

Care Quality Commission

Inspection Evidence Table

Falkland Surgery (1-558092819)

Inspection date: 31 October 2018

Date of data download: 11 October 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There were lead members of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any answers: Staff were able to give us examples of when the practice safeguarding procedure had been used. This included when concerns had arisen with both adults and children. Staff were knowledgeable about how to use the policy and procedure and we noted that the policies had been updated in 2018.	
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 was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: January 2017 (Scheduled for three yearly check)	Y
There was a record of equipment calibration Date of last calibration: March 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff (Completed in May 2018)	Y
Fire marshals (Appropriately trained)	Y
Fire risk assessment Date of completion: October 2018 in conjunction with building maintenance review.	Y
Actions were identified and completed. For example; upgrading of fire doors and replacement of emergency lighting.	Y
Additional observations: Practice completed a walk through in June 2018 to remove any obstructions from fire escape routes.	Y
Health and safety Premises/security risk assessment? Date of last assessment: October 2018	Y*1
Health and safety risk assessment and actions Date of last assessment: June 2018	Y
Additional comments: *1 We reviewed records of annual review of premises safety undertaken with the landlords of the building. The practice also identified that an active risk assessment had been undertaken in June 2018 resulting in removal of broken or obsolete equipment and furniture. There was evidence of following up risks identified during monitoring of the safety of the premises. For example, moving furniture to increase circulation space and upgrading lighting within offices.	

Infection control	Y/N
Risk assessment and policy in place	Y

Date of last infection control audit: March 2018 The practice acted on any issues identified Detail: Monitoring of cleaning standards recorded during audit led to a change of contractor.	
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers: The lead nurse for infection control was appropriately trained and kept colleagues updated on their responsibilities to reduce the risk of cross infection. Our observations found the practice to be very clean and tidy.	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial *2
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers: <i>*2 All reception staff were given guidance on identifying such patients. However, not all staff we spoke with could tell us the symptoms that might indicate a patient had sepsis. They were able to describe how they would alert GPs to any patient in the waiting area whose symptoms gave rise to concern. Guidance for all staff contained in the practice Wiki folders. One training event at the practice focused on sepsis and signs and symptoms.</i>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers: There was a system in place to follow up referrals made under the two week wait suspected cancer protocol.	

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)	0.92	0.85	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	8.7%	8.5%	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	Y

transported in line with PHE guidance to ensure they remained safe and effective in use.	
Explanation of any answers: Practice medicines refrigerators were fitted with a double alarm system and electronic monitoring of temperatures via data loggers was undertaken.	

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. The practice used the national reporting and learning system to report any events involving other services that may have placed registered patients at risk. For example, hospital prescribing errors and service provision at a local care home.	32
Number of events that required practice action	18

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

Event	Specific action taken
Child administered with incorrect vaccine.	Advice taken from public health and staff given further advice on checks to undertake before administering vaccines.
Suspected cancer referral not processed promptly because not highlighted as urgent by clinician.	Practice process to identify suspected cancer referrals reiterated to all clinicians.
Incorrect prescribing by hospital	Practice pharmacist identified the error and corrected the prescriptions. Hospital alerted to the error.

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: One of the GPs oversaw that all actions arising from medicines alerts were undertaken and completed.	

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)	0.46	0.60	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)	84.5%	77.2%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.6% (106)	12.7%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	78.1%	78.8%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.9% (114)	8.5%	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)	85.4%	80.5%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.9% (96)	12.9%	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)	81.4%	75.1%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.2% (212)	6.0%	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)	94.6%	91.5%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.4% (66)	14.5%	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) (QOF)	83.7%	83.0%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (59)	2.5%	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)	91.1%	90.7%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (19)	8.3%	8.2%	

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)	115	117	98.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	127	133	95.5%	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)	125	133	94.0%	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)	124	133	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)	73.0%	72.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.2%	73.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	64.8%	58.1%	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	83.6%	77.0%	71.2%	N/A

6 months of the date of diagnosis. (PHE)				
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)	60.7%	55.7%	51.6%	Comparable with other practices
Comments: The practice sent us their action plan, agreed with the CCG, to promote greater uptake of the cervical cancer screening programme				

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)	97.3%	90.7%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.8% (34)	17.5%	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)	96.3%	90.8%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.3% (26)	13.7%	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)	90.3%	86.7%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.4% (14)	6.5%	6.8%	

Any additional evidence or comments: The practice exception rates for a wide range of the interventions to follow up and monitor patients with long term conditions were above average. The practice had not acted on these exceptions and we noted that the overall exception rate had risen in 2017/18 to 14.4% compared to the local clinical commissioning group (CCG) average of 8.5%.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	540	539
Overall QOF exception reporting (all domains)	7.3%	4.9%	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>	Y

