

# Care Quality Commission

## Inspection Evidence Table

### The Whalebridge Practice (1-4472761737)

Inspection date: **9 October 2018**

Date of data download: 25 September 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
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

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

Safety Records	Y/N
There were records of <b>visual inspections of portable electronic appliances such as computers, fridges and kettles</b> by a competent person	Y June 2018

Date of last inspection/Test:	
There was a record of equipment calibration Date of last calibration:	Y August 2018
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 October 2017
Actions were identified and completed. A concern about the new flooring to the Walk-In Centre was addressed.	Y
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y 12.07.18
Health and safety risk assessment and actions Date of last assessment:	Y 12.07.18

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Y 24.05.18 Y
Detail: The practice now includes infection control in relevant job descriptions, such as the Infection Prevention and Control (IPC) lead.	
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers: Waste and clinical specimens were stored in a secure area and collected regularly.	

### 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.	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

### 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

### 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)	0.65	0.85	0.95	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)	8.7%	9.9%	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).	N
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	Y

review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	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>We saw an instance where a Patient Specific Direction, or PSD, should have been used (a PSD is a written instruction, signed by a prescriber, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). Instead, the vaccine administration had been delegated by the practice partners, and signed by a GP and nurses. The signed piece of paper was a general authorisation rather than a patient specific direction (which is required for Health Care Assistants to administer the vaccine). When we spoke to the practice about this they acknowledged our concern. They told us that information about PSDs would be immediately circulated to all staff and appropriate use and sign-off for PSDs would be discussed at the next staff meeting.</p> <p>Emergency drugs were stored across a range of locations in the building, and we found no evidence that any clinician had recently had oversight, or conducted a risk assessment of which drugs should be readily available. When we spoke to the practice about this, they acknowledge our concern, and told us they would conduct a risk assessment of available drugs and their availability from the local pharmacy.</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.	3
Number of events that required action	3

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

Event	Specific action taken
It was discovered that a patient had an allergy, which had not been verbally declared, although this had been recorded on the patient electronic notes.	The event was discussed at a staff meeting, and the practice reviewed its protocol. All clinicians are now required to check patient data on the IT system for alerts prior to injections being given.
The pharmacy gave an incorrect medication to a patient.	The event was discussed at a practice meeting. The mistake was discovered when the patient requested a repeat prescription. The medication was changed. The patient was informed and an apology given.

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>All incoming alerts were disseminated to the appropriate person for action. During our inspection we saw an online record of all alerts. However, the record did not say who these alerts were disseminated by, or if action had been taken. The practice told us they would add 'disseminated by' and 'actions taken' columns to its safety alerts register, and we saw documentary evidence this had been implemented.</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)	0.40	0.92	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)	86.4%	79.9%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.7% (209)	18.1%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	91.4%	78.2%	78.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.6% (83)	12.6%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	85.1%	74.6%	80.1%	Comparable with other practices

<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>
	20.4% (160)	20.2%	13.3%

**Any additional evidence or comments**

The practice exception rate for patients on the diabetes register, whose last blood glucose reading was at a healthy level, exceeded local and national averages. We discussed exception reporting with the practice. They were aware of the data and told us that the high exception rates were due to a number of factors specific to their population groups. For example, a proportion of patients being unavailable for recall due to their absence from the country for prolonged periods of time; and these patients not wanting to increase therapy when also under secondary care. We saw documentary evidence that the practice is increasing levels of health education and recall for these groups.

<b>Other long-term conditions</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	86.9%	76.5%	76.4%	Variation (positive)
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	1.7% (10)	6.4%	7.7%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	97.0%	91.2%	90.4%	Comparable with other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	5.6% (10)	11.5%	11.4%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	87.0%	83.8%	83.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3%	(32)	4.2%	
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)	88.6%	88.1%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4%	(6)	6.8%	

## 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)	120	124	96.8%	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)	109	118	92.4%	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)	108	118	91.5%	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)	110	118	93.2%	Met 90% minimum (no variation)



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)	63.5%	71.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.3%	74.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	46.9%	54.9%	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)	74.1%	70.9%	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)	26.1%	39.9%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>				
<p>The practice data for patients with a diagnosis of cancer, who were eligible for cervical screening, was below local and national averages. Uptake for cervical screening (within a specified period), based on data from 2016-2017 was 64%, which was below the 80% coverage target for the national screening programme. The practice was aware of this, and had taken action to improve screening rates. Measures taken by the practice included:</p> <ul style="list-style-type: none"> <li>• Ensuring all sample-takers had received initial training, including updating every three years;</li> <li>• Ensuring all sample-takers monitored results from the samples they took, including their rate of inadequate samples. If this was above 5%, the sample taker initiated an investigation;</li> <li>• Ensuring patients were offered appointments at different times throughout the week, including late appointments, and a female sample-taker was available;</li> <li>• Ensuring patients received a written invitation, and at least one written reminder, by the local screening office. The practice contacted patients a third time, by phone if they had not made of attended a cervical screening appointment.</li> </ul> <p>The practice told us they participated in a UK-wide initiative to improve screening and reduce emergency presentation of cancer; and had targeted those patients who do not use English as their first language with the use of posters in different languages, and the help of community leaders. More recent, unverified QOF data for 2017-2018, supplied to us by the practice, showed the cancer screening figure is currently 81%, which is comparable with the national coverage target, and exceeds local and national averages.</p>				

The practice was also below local and national averages for bowel screening. The practice had taken action to improve screening rates, such as placing alerts on the practice IT system for eligible patients, to discuss screening during a consultation.

