

# Care Quality Commission

## Inspection Evidence Table

### Dipple Surgery (1-498170035)

Inspection date: 18 September 2018

Date of data download: 29 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
Explanation of any 'No' answers:	

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
Explanation of any answers:	

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 15/05/18
There was a record of equipment calibration Date of last calibration:	Yes 15/05/18
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	Ye
Fire risk assessment Date of completion	Yes 13/09/18
Actions were identified and completed.	Yes
Additional observations: GPs are now made to sign in and out every day as a result of the risk assessment.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 05/03/18
Health and safety risk assessment and actions Date of last assessment:	Yes 05/03/18
Additional comments:  The practice had carried out relevant environmental risk assessments such as Legionella, COSHH and health and safety assessments. Actions had been identified and completed.	

Infection control	Y/N
<p>Risk assessment and policy in place  Date of last infection control audit:  The practice acted on any issues identified</p> <p>Detail: Actions had been identified such as the radiators not being cleaned, missing plug in the men's toilet and scuff marks on floors. All areas identified had been resolved.</p>	<p>Yes  02/02/18</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</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.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers:	

## 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
Explanation of any answers:	

## 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)	1.45	1.07	0.95	Variation (negative)
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)	5.5%	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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes

Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any answers:  A review completed by the practice and the clinical commissioning group in 2018 had found that practices antibacterial prescribing had reduced and were in line with the local averages.	

## 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.	9
Number of events that required action	9

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

Event	Specific action taken
Delayed sample testing	Although the practice found there was no direct impact to patients they had dedicated slots for the healthcare assistant to test samples to ensure they processed in a timely way.
Unable to regulate water temp to the correct heat.	The practice had contacted a plumber, as a result a new water tank had been fitted.
Unable to access shared drive	Contacted IT, IT visited within the hour – systems were backed up and practice were able to get access to shared drive again.
Faulty fridge	The practice reviewed the ordering process as they found the fridge was fully stocked. As a result, the practice nurse reviewed the protocols and implemented a new process. Contents were removed and a new fridge had been ordered.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>All safety alerts were received by the practice manager, printed off and stored where all clinicians could access them. Emails were sent to all clinicians, they sign once they had understood and read the new safety alerts. Searches were carried out and patients affected where appropriately reviewed. We reviewed two MHRA alerts and found no patients at risk.</p>	

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)	1.38	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)	70.2%	75.9%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (8)	7.8%	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)	69.8%	76.9%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (12)	7.5%	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)	69.9%	74.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (11)	10.8%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	74.9%	76.5%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (4)	4.1%	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%	89.1%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (6)	6.2%	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)	83.6%	80.5%	83.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (13)	3.4%	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)	81.6%	88.1%	88.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (6)	6.3%	8.2%	

**Any additional evidence or comments**

Unverified 2017/2018 data showed that the practice had improved all outcomes for patients with long term conditions. For example:

- The practice had achieved 83% of their reviews for patients with diabetes which had increased from 2016/2017 data shown above.
- 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 had increased from 94% to 99%. Exception reporting for this indicator was 8.5%.
- 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 had increased from 75% to 100%. Exception reporting for this indicator was 0.8%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less had increased from 84% to 91%. Exception reporting for this indicator was 2%.
- 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 had increased from 82% to 100%. Exception reporting for this indicator was 9.8%.

## 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)	32	34	94.1%	Met 90% minimum (no variation)
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)	50	50	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	49	50	98.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	48	50	96.0%	Met 95% WHO based target (significant variation positive)
<b>Any additional evidence or comments</b>				

Working age people (including those recently retired and students)

<b>Cancer Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	67.5%	74.4%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	58.7%	64.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	45.4%	53.9%	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)	55.0%	64.9%	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)	55.6%	51.1%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>				

## 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)	100.0%	92.1%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.5%	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)	89.7%	92.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.8%	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)	85.7%	84.2%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (3)	6.6%	6.8%	
<b>Any additional evidence or comments</b>				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	537	530	539
Overall QOF exception reporting (all domains)	4.1%	4.1%	5.7%

## Coordinating care and treatment

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

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.9%	95.9%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (4)	0.6%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff actively sought consent from patients and which was documented on patients notes where appropriate. Clinicians understood the mental capacity act and was able to provide us with examples of when they would apply it.