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	92.3%	94.6%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (17)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>The practice had a prompt built in to the patient record system that reminded GPs and nurses when consent to a procedure or treatment was required.</p> <p>There was a procedure in place to ensure consent was sought when sharing clinical information and for passing information to a carer or third party.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	16
Number of CQC comments received which were positive about the service	13
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
NHS Choices	There were 13 comments from patients logged on the NHS choices website. Of these 10 were very positive and complimentary of the caring and supportive nature of all staff at the practice.
Speaking with patients.	The eight patients we spoke with all described the staff at the practice as caring, compassionate and helpful.
Commment cards	Patient comment cards told us that staff treated them with kindness and that their treatment was carried out professionally with compassion. Four patients described the service either as excellent or fantastic.

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
13,866	244	113	46.3%	0.81%

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	92.8%	89.8%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
good at listening to them (01/01/2018 to 31/03/2018)				
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)	91.4%	87.1%	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)	99.2%	95.6%	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)	80.5%	83.6%	83.8%	Comparable with other practices
Any additional evidence or comments: The practice had reviewed the feedback from the national patient survey and noted that the results in regard to care and treatment were in line or better than local and national averages. The results had been shared with the practice patient participation group at their last meeting in September 2018.				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y*3

Date of exercise	Summary of results
2015	The members of the patient participation group (PPG) we spoke with told us of satisfaction surveys they had conducted in the past. This included visiting the practice to speak to fellow patients and hand out questionnaires. However, they also told us that response was low and this led to them ceasing the exercise.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Speaking with patients.	All eight patients we spoke with said they received sufficient information upon which to base decisions about their care. However, two patients commented that the time they had with GPs varied depending on which GP they consulted with and the range of conditions they wished to discuss.
CQC comment	Of the sixteen CQC comment cards completed five patients made direct reference to

cards.	being involved in decisions about their care. The remaining 11 did not comment upon this aspect of their care.
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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)	95.3%	94.5%	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 were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	There were 273 carers registered with the practice which was 1.96% of the registered practice population.
How the practice supports carers	There were records of carers being offered annual health checks and flu immunisation. The practice care navigator worked with the carers of the most vulnerable patients and those with complex needs to offer them any assistance they required. Staff were aware of local organisations that supported carers and were able to signpost carers to these organisations. A visiting social care worker was also available at the practice one day a week to offer advice to patients with long term conditions and their carers.
How the practice supports recently bereaved patients	When the practice learnt of the death of a patient this was logged in the administration office and the patient's usual GP was informed. GPs followed this up, when they felt it appropriate to do so, by contacting the nearest relative of the deceased patient to offer advice and support. This could involve either an appointment or a home visit.

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	In response to a concern raised by a patient the practice had installed partitions at the reception desk to reduce the chance of patients overhearing discussions when speaking with reception staff.

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
CQC comment cards	Of the 16 comment cards received eight patients commented positively upon their privacy and dignity being respected.
Speaking with patients	The eight patients we spoke with all confirmed that they felt they were treated with dignity and respect by all staff they met or consulted with.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 7pm*
Tuesday	8am to 7pm*
Wednesday	8am to 7pm*
Thursday	8am to 7pm*
Friday	8am to 6.30pm

Appointments available	
Mornings from 8.30am to 11.30am	Afternoons from 3.30pm to 5.20pm
Extended hours opening	
*As above between 6.30pm and 7pm four evenings per week. Also on alternate Saturday mornings.	Patients registered at the practice could also access appointments offered from the local community hospital every evening until 8pm and on weekend mornings.

Home visits	Y/N
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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	
Reception staff took the initial call requesting a home visit. The name of the patient and basic details of the reason for the request were entered onto the practice computer system for the duty GP to review. The GP assessed the information and made a decision to either call the patient back for further information or prioritise the request for a visit. Once the need for the visit was established it was allocated, wherever possible, to the patient's usual GP to carry out the visit. Where a visit was not felt clinically necessary the GP either offered telephone advice or a prescription if this was appropriate.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13,866	244	113	46.3%	0.81%

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)	95.8%	94.2%	94.8%	Comparable with other practices
Any additional evidence or comments: The results of the national patient survey were reflected in the views of the patients that we spoke with and those who completed CQC comment cards.				

