

# Care Quality Commission

## Inspection Evidence Table

### Woodlands Family Medical Centre (1-586322637)

Inspection date: 18 October 2018

Date of data download: 26 September 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Partial
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 'No'/partial answers:  The GPs were trained to level three, nurses were trained to level two and all other staff level one. However, following the inspection the two nurse practitioners have been booked on the next available level three training.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
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
<p data-bbox="57 618 459 651">Explanation of any answers:</p> <p data-bbox="57 707 1513 853">We reviewed four staff members recruitment records. We saw that the practice only recorded an interview summary in one of the four staff files we looked at and for another member of staff there were no references available. Following the inspection, information was made available regarding their experience and suitability for the post.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test: January 2018</p>	Y
<p>There was a record of equipment calibration</p> <p>Date of last calibration: 19 January 2018</p>	Y
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Y
<p>Fire procedure in place</p>	Y
<p>Fire extinguisher checks: 5 January 2018</p>	Y
<p>Fire drills and logs</p>	N
<p>Fire alarm checks</p>	Y
<p>Fire training for staff</p>	Y
<p>Fire marshals</p>	N
<p>Fire risk assessment</p> <p>Date of completion: 9 April 2018</p>	Y
<p>Actions were identified and completed.</p>	
<p>Additional observations:</p> <p>No staff had been trained as fire marshals and no fire drills had taken place. Following the inspection visit we received confirmation from the practice that this would be actioned. Two members of staff would receive the required fire marshal training. A full fire drill had been arranged for early December 2018 and a planned programme thereafter.</p>	
<p><b>Health and safety</b></p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: April 2018</p>	Y
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment: April 2018</p>	Y
<p>Additional comments:</p> <p>Required policies and procedures were in place. They had been dated, reviewed and updated.</p> <p>Monthly emergency lighting checks were completed and there were details in place of any action that was taken. The practice had in place a process for identifying risks and addressing major work required to the building and car park area. Examples of these were the guttering, trees requiring pruning and replacing some of the window frames in the older building. However, we did not see an action plan of when these issues would be addressed.</p>	



Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 5 July 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>We saw comprehensive infection control policies and procedures were in place and staff demonstrated good knowledge of these. One of the practice nurses was the infection prevention and control lead (IPC) there was also a GP and administration lead. Staff demonstrated a good understanding of IPC issues and what their responsibilities were.</p> <p>Cleaning schedules were in place for all areas and records showed that cleaning had been carried out at required intervals and there was a process to ensure all clinical equipment was cleaned before and after use.</p> <p>The infection control Policy was reviewed annually and covered all the required areas.</p> <p>We saw evidence that the infection control lead conducted infection prevention and control (IPC) checks. The practice had completed an audit of staff handwashing for 2018.</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	

Any additional evidence
<p>We saw protocols were in place in respect of infection and prevention control. Following the inspection these were reviewed and amended as policies.</p>

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers:	
The reception staff alerted a GP if a patient appeared unwell. Not all reception staff had received specific training and information about sepsis. However, following the inspection we were told this would be addressed. The sepsis flowchart was on display in several areas within the practice, this included reception and administration areas as well as clinical areas.	

## 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 process in place to check all referrals had been actioned. Test results were reviewed by the clinician who requested them or the duty GP.	

## 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)	0.97	1.06	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)	5.9%	7.1%	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).	N/A
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	N/A
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.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y

Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>The temperatures of the fridges that were used to store vaccines were monitored and records showed that they were within the required temperature range. There was a third fridge within the phlebotomy department, where records showed the maximum temperature was higher than 8 degrees. It was confirmed that this fridge was rarely used and following the inspection was taken out of use. In addition, data loggers had also been ordered for the vaccine fridges.</p> <p>The practice had also ordered a signage identifying the storage of oxygen within the practice.</p>	



## Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	8
Number of events that required action	7

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

Event	Specific action taken
The practice failed to send a dermatology referral for a patient.	The practice apologised to the patient. The process for referrals was reviewed and a visible reminder was put in place with a prompt to send a task to the secretaries.
Problems with ordering prescriptions on line with the free text option unclear.	The practice apologised to the patient. The process was reviewed to ensure all tasks were directed to the correct department. A development request was made to the clinical system provider, to make entering free text clearer and user friendly.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Safety alerts were actioned where necessary and staff gave examples of recent actions taken. The actions were however not recorded. The practice manager confirmed that a system would be implemented to record whether action was needed or not and detailing any actions taken.</p>	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.73	0.45	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)	88.6%	82.7%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.0% (117)	14.4%	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)	84.2%	81.3%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (118)	10.8%	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)	90.4%	83.7%	80.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.4% (149)	13.9%	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)	88.6%	79.4%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.3% (247)	13.1%	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)	99.2%	92.4%	90.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.9% (92)	14.1%	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)	91.0%	86.5%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.1% (240)	5.0%	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)	99.1%	91.1%	88.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (22)	9.9%	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)	136	139	97.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	145	145	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)	145	145	100.0%	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)	143	145	98.6%	Met 95% WHO based target (significant variation positive)

