

Care Quality Commission

Inspection Evidence Table

Aylesford Medical Centre (1-542229580)

Inspection date: 16 August 2018

Date of data download: 22 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 person Date of last inspection/Test:	Yes 15/08/18
There was a record of equipment calibration Date of last calibration:	Yes 15 & 21/08/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 12/10/17
Additional observations: We saw records to show that a date had been arranged for the portable appliance testing and calibration checks to be updated.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 12/10/17
Health and safety risk assessment and actions Date of last assessment:	Yes 12/10/17

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice were able to demonstrate that they always followed national guidance on infection prevention and control. We found that infection control and prevention audits had been conducted in August 2018. We saw that areas noted for action to comply with infection control guidelines had been actioned or a plan put in place to address these. The recently appointed practice nurse was the lead for infection control and prevention and had the required training.</p>	<p>Yes</p> <p>15/08/18</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Risks to patients

Question	Y/N
<p>There was an effective approach to managing staff absences and busy periods.</p>	<p>Yes</p>
<p>Comprehensive risk assessments were carried out for patients.</p>	<p>Yes</p>
<p>Risk management plans were developed in line with national guidance.</p>	<p>Yes</p>
<p>Staff knew how to respond to emergency situations.</p>	<p>Yes</p>

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

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)	1.09	1.02	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)	13.1%	9.6%	8.8%	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.	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
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

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.	7
Number of events that required action	5

Example of significant events recorded and actions by the practice;

Event	Specific action taken
Two patients with similar names being	An investigation was undertaken to see where the system could

administered the wrong doses of medicine for blood thinning.	be improved in order to prevent a similar occurrence happening again. As a result, more stringent checking measures had been implemented when patients were being prescribed blood thinning medicines.
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Safety Alerts		Y/N
There was a system for recording and acting on safety alerts		Yes
Staff understand how to deal with alerts		Yes

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)	0.85	0.88	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)	83.6%	79.5%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.5% (99)	12.7%	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)	85.0%	77.7%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.6% (71)	10.5%	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)	79.7%	80.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.0% (93)	15.2%	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)	77.9%	76.5%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.4% (57)	12.2%	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)	94.0%	91.9%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.9% (31)	15.2%	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)	86.4%	83.2%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (44)	3.8%	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)	82.6%	89.4%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (4)	6.7%	8.2%	
Any additional evidence or comments				
Where results were below or above the average, the practice had acted to address these. For example, by having a dedicated member of staff for the monitoring of QOF routinely and ensuring systems and processes were effective. For example, continually reviewing the high exception reporting in cases of COPD, asthma and diabetes, to ensure the exception reason recorded was appropriate and alerting the GP if not.				

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)	71	72	98.6%	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)	62	69	89.9%	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)	64	69	92.8%	Met 90% minimum (no variation)
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)	62	69	89.9%	Below 90% minimum (variation negative)
Any additional evidence or comments				
The practice provided us with evidence, which showed that the rate for childhood immunisations was lower than average for valid reasons and according to policy and procedure. For example, taking into account the beliefs of the local community regarding childhood immunisations.				

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)	79.6%	77.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.2%	73.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.9%	59.9%	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)	74.3%	78.1%	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)	62.2%	55.7%	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) <small>(QOF)</small>	93.1%	92.8%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.1% (6)	13.2%	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) <small>(QOF)</small>	93.5%	91.3%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (4)	10.9%	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) <small>(QOF)</small>	77.3%	82.0%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (3)	5.9%	6.8%	
Any additional evidence or comments NA				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	544	539
Overall QOF exception reporting (all domains)	9.3%	5.5%	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 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)	94.0%	93.6%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (23)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. The practice had consent forms to implant and remove contraceptive devices, as well as for joint injections.

Any additional evidence
<p>The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.</p> <p>Staff encouraged and supported patients to be involved in monitoring and managing their health.</p> <p>Staff discussed changes to care or treatment with patients and their carers as necessary.</p> <p>The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	5
Number of CQC comments received which were positive about the service	3
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
CQC comments cards	Patients commented on the professionalism and friendliness of staff. Negative comments received related to patients stating that getting through to the practice by telephone could sometimes be difficult. They said that the repeat prescription system was difficult at times.
NHS Choices	Comments related to the high standard of care received from staff, helpful receptionists and the quality of clinical care provided. Negative comments related to accessing the service via the telephone, appointment availability and the attitude of staff being uncaring.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7,104	232	100	43.10%	1.4%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	60.4%	83.1%	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)	82.2%	89.9%	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)	90.8%	96.9%	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)	76.1%	86.8%	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)	93.4%	92.5%	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)	93.3%	92.0%	90.7%	Comparable with other practices

Any additional evidence or comments

The practice had developed and implemented an action plan to address the findings and improve patient satisfaction. For example, improving telephone access.

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

Date of exercise	Summary of results
Ongoing	<p>The practice made use of feedback from patients via the use of a computer application (created by a third-party company), their own website, Friends and Family Test responses and NHS Choices.</p> <p>The practice routinely monitored all feedback received and had made changes where appropriate. For example, changing the telephone system and appointment availability.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with seven patients and asked patients whether they felt they were involved in decisions about their care and treatment. We were told they found the information in the patient waiting area and on the practices website was useful. Patients told us they felt involved and that their personal decisions were considered.

