

Care Quality Commission

Inspection Evidence Table

Boundary House Medical Centre (1-559299451)

Inspection date: 1 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.	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*
* Not all administration staff were DBS checked and occasionally had been used to chaperone. However these duties were now limited to clinical staff only and there were risk assessments in place for those staff without DBS checks.	

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: Systems such as spreadsheets were in place for all necessary checks and the practice manager monitored these regularly.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: November 2017	Yes
There was a record of equipment calibration Date of last calibration: 26 June 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals. 2 Oxygen cylinders were kept on the premises one in the nurse's treatment room and the other behind reception for emergency purposes. Both were inaccessible to the public and kept in a safe area away from direct heat. Flammable liquids were kept in a code controlled cleaning room or in a locked cupboard in the nurse's treatment room.	Yes*
Fire procedure in place	Yes
Fire extinguisher checks	Yes*
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 5 January 2018	Yes
Actions were identified and completed. Due to structural changes which have taken place at the practice the fire exit door in the back office behind the reception opens inwards. This is clearly marked and obstruction free.	Yes*
Additional observations: *Staff training on 27 April 2017 included hands on training with fire extinguishers	
Health and safety Premises/security risk assessment? Date of last assessment: January 2018 – included in fire risk assessment	Yes
Health and safety risk assessment and actions Date of last assessment: January 2018 – no actions required.	Yes

Infection control	Y/N
Risk assessment and policy in place?	Yes
Date of last infection control audit: 16 January 2018 Detail: Following the audit actions were identified. The matter was discussed at a practice	

meeting dated 12 February 2018. A full action plan was in place identifying the actions required, who was responsible for carrying them out, a time frame for completion and what action had been taken to date.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

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

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.06	1.04	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)	12.5%	13.0%	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).	No*
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.	N/A*
Up to date local prescribing guidelines were in use.	Yes
Clinical staff could 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
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> There were patient group directions in place that were dated and signed by the practice nurse but they had not been countersigned by a manager. This was pointed out and resolved on the day of the inspection. The practice did not store or hold any controlled drugs on the premises. 	

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.	32
Number of events that required action	32*
<p>Additional Information: The practice recorded every incident and discussed them at a monthly meeting with all staff. Incidents ranged in severity from minor to major and were acted upon accordingly. There was a lot of detail in the incident forms. During the inspection the inspection team suggested that the forms become more structured so as not to lose the details and action within the prose and allow the reader to be clearer about what has been done, by whom and by when.</p>	

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

Event	Specific action taken
Error in blood labelling because labels had been printed in advance of clinic.	Agreed that labels for samples would not be printed in advance and only when the patient was present.
Incorrect patient booked in for consultation	GP realised during consultation that he was speaking to the wrong patient. (Three patients with same name). Checked with patient and opened correct patient record during consultation. Advised all staff and put an alert on each patient's notes to double check date of birth of patient before any action taken.
End of life care	The practice also recorded and discussed positive events and praised and thanked their staff when things went well.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes

Comments on systems in place:

Safety alerts arrive at the practice to the practice manager via email and they are checked and distributed accordingly. Nurses take relevant alerts to monthly meeting to discuss if necessary. Patient alerts are sent to the office manager and discussed. The practice manager described an alert that was discussed and acted upon and this was corroborated during interviews with other staff members.

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)	0.68	0.91	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)	82.4%	81.7%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.1% (58)	11.0%	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)	81.0%	77.9%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.5% (112)	7.9%	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)	86.8%	80.5%	80.1%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	19.7%	(113)	12.7%	13.3%	

Other long-term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	76.1%	75.6%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (14)	4.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.9%	92.4%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.1% (28)	10.9%	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)	85.7%	84.1%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (77)	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,	93.9%	88.3%	88.4%	Comparable with other practices

the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (21)	7.9%	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)	105	107	98.1%	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)	151	156	96.8%	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)	151	156	96.8%	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)	152	156	97.4%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				
There were good call and recall systems in place, managed by the nursing and administration staff.				

