

Care Quality Commission

Inspection Evidence Table

UEA Medical Centre (1-585118096)

Inspection date: 7 September 2018

Date of data download: 30 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.	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 ¹
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y ²
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any answers: 1 – The practice had implemented risk sharing meetings with university staff to identify and discuss patients who were deemed a risk or potential risk. University staff were able to contact the GP partners to escalate urgent concerns and patients would be seen on the same day. 2 – The practice had implemented a number of risk registers including patients diagnosed with a specific mental health condition. These patients each had a named GP at the practice who was responsible for their monitoring.	

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:	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: September 2016</p>	Y
<p>There was a record of equipment calibration Date of last calibration: September 2017</p>	Y
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Y
<p>Fire procedure in place</p>	Y
<p>Fire extinguisher checks</p>	Y
<p>Fire drills and logs</p>	Y
<p>Fire alarm checks</p>	Y
<p>Fire training for staff</p>	Y
<p>Fire marshals</p>	Y
<p>Fire risk assessment Date of completion: January 2018</p>	Y
<p>Actions were identified and completed. We saw evidence that actions that were identified had been completed in a timely manner; for example, cardboard boxes were found to be obstructing a fire exit. This was completed in January 2018.</p>	Y
<p>Additional observations:</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: March 2018</p>	Y
<p>Health and safety risk assessment and actions Date of last assessment: March 2018</p>	Y
<p>Additional comments:</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: March 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>We saw evidence that actions from the audit were completed within a timely manner. Staff were encouraged to participate in a deep clean during the summer months, where the practice was less busy due to the university summer break.</p>	<p>Y</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any answers:</p>	

Any additional evidence

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y ¹
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.	Y
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
<p>Explanation of any answers:</p> <p>1 – The practice had identified that with the demographic of the practice largely consisting of university students, the practice was busy during university term time and quieter during the summer months. Therefore, the practice had implemented a process where staff would take all of their annual leave during the quieter summer months and absence during the busy university term time would be limited to sickness and/or emergencies. Staff understood and were satisfied with these arrangements which also contributed to a better continuity of care for patients.</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.	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
<p>Explanation of any answers:</p>	

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)	0.39	1.01	0.95	Significant Variation (positive)
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)	5.9%	10.3%	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.	Y
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.	Y
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
Explanation of any answers:	

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.	40
Number of events that required action	40

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

Event	Specific action taken
High risk patient sent concerning email to a doctor; secretaries work flowed to doctor routinely.	Secretaries provided further guidance in relation to sending any high risk emails to the doctor urgently and make them aware verbally.
Patient seen and treated for condition however patient was incorrectly told test results were negative when they were positive.	Staff provided with further training in relation to test results. Patient made aware of the error and apologised to.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: Safety alerts were received into the practice and disseminated amongst all relevant staff. Actions were taken where necessary and a record of these actions kept.	

Any additional evidence

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)	0.63	1.60	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)	66.3%	80.6%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.1% (23)	15.6%	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)	86.4%	78.6%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.3% (21)	12.4%	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)	70.9%	82.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.1% (23)	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)	76.8%	75.8%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (8)	9.6%	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)	100.0%	90.4%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (1)	16.5%	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) <small>(QOF)</small>	86.9%	83.9%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (16)	4.6%	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) <small>(QOF)</small>	0.0%	90.5%	88.4%	-
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.2%	8.2%	
Any additional evidence or comments				

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)	50	50	100.0%	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	66	93.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	63	66	95.5%	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)	64	66	97.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

The practice told us that they believed they had achieved a good uptake in childhood immunisations due to how they managed the process. When the practice became aware of a new birth, a letter was sent to the parents containing a registration letter, immunisation appointments and post-natal information. Parents were then reminded via text message of the appointments. Where appointments were cancelled or not attended, these were monitored and proactively chased up by a member of the practice team.

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)	43.0%	71.8%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.3%	75.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.4%	58.0%	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)	80.0%	65.2%	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)	25.0%	45.7%	51.6%	Comparable with other practices
Any additional evidence or comments The practice believed that some patients may have been involved in screening processes within their country of birth. The practice checked annually that three invites had been issued during the past year prior to recording a patient as a non-responder. We also saw evidence of information sheets and posters regarding cervical screening within the practice.				