Any additional evidence

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	34
Number of CQC comments received which were positive about the service	33
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	34 comment cards were received, 33 of which were positive and one of which were mixed. Positive comments included how the practice was friendly and helpful, treatment provided was excellent and how the team were caring. The mixed comment stated that they felt it was a good service however some reception staff were difficult to deal with. The practice told us they would review the comment and action as appropriate.



## National GP Survey results

### 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
3,712	397	103	25.9%	0.00%

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)	83.4%	86.3%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	79.6%	84.6%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	87.6%	94.7%	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)	72.8%	80.6%	83.8%	Comparable with other practices
<b>Any additional evidence or comments</b>				
National GP patient survey data published in July 2017 found that patient satisfaction was lower than local and national averages. For example:				
<ul style="list-style-type: none"> <li>71% of patients said the GP was good at listening to them, compared with 84% locally, and 89% nationally.</li> </ul>				

Indicator	Practice	CCG average	England average	England comparison
<ul style="list-style-type: none"> <li>75% of patients said they had confidence and trust in the last GP they saw, compared with 94% locally, and 95% nationally.</li> <li>63% of patients said the last GP they spoke to was good at treating them with care and concern, compared with 80% locally, and 86% nationally.</li> </ul>				
<p>National GP patient survey data, published in July 2018, shown in the table above, showed an improvement in patient satisfaction.</p>				

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

Date of exercise	Summary of results
June 2017	<p>The practice had carried out an internal survey aligned with the questions from the national GP patient survey data. Patients comments varied:</p> <ul style="list-style-type: none"> <li>• Satisfied with the service</li> <li>• Very polite staff</li> <li>• Takes too long to get an appointment</li> <li>• Able to get an appointment for urgent issues on the same day</li> </ul> <p>As a result, of the suggestions made by patients the practice had updated their practice website more frequently and made patients more aware of website by advertising it on all letters and SMS messages where appropriate to ensure patients were aware of practice news.</p>

Any additional evidence

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comment cards	Excellent surgery, always ready to listen and understand.

## 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)	92.5%	92.2%	93.5%	Comparable with other practices
<b>Any additional evidence or comments</b>				

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 identified 41 carers which represented a percentage of 1.1% of the practice list size.
How the practice supports carers	The practice has a carer's register which is maintained weekly by a named person and the practice encourages carers to self-identify. Carers are screened for depression and anxiety and are encouraged to book appointments to check on their own health and wellbeing. Services such as smoking cessation and weight management are tailored to the individual needs of the carer. An annual carers survey is carried out so feedback can implement any potential change that are required. There is also a separate form for young carers.
How the practice supports recently bereaved patients	The practice manager sends sympathy cards to families and will phone them to offer condolences. Families are offered an appointment if needed or directed to supportive services.

Any additional evidence

## 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	<p>sign was placed in the reception area asking for patients to wait in line until called forward in the event another patient was already speaking with the reception staff or they were talking to a patient over the phone.</p> <p>Staff also told us there were sensitive to patients' confidentiality and if needed they would offer them a private room to discuss matters.</p>

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
Staff	<p>If a patient wanted to discuss something in private or if reception staff recognised that a patient appeared distressed then they were offered a consultation room away from the main reception and waiting area. If no room was free then the practice manager offered their room for privacy.</p>

# Responsive

## Responding to and meeting people's needs

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

Appointments available	
	AM: 8am – 11:30am PM: 4pm – 6.10pm
Extended hours opening	
Patients were able to book evening and weekend appointments at the local hub centre.	Monday to Friday – 18:30 – 20:00 Saturdays 8am – 18:00 Sundays 9am – 2pm

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
<b>If yes, describe how this was done</b>	
Receptionists who are trained to highlight red flag symptoms take calls and task doctors with patients requiring home visits, the doctors triage patients and visit as appropriate.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3712	397	103	25.9%	2.8%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	92.9%	94.8%	94.8%	Comparable with other practices
<b>Any additional evidence or comments</b>				

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,712	397	103	25.9%	2.8%

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)	87.6%	65.9%	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)	67.0%	62.2%	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)	73.4%	59.8%	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)	80.1%	69.5%	74.4%	Comparable with other practices

#### Any additional evidence or comments

The practice had implemented an action plan to improve performance as a result of July 2018 survey results, this included an increase in availability of appointments, staff restructure which has boosted staff moral and a better process for managing repeat prescriptions which now have to be available within 48 hours.