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	78.7%	76.7%	72.1%	Comparable with other practices

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)				
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	70.2%	70.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	57.0%	56.0%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	66.0%	74.3%	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)	48.1%	50.3%	51.6%	Comparable with other practices
Any additional evidence or comments The practice made use of a volunteer from Trafford Clinical Commissioning Group to try and increase the uptake of patients to the cancer screening programmes.				

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)	94.5%	90.3%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (10)	8.7%	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)	95.5%	89.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (8)	7.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with	88.2%	82.0%	83.7%	Comparable

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)				with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (3)	4.3%	6.8%	
Any additional evidence or comments				
The practice had a high number of patients with severe and enduring mental illness. They kept communication open for those patients. Nurses actively engaged with patients and encouraged attendance for reviews by calling frequent non-attenders. Nurses have access to advice directly with a local community mental health nurse.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557	548	539
Overall QOF exception reporting (all domains)	5.2%	4.8%	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)	96.8%	94.9%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (6)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

Clinical and non-clinical staff could demonstrate that consent was sought appropriately by describing what they would do in cases where patients may not have capacity and where parents of children may not have English as their first language. Verbal consent was mostly obtained and written consent was recorded before any minor surgical procedures.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	30
Number of CQC comments received which were positive about the service	30
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Phrases from the comments cards included praise for the caring doctors who listened and supported, staff and doctors being 10 out of 10, surgery clean and comfortable and reception being well organised and pleasant.</p> <p>The practice was rated five-star on NHS choices based on six reviews.</p>

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
10666	311	124	39.90%	1.16%

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)	96.0%	90.2%	89.0%	Comparable with other practices

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 treating them with care and concern (01/01/2018 to 31/03/2018)	93.6%	88.3%	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)	100.0%	96.2%	95.6%	Significant Variation (positive)
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)	96.8%	85.6%	83.8%	Variation (positive)

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

Date of exercise	Summary of results
April/October 2017/2018	The practice uses a locally commissioned services patient experience template to gather the views of patients during random consultations throughout the years. In 2017/2018 the results from twice analysis were positive. In 2017 15 patients rated the practice six out of six. In 2018 out of 20 patients, 19 rated the practice six out of six, and one rated the practice five out of six.

Any additional evidence
The practice had a working patient participation group of eight pro-active members formed from 32 patients. They took ownership and advised the practice of what could be improved. The practice made changes as a result of feedback from the group.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients reported that they were very happy with the amount of time the clinical and non-clinical staff spent with them ensure they were involved and understood the care and treatment being provided. Non- clinical staff had been given lead roles to assist patients with signposting and onward referrals.

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)	97.8%	94.1%	93.5%	Comparable with other practices
Any additional evidence or comments				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	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	Around 2% of the practice population was identified as a carer. New patient checks asked if a person was a carer. Leaflets and signposting to carer related services were provided at registration.
How the practice supports carers	Carers were offered health checks and free flu immunisation.
How the practice supports recently bereaved patients	The practice was able to provide support to bereaved patients and offer signposting to counselling and other support services.

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	Conversations could be overheard at reception but the practice did all it could to maintain confidentiality. There was music playing in the background, staff spoke as quietly as possible and patients were sign posted to wait at an appropriate distance from the desk. Telephone calls and other administration duties were kept to back office only.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.00am – 6.30pm
Tuesday	7.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	7.30am – 6.30pm

Appointments available
Appointments were available every day in the morning and afternoon. On-the-day appointments were offered throughout the whole day dependent on clinical need and following a GP telephone triage.
Extended hours opening
Extended hours were offered on Tuesday and Friday morning at the practice. Other appointments were available daily until 8pm at four hubs within the community and on Saturdays and Sundays. Patients could also be been seen at Trafford Health Centre Walk In from 8am until 10pm. The out of hours service was offered by Mastercall.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
All calls were taken and logged by an administrator and triaged by a GP or nurse dependent on the requirement	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10666	311	124	39.90%	1.16%

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	100.0%	95.9%	94.8%	Significant Variation