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)	70.3%	74.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.6%	72.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.4%	55.7%	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)	67.7%	64.5%	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)	39.8%	52.2%	51.6%	Comparable with other practices

## 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)	90.9%	94.3%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.3% (30)	17.4%	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)	98.5%	93.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.3% (31)	12.8%	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)	77.5%	85.0%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (5)	6.7%	6.8%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	550	539
Overall QOF exception reporting (all domains)	12.3%	6.5%	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)	98.8%	96.5%	95.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (179)	1.0%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
There were systems in place for recording both for written and verbal consent when appropriate. There was a consent protocol and staff could describe how they obtained consent in line with relevant guidance.

Any additional evidence
There were two policies for consent, one for adults and a specific one for children and young adults.



# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	25
Number of CQC comments received which were positive about the service	23
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>We received feedback from 25 patients via patient comment cards and 9 patient questionnaires as part of the inspection process which were positive. Patients told us they happy with the care they received from the practice. We had comments such as the practice was excellent, helpful, friendly, caring and the staff listened and were professional and knowledgeable.</p> <p>We received two cards that were mixed and commented on delays in accessing appointments.</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
12558	290	116	40%	0.92%

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)	84.0%	90.1%	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)	83.5%	88.9%	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)	97.8%	96.2%	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)	65.3%	83.5%	83.8%	Variation (negative)

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

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	<p>Patients we spoke with told us they felt fully involved in decisions about their care and treatment.</p> <p>We spoke with two members of the patient participation group (PPG) who told us they were happy with the care provided by the practice. They said they had always been listened to and were treated with dignity and respect. They were complimentary about all staff and the care the practice delivered.</p>

## 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)	89.2%	93.1%	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.	Partial
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	N

Carers	Narrative
Percentage and number of carers identified	The practice had identified 63 carers aged between 16 and 64 and six carers aged between five and 16 years. This is below the expected 1% of the practice population.
How the practice supports carers	<p>Carers were flagged on the clinical system to make all staff aware so that timely appointments could be offered and additional services for example, flu vaccinations and annual health checks.</p> <p>Staff signposted patients to local services and voluntary organisations. The practice was taking part in the sign posting 'care coordinators' scheme. This provided support for patients to access care and support from local statutory and voluntary organisations.</p>
How the practice supports recently bereaved patients	<p>Staff told us that if families had experienced bereavement, their usual GP or a member of practice contacted them and sent out a card to the family.</p> <p>Information on local and national bereavement support was available in the waiting area.</p>

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	The seating area was a short distance from the reception desk. There was also a barrier in place to keep the queue of patients a short distance away from the desk, to reduce conversations being overheard.

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
Patient comment cards	Comment cards completed by patients contained a range of positive comments. Patient said that staff treated them with dignity and respect. They also commented that the GPs involved them in decision making about their care and treatment.
Patient interviews	Patients told us they were treated very much as individuals and felt fully involved in their consultations with the GPs engaging in a positive manner with them.

# Responsive

## Responding to and meeting people's needs

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

Appointments available	
	Between the hours of 8am – 6pm Monday to Friday
Extended hours opening	
	Thursdays 6.30pm – 9pm

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>Staff recorded requests for home visits with as much information as possible. This allowed the GPs to consider the urgency of the home visit. All home visit requests were passed to the GP if staff felt the request was urgent, they would interrupt the doctor.</p> <p>Home visits are routinely carried out for housebound and vulnerable patients. This includes visits for housebound patients with long-term conditions, where the nurse practitioner would carry out any of the reviews that were needed.</p>	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12558	290	116	40%	0.92%

Indicator	Practice	CCG average	England average	England comparison
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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)	91.8%	95.0%	94.8%	Comparable with other practices



## 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)	31.9%	63.4%	70.3%	Variation (negative)
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)	43.4%	65.3%	68.6%	Variation (negative)
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)	41.0%	64.7%	65.9%	Variation (negative)
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)	65.6%	73.3%	74.4%	Comparable with other practices
<b>Any additional evidence or comments</b> The practice were aware they still had challenges and were looking at ways to make the patient experience more positive. This included improvements to the telephone system and reviewing how to make appointments more accessible. Since the last inspection, telephone and e-consultation had been introduced.				