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)	93.1%	92.5%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (18)	17.0%	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)	90.4%	91.6%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.9% (17)	16.9%	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) (QOF)	100.0%	86.8%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	10.6%	6.8%	
Any additional evidence or comments				
The practice provided a report detailing the higher than average exception reporting rates in some indicators. The reasoning for the higher than average reporting rates varied from a low number of overall patients diagnosed with a condition meaning that one or two exceptions would indicate a high percentage and international patients not understanding the process or procedures. We reviewed a number of exception records and found these to be appropriately made.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
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Overall QOF score (out of maximum 559)	525	547	539
Overall QOF exception reporting (all domains)	15.7%	7.6%	5.7%

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with 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)	91.5%	95.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (4)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice audited minor surgery to ensure that consent had been sought appropriately.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	12
Number of CQC comments received which were positive about the service	6
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comment Cards	Feedback received from Care Quality Commission comment cards left by patients was mainly positive with 11 of 12 cards containing positive comments. One negative comment card related to accessing appointments at the practice. Positive comments included staff attitude, accessing appointments, services provided and the premises.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
19,998	395	57	14.43%	0.29%

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)	76.3%	77.6%	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)	90.7%	88.8%	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)	100.0%	96.1%	95.5%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	83.8%	84.9%	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)	93.3%	92.8%	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)	92.0%	92.0%	90.7%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
2018	<p>The practice undertakes an annual practice survey, in addition to the GP National Patient Survey. We saw evidence of the previous three annual surveys and the results which were in line with the GP National Patient Survey results and evidenced good patient satisfaction.</p> <p>The 2018 survey received 600 responses which was approximately 3% of the practice population. The practice's survey was split into the following sections and questions:</p> <ol style="list-style-type: none"> 1. About the practice Opening times, telephone access, appointment times, availability of appointments, waiting times 2. About the staff Clinical team satisfaction, reception satisfaction, information provided by the practice, opportunity to make compliments or complaints 3. Other Information on healthy lifestyles, health checks, website, online services, overall satisfaction <p>The practice analysed the results and comments received from the surveys. We saw evidence that the survey results were distributed amongst Patient Participation Group (PPG) members requesting any comments on how the practice could improve particular areas. For example, suggestions to improve the website following a reduction in score for the website in the 2018 survey.</p> <p>We saw evidence that an action plan was completed and actions taken in response to the survey results and recommendations made by PPG members.</p> <p>The practice analysed the scores for each clinical member of staff and works with staff to improve satisfaction where required.</p>

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with were complimentary about the practice in relation to involvement in decisions about care and treatment. Patients told us that they felt involved in their care and clinicians were approachable, treated patients with respect and would explain medical terminology clearly to them where required.

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)	80.1%	86.6%	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)	77.1%	81.5%	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)	92.8%	91.6%	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)	84.3%	85.2%	85.4%	Comparable with other practices
Any additional evidence or comments				

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 ²
Information about support groups was available on the practice website.	Y ¹

Carers	Narrative
Percentage and number of carers identified	The practice had identified and supported 29 carers – 0.15% of the practice population. The practice had a lower than average number of carers identified due to the demographics of the population where a large majority of patients were university students.
How the practice supports carers	The practice had a carers policy in place, a lead GP for supporting carers and provided all newly identified carers with a carers pack containing information on local support groups and services. There was relevant posters and information in the waiting room to identify carers and provide information on local support groups and services.
How the practice supports recently bereaved patients	A clinical member of staff contacted recently bereaved patients and offered their condolences and any support where required.

Any additional evidence
<p>1 – The practice had identified that mental health conditions were prevalent amongst the student population, particularly around times of examinations. Therefore, the practice ensured that information on the website reflected this need and provided information on mental health, cognitive behavioural therapy, counselling services and 'student minds' - a mental health charity specifically targeting students.</p> <p>2 – The practice had identified that due to a large multicultural practice population, with students attending the university from overseas, the practice website was available in 104 different languages and translated all of the content including information and guidance.</p>

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	The practice had a glass barrier constructed between the reception desk and waiting room, to separate the two areas. In addition to this, a separate room for patients was available to discuss confidential matters with staff if required.