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)	83.4%	88.4%	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)	74.1%	84.0%	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)	91.6%	90.8%	89.9%	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 nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	88.4%	86.7%	85.4%	Comparable with 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	The practice had identified 252 patients who were carers (3.5% of the practice list).
How the practice supports carers	<p>There was a dedicated noticeboard in the waiting area that indicated support available to carers and encouraged patients to identify whether they were carers.</p> <p>The practice offered carers an annual flu vaccination and an annual health check.</p> <p>Additionally, there was a dedicated member of staff who was trained as a carers champion.</p>
How the practice supports recently bereaved patients	The practice contacted families who had been recently bereaved and offered them an appointment, if required, at a time to suit them. The GP would visit the next of kin or family if appropriate. The practice also provided help with forms or other arrangements and signposted relatives to other support services where appropriate.

Any additional evidence
The practice used a Safe and Found protocol on their website. This enabled carers, family members and friends, to complete in advance a form recording all vital details, such as medication required, mobile numbers, places previously located, a photograph. In the event of a vulnerable family member or friend going missing, the form could be easily handed to the police to reduce the time taken in gathering this information.

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	There was a separate private room available at the practice, where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality and all staff had signed confidentiality agreement forms.

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	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception staff, they could.
Staff interviews	Staff told us patients who were made anxious by waiting in a busy waiting area, or were distressed, could wait in the private room. Staff told us they would offer the patient support and would call them when it was time for their appointment.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.00 – 12.00 & 13.30 – 18.00
Tuesday	08.00 – 12.00 & 13.30 – 18.00
Wednesday	08.00 – 12.00 & 13.30 – 18.00
Thursday	08.00 – 12.00 & 13.30 – 18.00
Friday	08.00 – 12.00 & 13.30 – 18.00

Appointments available	
Monday to Friday	08:30 – 17:50
Extended hours opening	
Appointments available with practice nurse and phlebotomist (varied – three to four days a week, dependent on working hours)	07.30 – 08.30

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 home visits were triaged by the duty GP and, if clinically appropriate, a visit was completed a GP.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7,104	232	100	43.10%	1.4%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	62.1%	78.1%	80.0%	Variation (negative)
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)	72.6%	75.0%	70.9%	Comparable with 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)	73.9%	80.5%	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)	54.7%	78.3%	72.7%	Comparable with other practices
Any additional evidence or comments The practice had developed and implemented an action plan to address the findings and improve patient satisfaction. For example, improving telephone access by installing a call queuing system. The walk-in clinic had been stopped after feedback from patients that they did not like the system and the practice were trialing a new telephone triage system. They were also reviewing the pre-bookable appointment system, with a view to increasing the availability of on line appointments.				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Patients had rated the practice two and a half stars out of a possible five on the NHS Choices website regarding availability of appointments. The practice had replied and responded to all comments made.
Patient interviews	We spoke with seven patients and received mixed feedback. Some patients were complimentary about staff and booking appointments and the care and treatment they received. However, negative feedback was also received relating to the difficulty of accessing appointments and repeat prescription issues.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	27
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The practices complaint policy and procedures were in line with recognised guidance. Information about how to make a complaint or raise concerns was available in the form of a leaflet and on the practices website.</p> <p>Staff treated patients who made complaints compassionately. The practice learned lessons from individual concerns and complaints and from analysis of trends.</p>	

Example of how quality has improved in response to complaints
<p>Following the receipt of a complaint relating to a delay in a hospital referral, the practice had discussed this at a clinical meeting and implemented changes to their referral processes. All staff had been made aware of the changes made. Records viewed confirmed this.</p>

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
<p>There was a clear management structure which included lead roles for the whole staff team (GPs, nursing team staff and administrative staff) and staff felt supported by management.</p> <p>The practice was aware of future challenges. For example, the increase in number of houses in the area and the potential increase in patient list size due to two local practices recently closing. The practice was working closely with the clinical commissioning group to manage this. The practice was continuously reviewing their staffing numbers and skill mix to ensure they provided services to meet patients' needs.</p>

Vision and strategy

Practice Vision and values
<p>There was a clear vision to provide patients with good clinical care. The practice had a set belief of providing a family friendly atmosphere among staff and patients.</p>

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
<p>Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically. They told us there was a positive team spirit.</p>

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

Source	Feedback
Staff interviews	<p>Staff said they were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they felt involved and engaged to improve how the practice was run.</p>

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 had systems that helped to keep governance documents up to date.
Other examples	Governance documents that we looked at were up to date and contained a review date. Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
	Y/N
Staff were able to describe the governance arrangements	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
Repeat prescription issues identified through complaints and significant events	The practice had reviewed its repeat prescription issuing systems and processes. Staff were aware of the changes made as a result of this review. Records seen confirmed this.

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
Not available

Any additional evidence
Due to key members' illnesses the patient participation group (PPG) at the practice had ceased to be operational. Despite invitations to new PPG meetings there has been no uptake. The practice had planned a charity coffee morning, where they would be inviting patients to volunteer for a new PPG. Additionally, the practice was working towards requesting support and guidance from the CCG lead for PPGs.

Continuous improvement and innovation

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

Audit area	Improvement
Mental wellbeing on military veterans re-audit	The practice undertook a search of all patients coded as a military veteran, as well as determining how many with mental health issues had been referred to the mental health team or for counselling. The first audit revealed only a small number of military veterans had been coded appropriately. After the first audit staff received training. The re-audit showed that coding of military veterans had increased and now more veterans were being referred and seen by the mental health team.
Shotgun license	The practice undertook an annual search of those patients with a shotgun/firearms licence to ensure those who have licences do not have any mental health issue or concerns. Where concerns are identified, the practice had a protocol for passing these concerns forward.

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](#)).