National GP patient Survey, published July 2018, has gone through a significant re-development. This includes widening the sample of patients surveyed to include patients aged 16-17 years old, asking new questions, and changing the order of the questions. This means that the 2018 survey is effectively a new survey, and direct comparisons cannot be made although the 2018 survey results indicate improved satisfaction with access to the service.

#### Examples of feedback received from patients:

Source	Feedback
For example,	Since Our last inspection in July 2017 there have been 12 responses on NHS



NHS Choices	Choices. Four reviews were positive praising the care and treatment of the GP's and staff. Six reviews raised concerns regarding staff attitude and appointment availability. The practice had monitored their online reviews and responded to them appropriately.
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## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	7
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	0
<b>Additional comments:</b>	
<p>The practice had a complaints policy in place and offered advice to patients regarding PALS and ICAS. All verbal complaints were encouraged to be completed on a complaints form which was then passed onto the practice manager for action. Copies of complaints were kept in a file with a tracking system outlining what had been done in response to the complaint. We found complaints had been dealt with in a timely manner, they had been discussed at practice meeting however the practice had not documented learning from these complaints.</p>	

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

Although we found lesson learnt were not being documented there was evidence that the practice had acted on complaints. For example, the process of repeat prescriptions had been improved as a response to multiple complaints received.

### Any additional evidence

# Well-led

## Leadership capacity and capability

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

Leaders at the practice had an oversight of all clinical and non-clinical areas and were able to highlight the challenges they faced as well as their achievements. Staff told us that leaders were approachable and listened to their concerns.

### Any additional evidence

## Vision and strategy

### Practice Vision and values

To improve the health, well-being and lives of those we care for. Staff we spoke to on the day shared the practice's vision and strategy and were committed to improving services.

## Culture

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

The staff at the practice told us they were dedicated to becoming more open and transparent with all their staff members and patients to ensure there was an effective working relationship.

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

Source	Feedback
Staff	The leaders had an open-door policy to encourage staff to voice their opinions. Areas of improvement had been highlighted and staff were encouraged to develop.

### 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	A range of clinical and non-clinical policies were available to staff, policies had been updated and were practice specific. Some examples of policies include whistleblowing, confidentiality, consent, mental capacity act, infection control, cold chain and safeguarding.
Other examples	The practice carried out regular team meetings to share learning.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

## 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
No spillage kits available	Spillage kits had been made available and staff were aware of where they were located and how to use them.
Business continuity plan	Practice had access to another GP site if needed. Relevant contact information available.
Risk assessments	Clinical and environmental risk assessments had been carried out which highlighted improvements. Actions had been completed to mitigate risks, for example staff had to receive updates for infection control training.

Any additional evidence
Staff had carried out prevent training and knew what to do in the event of an emergency.

## Appropriate and accurate information

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

Any additional evidence

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
The practice had found it difficult to encourage patients to join their patient participation group. The practice had sought help from a local organisation to involve patients however they had found this had also been difficult. They were actively advertising within their surgery and on their website.

Any additional evidence

## Continuous improvement and innovation

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

Audit area	Improvement
A&E attendances – two cycles completed.	The audit found an overall reduction in A&E attendances. The practice had advertised posters, educated patients, re-emphasised practice core opening hours, offered double appointments for patients with complex health needs and introduced telephone triage appointments to reduce A&E attendances.
Metformin with chronic kidney disease – ongoing audit	The audit found that clinicians should continue with the habit of monitoring medications when they check and file blood test results for patients, especially their renal function.
QRISK2>20% not on statins	Tools implemented to ensure clinicians are all using the same standard review for all patients.

Any additional evidence
Practice have an audit plan which details all the audits carried out through the year. However, we found clinical audits showed little evidence of improvements.

### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the

practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

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

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

#### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ( [See NHS Choices for more details](#)).