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
Patients	Patients informed us they were aware they were able to request a private room to discuss any confidential matters that they had.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am to 6.30pm
Tuesday	8.30am to 8pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
Saturday	8.30am to 12pm

Appointments available
The practice offered pre-bookable appointments, on the day bookable appointments and urgent on the day appointments. Patients were able to attend the practice and be seen on the same day by the urgent doctor if necessary.
Extended hours opening
The practice offered extended opening hours on a Tuesday evening, until 8pm and on a Saturday from 8.30am to 12pm. These appointments were for routine (non-urgent) pre-booked appointments.

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	
Requests for home visits were taken by the reception team and passed to the urgent or semi-urgent doctor for screening for a decision whether a home visit was required.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
19,998	395	57	14.43%	0.29%

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)	87.1%	81.0%	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 GP surgery on the phone?' (01/01/2017 to 31/03/2017)	95.9%	74.4%	70.9%	Variation (positive)
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)	83.6%	77.8%	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)	77.5%	73.7%	72.7%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Comment cards and interviews with patients	<p>Overall, patients were positive in relation to accessing the practice. Two comment cards contained negative comments in relation to accessing the practice but eight comment cards contained positive comments in relation to the ease of accessing appointments.</p> <p>Patients that we spoke with were positive about accessing the practice and informed us that the urgent doctor appointment system worked well and ensures that they were always seen by a clinician when required.</p>

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	38
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	1
Additional comments:	
The practice recorded all complaints, including both formal and informal complaints, in order to gather maximum data to analyse trends.	

Example of how quality has improved in response to complaints

The practice allocated additional members of staff to answering the telephone during peak periods following a patient complaint in relation to accessing the practice by telephone. This has resulted in more positive survey results in relation to telephone access.

Any additional evidence

Well-led

Leadership capacity and capability

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

Each GP partner had lead role and responsibilities as outlined in a clear guidance document. For example, one GP partner was the lead for paediatrics, child safeguarding, childhood immunisations, obstetrics and was also the clinical lead contact for nurses, completed nurse training and appraisals and supervised prescribing within the practice.

The practice told us this ensured accountability and capability for each key area and ensured there was equity of work across the partners within the practice.

Any additional evidence

Vision and strategy

Practice Vision and values

“We aim to provide high quality, accessible primary care services to meet the needs of our diverse and dynamic population. We take a holistic approach to health with an emphasis on anticipatory care. Our service is built on dignity and respect for patients. We are a learning organisation, reflect regularly on the care we provide and we constantly seek to improve our service and the patient experience.”

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Some staff that we spoke with had worked at the practice for a number of years and commented on how well the teams work together.
- There were high levels of staff satisfaction. There were consistently high levels of constructive staff engagement and they were actively encouraged to raise concerns. Staff said they were happy and the organisation was a great place to work.
- The practice focused on the needs of patients. The practice could evidence regular meetings with the university to align care and treatment to meet the needs of the patient population.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw evidence of staff competency checks and patient satisfaction surveys in relation to staff. These were monitored and actions taken to support staff where necessary.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed and gave us examples where this had occurred.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff that we spoke with told us they felt they were treated equally.
- There were positive relationships between staff and teams.

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

Source	Feedback
Staff	A staff member told us they felt the practice was an enjoyable place to work with good support from the management team.
Staff	A staff member told us morale was good within the practice; the workload was manageable and they felt well supported.

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	For example, infection control policy, safeguarding policy, fire safety. From the sample of policies we reviewed, we could see updates and reviews had taken place when appropriate.
Other examples	The outcomes of complaints and significant events were discussed in clinical and all staff meetings. Staff confirmed to us that they could access the learning from events and changes were made which supported service development.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

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
Fire safety action plan	Completed all actions in a timely manner.
Clinical audits completed	The audits evidenced that actions had been taken where issues had been identified.

Any additional evidence

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The Patient Participation Group (PPG) were positive about their relationship with the practice. The PPG were able to provide us with specific examples of when their suggestions had been implemented by the practice. We saw evidence that the PPG were regularly engaged by the practice and contacted for their opinions. We also saw evidence that PPG members were welcome to contact the leadership team at any time to share their comments and drive improvements.

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Asthma audit	An audit aimed at the management of patients with asthma to ensure that they were on the correct and most up-to-date treatment plan. We saw evidence that patients had been recalled and reviewed where their treatment required it.

Any additional evidence

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](#)).