### 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>	94.2%	88.6%	90.3%	Comparable with other practices
		CCG Exception rate	England Exception rate	
	0 (0)	10.9%	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>	92.8%	88.2%	90.7%	Comparable with other practices
		CCG Exception rate	England Exception rate	
	0 (0)	8.1%	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>	94.6%	83.0%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (2)	7.4%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
-----------	----------	-------------	-----------------

Overall QOF score (out of maximum 559)	559	540	539
Overall QOF exception reporting (all domains)	9.6%	6.6%	5.7%

### Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) <small>(QOF)</small>	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) <small>(QOF)</small>	98.0%	94.7%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (15)	0.7%	0.8%	

### Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Any clinical procedures are recorded, and a signed consent form is recorded on the practice clinical IT system.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	15
Number of CQC comments received which were positive about the service	15
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	CQC comments cards were mostly positive about the service. One patient was unhappy about what they perceived to be the long wait for a routine appointment, but also stated they believed the practice was 'doing what it could to reduce waiting times.' This feedback was consistent with the NHS Friends and Family Test, and other feedback received by the practice.

## 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
11499	281	110	39.1%	0.96%

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)	83.9%	87.8%	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	85.1%	85.6%	87.4%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
good at treating them with care and concern (01/01/2018 to 31/03/2018)				
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)	95.5%	94.9%	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)	76.3%	80.9%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
September 2018	Due to a change of plans for running the 'flu clinic, additional staff were made available to assist patients. This led to patients being seen more efficiently and for the correct injection.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke to six patients. All were happy with the service received and felt fully involved 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)	92.3%	92.7%	93.5%	Comparable with other practices

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 <b>could be made available</b> in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	435 carers were identified by the practice computer system. This figure represented around 4% of the total practice population.
How the practice supports carers	An alert was placed on a carer's record. Information about carer support services was provided opportunistically during consultations or planned as a mail shot about available programmes. Information about carer support services was available in the patient waiting room and on the website.
How the practice supports recently bereaved patients	Notification of patient deaths was recorded in the notes and a separate book. A patient's GP would contact bereaved relatives by phone to offer support and advice.

## 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	Patients could notify staff if they wished to discuss confidential information. We observed that staff were aware of the need for patient confidentiality.

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

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 6.30 pm
Tuesday	8am – 6.30 pm
Wednesday	8am – 6.30 pm
Thursday	8am – 6.30 pm
Friday	8am – 6.30 pm

Appointments available
Routine GP appointments are available after 10am, with urgent appointments available between 8am and 10am, Monday to Friday.
Extended hours opening
7.30am – 8am (Monday, Wednesday, Friday); 7am – 8am (Tuesday and Friday).

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	
Staff placed a non-urgent request for a home visit in a book for the doctors to read at the end of their morning surgery, or contacted the duty doctor immediately in the case of an urgent problem. The duty doctor was contacted when requests for a home visit were made after morning surgery.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11499	281	110	39.1%	0.96%

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)	90.4%	93.4%	94.8%	Comparable with other practices
Any additional evidence or comments				

## 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)	73.8%	71.1%	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)	56.1%	65.1%	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)	64.0%	62.5%	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)	59.6%	71.2%	74.4%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <p>The July 2018 GP patient survey showed the practice had mixed results for its satisfaction scores when compared with local and national averages. When we spoke to the practice, they told us they were aware of this feedback, and had put a number of measures in place to address patient need. Measures included:</p> <ul style="list-style-type: none"> <li>Regular meetings with other members of the Swindon Voice Federation, about how to increase numbers for a patient participation group (PPG);</li> <li>Changing the appointments booking system. Urgent appointments only are available between 8am and 10am, with routine appointments available after this time.</li> </ul> <p>The practice told us that patient satisfaction had increased as a result of these changes, and that they planned to conduct an audit in this area.</p>				

## Listening and learning from complaints received

Complaints	Numbers
Number of complaints received in the last year.	20
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	1



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

A patient contacted the practice to complain about the appointments booking system. The practice held a meeting and modified its system, to make it easier to book appointments.

# Well-led

## Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
The Whalebridge Practice had started the process of merging with a number of other practices locally, to become the Swindon Voice Federation. At the time of our inspection, the merger had not taken place. The aim of the federation is to develop a clinical centre of excellence, focusing on shared services and best practice, and collaborating on health initiatives.

## Vision and strategy

Practice Vision and values
The practice told us: 'We have recognised the need to adopt new ways of working to accommodate changing patient expectations and new technology. This has involved more electronic means of communication. With regard to the five-year forward view the surgery has explored working at scale with neighbouring practices and looks forward to learning more about Primary Care Networks.'

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

Source	Feedback
Interviews with staff	Staff described the practice as friendly, supportive of staff and well organised, with patient care as a priority, and senior partners accessible.
Interviews with staff	The practice was described as a good place to work, with a focus on individual professional development and encouragement to pursue courses for personal development.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Clinical governance policy; clinical supervision policy.
	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
Threat of closure	The practice planned for the prospect of adverse weather and implemented its business continuity plan.

### 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 practice does not currently have a patient participation group (PPG). When we spoke to the practice about this, they told us they held regular meetings with other members of the Swindon Voice Federation, about the best way to generate interest in a PPG.

### Continuous improvement and innovation

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

Audit area	Improvement
An audit of practice patients with asthma, to ensure they were being prescribed medication safely and effectively and also to ensure that inhaler devices were being used correctly.	Every patient with asthma who attended the surgery had their inhaler technique checked and documented. Each patient was satisfied with their device and how to use it. Those patients using inhalers for rapid relief of sudden asthma symptoms and with a history of anxiety had this addressed, and their inhaler use reduced. As a result of thorough explanations and appropriate selection of devices no side effects from corticosteroid therapy were identified.

#### 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 ≥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](#)).