Indicator	Practice	CCG average	England average	England comparison
were met (01/01/2018 to 31/03/2018)				(positive)

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)	93.3%	77.0%	70.3%	Variation positive
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)	89.1%	70.7%	68.6%	Variation (positive)
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)	87.2%	67.0%	65.9%	Variation (positive)
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)	80.2%	75.1%	74.4%	Comparable with other practices
Any additional evidence or comments				

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	More than 30
Number of complaints we examined	Five
Number of complaints we examined that were satisfactorily handled in a timely way	All of them
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
Additional comments:	
The practice treated all complaints formally whether they were received verbally or in writing and acted on them accordingly. All the complaints we reviewed had clear details of the complaint, and the action taken as a result. All the complainants we reviewed had received a formal response in writing.	

Example of how quality has improved in response to complaints

As a result of a missed home visit for a patient a complaint was received. The complainant received an apology and an explanation. The staff held a meeting and discussed what had gone wrong. The meeting highlighted a need to check dates. The practice now advises all home visit patients to call the practice if they have not heard from them or received a visit by 2pm.

Well-led

Leadership capacity and capability

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

Leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They were visible and approachable and encouraged staff to be involved. There was a stable workforce of leaders.

Vision and strategy

Practice Vision and values

The practice had clear vision and credible strategy to deliver high quality, sustainable care. There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. There was a shared vision for the future. The practice held regular meetings keeping everyone up to date and making sure the whole practice was involved. Discussions around how to deal with upcoming changes were already being facilitated rather than waiting and acting reactively.

Culture

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

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued. They were proud to work in the practice. A hidden curriculum synopsis (staff survey) undertaken in July 2017 identified areas for improvement and those were being dealt with through the appraisal process. The practice focused on the needs of its patients and searched for areas where improvements could be made. The provider was open and honest and compliant with the duty of candour and staff were encouraged to feel the same way.

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

Source	Feedback
Interviews with clinical and admin staff	<ul style="list-style-type: none">Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that those would be addressed.There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
Interview with the practice manager	<ul style="list-style-type: none">There was a strong emphasis on the safety and well-being of all staff and we saw evidence of support being provided when required. There was an open-door policy for discussions about staff wellbeing.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There were clear responsibilities, roles and systems of accountability to support good governance and management. Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care. Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
Other examples	Policies and protocols were reviewed and updated regularly
	Y/N
Staff could describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Clinical Audit	Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality
Patient monitoring	The practice identified patients with autism who were not receiving regular health checks. To reduce the risk of this patient group from developing serious conditions they discussed ways to improve contact with an autistic patient. They agreed that specific health check appointments would be appropriate and implemented easy read invites and leaflets to send to those patients. As a result, there is now a register of patients on the autistic spectrum who receive regular contact with the surgery.

Appropriate and accurate information

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

Any additional evidence
The practice used the clinical system, integrated care planning and specialist advice to its optimum.

Engagement with patients, the public, staff and external partners

Continuous improvement and innovation

Examples of improvements demonstrated because of clinical audits in past two years

Audit area	Improvement
A study of the effectiveness of acupuncture	In conclusion, the results from this study suggest that acupuncture is an effective treatment option for the prophylactic treatment of migraines. This was however a small study with limited number of patients and limited time, meaning there cannot be definitive conclusions made. It does show that it brings benefit to both patients and doctors, by reducing the pain and migraine frequency for the patients, and reducing the medication being prescribed by doctors and referrals to secondary care, leading to increased cost-effectiveness.
A summary of significant events within the last 12 months, including actions taken and learning applied as a result.	The practice held regular meetings to discuss, act and change in direct response to significant incidents.
A summary of complaints within the last 12 months, including actions taken and learning applied as a result.	The practice held regular meetings to discuss, act and change in direct response to complaints. Every complaint whether received verbally or in writing was treated in the same way and a response was provided to every patient.
Test Results – handling in practice	The practice reviewed the handling of laboratory results to ensure all results were actions in the practice and a buddy system was introduced to reduce the possibility of any error.

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](#)).