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The comments displayed on NHS choices for this practice related to the difficulties in booking appointments or contacting the practice via the telephone. Several patients commented that the care they received from the clinical staff was good.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	9
Number of complaints we examined	9
Number of complaints we examined that were satisfactorily handled in a timely way	9
Number of complaints referred to the Parliamentary and Health Service Ombudsman	2
<b>Additional comments:</b>	
Complaint information was available within the waiting areas within the practice. We saw examples of the complaints process being followed and a summary of complaints was available.	

Example of how quality has improved in response to complaints
There was a delay in sending a dermatology referral. As a result, the process was reviewed and visible reminders were implemented as a prompt for staff.

# Well-led

## Leadership capacity and capability

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

The GPs and practice manager demonstrated a good understanding of their practice population and the needs of the population in the areas they provided services to.

## Vision and strategy

### Practice Vision and values

The practice had a clear vision and strategy in place to deliver the best possible care and continually improve the service. They worked in partnership with other organisations such as the local GP Federation and the CCG locality group.

## Culture

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

Staff described an open culture within the practice and one where they felt supported.

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

Source	Feedback
Staff interviews	The nurses told us that they had access to the training they required to do their job and they had allocated roles and responsibilities.
Staff questionnaires and interviews	Staff told us they were a good team that worked well together and they were well supported by management. They said the GPs and practice manager were approachable, helpful and willing to listen.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There was a comprehensive range of policies and procedures in place. These had been reviewed and updated as necessary and all were in date.
Y/N	
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
<p>The practice had a clear strategy in place, which detailed plans for the practice.</p> <p>There were clear roles and responsibilities with staff taking lead roles for different areas of practice. For example, information governance, safeguarding and infection control, and the management of patients with long-term conditions.</p> <p>Staff had completed their required mandatory training using an online training system. Staff also had access to outside courses and training required for their role.</p> <p>The practice was a training and teaching practice and regularly hosted medical students and registrars.</p> <p>At the time of the inspection we saw all but two members of staff had had annual appraisals where performance, future objectives and training needs were discussed. However, following the inspection, we received evidence that this was being addressed. We saw that the staff members who had not received an annual appraisal had had opportunity to access training and support.</p> <p>Within the CCG area there was good sharing of information, looking at best practice which ensured better outcomes for patients.</p> <p>Clinicians undertook regular updates and worked within the current guidelines for example, NICE.</p>

## Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Accessible access to the premises	Separate entrance to the rear of the practice for wheelchair and pushchair access. Intercom system in place for this.

## Appropriate and accurate information

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

## Any additional evidence

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

### Feedback from Patient Participation Group;

Feedback
<p>Very positive feedback from members of the PPG. Specific notice board was in place within the main waiting area of the practice for the PPG. The information displayed included details of PPG members involved within the group and copies of meeting minutes on display. Members of the PPG told us they felt very supported by the practice, that they were listened to and their ideas and suggestions taken seriously.</p> <p>Areas where the PPG believe they had influenced was the introduction of INR finger prick test (a specific blood thinning test) within the practice. This gives an immediate result so medication can be adjusted accordingly and in a timely way.</p> <p>The PPG had also introduced access to health promotion and education materials during Diabetes Awareness Week and were planning to do a further event.</p> <p>The PPG also produced a regular newsletter which was available to patients within the practice.</p>

## Continuous improvement and innovation

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

Audit area	Improvement
Audit reviewing patients who were referred under the two-week rule.	<ul style="list-style-type: none"><li>The practice looked at the referral process and resulting diagnosis of 50 patients over a three-month period. This was 36% of referrals made during that time. The audit identified that 86% of patients were seen within the two-week period of these 10% resulted in a cancer diagnosis. Those that were not were seen between 17-26 days. One of these was a cancer diagnosis which waited 22 days.</li><li>The practice reviewed their process for referral to ensure all referrals were sent the same or next day. Staff were briefed and the process regularly monitored with a marked improvement.</li><li>The practice also implemented changes to ensure the relevant blood sampling was undertaken before referring patients with</li></ul>

	certain conditions.
Stroke Prevention in Atrial Fibrillation Therapy Review	<p>The audit reviewed the number of patients identified with Atrial fibrillation, and the treatment they received. The aim was to reduce the risk of stroke, review current guidelines, improve the management of patients and assist the practice in the achievement of Quality Outcome Clinical indicator and targets(QoF) for atrial fibrillation.</p> <p>Following the audit and re audit the number of patients identified was increased, 263 patients were assessed in this and the previous audit. The number of new patients identified was 63. The audit identified patients for review, improved the provision of education and lifestyle advice. The QOF indicator and targets for atrial fibrillation in the practice has improved.</p>

### Any additional evidence

#### 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](#)).