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)	57.4%	73.1%	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)	52.4%	68.8%	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	42.6%	64.8%	65.9%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
times (01/01/2018 to 31/03/2018)				
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)	66.8%	74.6%	74.4%	Comparable with other practices
Any additional evidence or comments: The practice had reviewed the below average patient feedback from the national GP patient survey and had shared the results with the practice patient participation group (PPG). In response to the feedback the practice had recruited additional staff, a second clinical pharmacist and a part time GP working the equivalent of two days a week, to increase the number of appointments offered. We also noted that a new telephone system had been installed to speed up call handling. It was too early to evaluate whether the practice actions would influence patient feedback.				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Since November 2017 a total of 13 patients submitted comments about the practice to NHS choices. Only two of these contained any negative feedback about either accessing appointments and using the practice website. There were four pieces of feedback which focussed on how responsive the practice was in either providing an on the day appointment or resolving problems obtaining prescriptions.
Speaking with patients	We spoke with eight patients. All said they could obtain urgent appointments when needed. However, two patients commented that booking appointments in advance was sometimes difficult.
CQC comment cards	Three of the 16 patients that completed comment cards referred to difficulty booking appointments in advance. The remaining 13 patients were very complimentary of the services provided by the practice. Four patients described the practice as either excellent or fantastic.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	18
Number of complaints we examined	11
Number of complaints we examined that were satisfactorily handled in a timely way	11
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Staff that gave feedback could identify learning they had received from review of complaints. The complaints we reviewed were dealt with in a timely manner and complainants received a	

comprehensive response to the concerns they raised.

Example of how quality has improved in response to complaints

Non-clinical staff were updated on the programme of travel immunisations. This ensured patients were given the most appropriate advice when booking appointments for travel immunisations. The practice information database was updated with guidance on travel vaccinations which was available to all practice staff.

Well-led

Leadership capacity and capability

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

- Lead roles were being shared among the partners and senior staff. The longest serving partners had organised back up from the younger partners to prepare them to take over lead roles when the senior partners retired.
- Leaders had reviewed skill mix within the practice to provide a wider range of appointment opportunities. For example, two clinical pharmacists and musculoskeletal specialist had been employed in the last three years.
- The practice took the opportunity to employ a GP from the retainer scheme to both expand the range of appointments on offer and give the opportunity for an experienced GP to return to work.

Vision and strategy

Practice Vision and values

The practice had a broad ranging set of aims and objectives. These were centred upon involving patients in their care that is provided by a well trained and motivated team that put the patient at the heart of all practice work.

Culture

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

- Work with talking therapies to focus on psychological support for patients with long term medical conditions.
- Coordinated in house clinical team supporting patients with diabetes. Team discussions about 'patients of the week' to ensure all involved are fully briefed on patients with diabetes due to be seen in the next week. Shared care goals for this group of patients.
- Focus on improving health and avoiding poor health. Pre-diabetes project and 4% reduction in HbA1c in diabetics finding difficulty managing their condition.

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

Source	Feedback
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	year.
Patients at risk of diabetes	Active identification of patients in at risk groups. Advice and support given to these patients at the practice. Appropriate referrals made to help patients in this group take measures to avoid developing diabetes.
Inappropriate prescribing for patients with allergies.	Exercise carried out to identify specific allergy and record this for 440 patients previously with non-specific allergies recorded.
Patients not appropriately prepared for surgical operations.	When the practice was alerted to patients being placed on a waiting list for surgery they contacted the patient. Support was offered with relevant tests and advice to prepare the patient pre-operatively. Reducing the risk of the patient not being ready for their operation.

Any additional evidence

There was a system in place to follow up on urgent suspected cancer referrals which tracked that patients referred were seen within two weeks.

Appropriate and accurate information

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

Any additional evidence

The practice had reported 13 events to the national reporting and learning service in the last 12 months.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The member of the patient participation group (PPG) we spoke with told us the group had been working with the practice for over ten years. The practice was always open to ideas from patients and worked with the group to provide learning and information that group members could pass on to other patients. For example, the group had recently been brought up to date on the role of practice pharmacists and the service they could offer to patients. The practice kept the PPG up to date with areas of practice performance, for example the results of the latest national GP patient survey had been shared and PPG members were asked to consider how other practices achieved a more positive response regarding access to appointments.

Continuous improvement and innovation

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

Audit area	Improvement
Appropriate prescribing for patients diagnosed with urinary tract infections	First audit results found 68% of treatments followed relevant prescribing guidelines. Results and learning shared with clinical team and second audit showed improvement to 74% compliance with

	guidelines.
Achilles tendinitis (overuse of a tendon in the leg)	First audit found 12% of examination findings not recorded in full and duration of problem not recorded in 20% of cases. Of the 40 patients in the audit 50% had been referred for physiotherapy. Guidelines shared with clinical team and template for this condition added to clinical system Second audit found improvement with 78% of patients having the template completed with relevant information and 90% referred for physiotherapy.

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://gof.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](#)).