	53.3%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	68.8%	65.5%	74.4%	Comparable with other practices

Any additional evidence or comments:

The practice operated a phased release of appointments. Every day new appointments were made available for both on the day urgent needs and booking up to four weeks ahead.

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>One out of four comments on NHS choices in the last year referred to difficulty in gaining access to the practice by telephone.</p> <p>The five patients we spoke with all told us they did not experience any difficulties obtaining appointments for a day and time that met their needs unless they wished to see a specific GP when they may have to wait up to three weeks to be seen.</p> <p>Our review of the 39 CQC patient comment cards showed that 19 of the 20 patients who specifically commented on access to appointments were positive about their experience of booking such appointments.</p>

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	12
Number of complaints we examined	12
Number of complaints we examined that were satisfactorily handled in a timely way	12
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice used a local reporting system to advise the Clinical Commissioning Group (CCG) of complaints received and responded to. There was evidence to show that the practice was diligent in making their complaints returns to the CCG to support wider learning from complaints within the local area.	

Example of how quality has improved in response to complaints

Reviewed system for producing repeat prescriptions. Staff all briefed on turnaround time for prescriptions and clear notices displayed to inform patients of the time required to produce a repeat prescription.

Well-led

Leadership capacity and capability

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

Practice leaders identified improvement in care for patients with long term conditions was needed. Recall systems were changed. Closer working with another local practice was established to share an appropriately trained nurse to lead diabetic clinics.

Practice increased clinical staffing by the appointment of two employed Advanced Nurse Practitioners making the nurse practitioner service available on every week day.

The Practice identified they could improve management capacity, they sought and obtained further funding to uprate management skills. Partners booked on leadership courses and practice manager on a longer term management development course.

Any additional evidence

The practice had reviewed skill mix within the workforce. Additional staff had been employed or roles changed to improve practice performance. For example, one of the Advanced Nurse Practitioners appointed in the last year held a diabetes qualification thus enabling back up to the visiting diabetes specialist nurse. One member of staff had been designated as lead for improving the quality of clinical data.

Vision and strategy

Practice Vision and values

The practice vision and strategy was displayed in both clinical rooms and offices throughout the practice. It included providing the best possible care to patients.

Culture

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

- Improved care of patients with long term conditions over the last two years.
- Improved recall programmes that are easy to operate and have proved effective in increasing the number of patients attending for their health reviews.
- Reviewing co-morbidities at one appointment to reduce the number of times patients have to attend the practice.

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

Source	Feedback
Staff survey	A survey of 18 staff carried out in March 2018 showed staff were positive about working at the practice. It also showed that staff were aware of the practice values of putting patients first with 83% saying the practice was good or excellent at putting the patient at the centre of everything the practice does. The three staff who did not rate this question as good or excellent rated it as satisfactory.
Discussions with staff	Staff told us they were well supported by management and the GP partners. They said they were given opportunities to develop their skills by accessing training relevant to their role and the development of the practice. For example, a group of staff visited the local pharmacy on the day of inspection to gain a better understanding of the role of pharmacies in supporting patient care.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Practice specific policies	Review of practice policies and procedures showed they were regularly reviewed and easily accessible to staff. New protocols issued by the CCG were reviewed, simplified, and shared with staff. Staff were encouraged to support review of protocols. For example, the staff team were asked for comments on how to make the safeguarding procedures clear for all to use.	
Other examples	The practice had a funded resilience plan which included a range of initiatives aimed at improving management capability to deliver effective care and treatment.	
		Y/N
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Inappropriate allocation of home visits.	All requests for home visits reviewed by GPs before a decision reached on which professional should undertake a visit.
Delayed review and action of test results.	Practice ensured all test results were reviewed by a GP on the day of receipt.
Patients not attending for long term health condition reviews	Changed recall system and combined reviews for patients with more than one long term condition. Increase in quality measures of 7% achieved by focus on care of this group of patients.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The member of the patient participation group (PPG) we spoke with was positive about the relationship that was building with the practice. They told us they had access to management at the practice as and when they requested contact or wished to offer any feedback. They also told us that the practice had introduced the process of issuing text reminders for upcoming appointments after the PPG requested this be introduced.

Continuous improvement and innovation

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

Audit area	Improvement
Appropriate reviews of prescribing of hormone replacement therapy.	Two audits. Result was improved recall programme to ensure all patients receive a review. In addition, all clinicians reminded to carry out four checks when issuing repeat prescriptions. Re-audit date set in practice programme to check implementation.
Appropriate prescribing of medicines for urinary tract infections.	Detailed audit of adherence to local prescribing guidelines. The two audit cycles showed improvement. The correct antibiotic was used for 89% of patients improved from 79% on first audit. Ensuring correct dose of antibiotic had improved from 63% to 78%. An improvement from 47% to 76% in ensuring the correct length of prescribing had also taken place.

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 practices 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](#)).