

Care Quality Commission

Inspection Evidence Table

Walker Medical Group (1-547379291)

Inspection date: 13 November 2018

Date of data download: 09 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

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	No ¹
Explanation of any 'No' answers: ¹ The practice had carried out Disclosure and Barring service (DBS) checks on all clinical staff. However, the practice was not consistent in which non-clinical roles required a DBS check. They had carried out a DBS check on all new non-clinical staff recruited but not on those who had worked for the practice for some time. Therefore, their approach was not based on the risks inherent in the role the staff member was employed for, rather on the staff member employed.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: April 2018 The practice had arranged for an additional visit for portable appliance testing (PAT) on 28 November 2018 as due to an oversight they had not received formal certification that PAT had been carried out by the contracted company.</p>	Yes
<p>There was a record of equipment calibration Date of last calibration: 12 April 2018</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs</p>	Yes
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	Yes
<p>Fire risk assessment Date of completion: 2 May 2018</p>	Yes
<p>Actions were identified and completed. There were no actions identified in the fire risk assessment. However, the practice had subsequently identified a failure of a fire door and had escalated this to the landlord for resolution.</p>	Yes
<p>Additional observations:</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: February 2018</p>	Yes
<p>Health and safety risk assessment and actions Date of last assessment: February 2018</p>	Yes
<p>Additional comments:</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 11 October 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice had identified some areas where they were restricted from making improvements to their infection prevention and control procedures, for example due to building constraints, but had put in place remedial steps to address the identified risks. For example, they had sought professional advice on how to dispose of urine samples safely in the absence of a dirty utility area.</p>	<p>Yes</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p>	

Any additional evidence

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers:	

Information to deliver safe care and treatment

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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.32	1.03	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)	7.6%	7.9%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	NA
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
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Explanation of any answers:

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	NA
Access to the dispensary was restricted to authorised staff only.	NA
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	NA
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	NA
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	NA
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	NA
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	NA
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	NA
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	NA
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	NA
Explanation of any answers	
Any other comments on dispensary services:	

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.	Yes
Number of events that required action	Yes

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

Event	Specific action taken
Potential delay in diagnosis of deep vein thrombosis if risk identified on a Friday afternoon.	The practice implemented a process for GPs to follow up test results on a Saturday, where there was a potential diagnosis of deep vein thrombosis. This reduced the need for precautionary hospital admission, but ensured quick follow up where needed.
Patient's carer experienced difficulty in arranging follow up appointment following exacerbation of asthma.	The practice changed the protocol so all hospital discharge summaries relating to exacerbation of asthma were referred to a practice nurse to arrange appropriate follow up.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice used the local intranet to record all medicine and patient safety alerts. The practice manager received alerts from the Central Alerting System (CAS) and the practice pharmacist received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). They recorded the alert and the action taken. We looked at two recent alerts and found appropriate action had been taken.</p>	

Any additional evidence

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.54	0.64	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 (01/04/2017 to 31/03/2018) (QOF)	86.3%	79.5%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.6% (155)	14.7%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	83.9%	77.7%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.5% (88)	11.5%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	92.0%	82.9%	80.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.7% (148)	12.9%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	79.6%	75.4%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (33)	9.2%	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 (01/04/2017 to 31/03/2018) (QOF)	94.1%	89.1%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (37)	11.0%	11.5%	

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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.0%	84.2%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (78)	4.5%	4.2%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.2%	91.3%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (14)	7.9%	6.7%	
Any additional evidence or comments				

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) (01/04/2017 to 31/03/2018)(NHS England)	108	114	94.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	133	141	94.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	133	141	94.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	133	141	94.3%	Met 90% minimum (no variation)
Any additional evidence or comments				

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)	74.3%	70.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.7%	72.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	48.1%	57.5%	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)	69.1%	73.1%	71.3%	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)	42.7%	47.3%	51.6%	Comparable with other practices
Any additional evidence or comments				

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 (01/04/2017 to 31/03/2018) (QOF)	94.7%	91.0%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.5% (32)	12.3%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	93.3%	90.5%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.3% (30)	9.7%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	82.5%	83.4%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (4)	6.6%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	6.1%	6.4%	5.8%

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 (01/04/2017 to 31/03/2018) (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 (01/04/2017 to 31/03/2018) (QOF)	95.0%	95.7%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (23)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice sought informed consent when carrying out any investigation, treatment or procedure and recorded this on the patient record. For more complex procedures, such as minor surgery, the practice sought written consent. The practice had a written consent form and provided patients with an information leaflet to explain the procedure being undertaken to ensure they understood the procedure, associated risks and when, if needed, to seek medical attention after the procedure.

Any additional evidence
We received seven CQC comments cards from allied health care staff and visiting or local professionals. All comments were positive about the good working relationship with the practice and the friendliness and professionalism of staff working at Walker Medical Group.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	23
Number of CQC comments received which were positive about the service	22
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0
Any additional evidence or comments Of the 23 CQC comment cards we received: <ul style="list-style-type: none"> • 14 were completed by patients (of which 13 were wholly positive and one had mixed comments about the service). • 7 were completed by allied health care staff and visiting or local professionals (all positive). • 2 were completed by staff employed by the practice (all positive). 	

Examples of feedback received:

Source	Feedback
CQC Patient Comment Cards	The patients commented they received a good service, with knowledgeable friendly staff and very good or great care provided.
Patient interviews	We spoke with a small number of patients who all gave positive feedback about their experience of the practice.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11059	345	125	36.2%	1.13%

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)	94.4%	91.2%	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)	89.1%	89.8%	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)	94.4%	96.6%	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)	85.0%	86.9%	83.8%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
March 2018	The practice surveyed patient views on the telephone triage system for urgent appointments. Of the patients surveyed 82% were aware of the triage system in place and 74% rated it as either very or fairly helpful.

Any additional evidence
The practice collated patient feedback from the National GP Patient Survey, patients' complaints, feedback and suggestions. There was an action plan in place to address any areas for improvement.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us they were provided with information and supported to make decisions about their health and wellbeing.
CQC Comment cards	Patients were generally satisfied with their involvement in decisions about care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.0%	94.6%	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	The practice had identified 340 (3.1%) of their patient list as carers.
How the practice supports carers	The practice offered to refer carers to local support groups and where appropriate also referred carers to the local social prescribing initiative to help them access other sources of help and support. This was the primary care navigator. (Primary care navigators help to connect vulnerable patients with care and support in the community, and provide direct non-medical support.) This was a clinical commissioning group (CCG) wide initiative.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was followed either by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Any additional evidence

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	There were areas where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality and phone calls were taken away from the front desk wherever possible.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Staff interviews	Staff told us they would offer to speak with patients in a private room, where appropriate.
CQC comment cards and patient interviews	All CQC comment cards were positive about this aspect of the service. They indicated patients were treated with dignity and their privacy respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8:00 - 19:30
Tuesday	7:30 – 18:30
Wednesday	7:30 – 18:30
Thursday	7:30 – 18:30
Friday	7:30 – 18:30

Appointments available	
	During opening hours
Extended hours opening	
	Every day of the week, with a late session on a Monday until 19:30 and early sessions on the remaining days from 7:30am.

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	
Once the practice received a request for a home visit from a patient, they allocated the request to a GP. The GP triaged the request based on the information collected by the reception staff who took the request by contacting the patient (or their carer) for more information. This helped them assess if a home visit was clinically necessary and the urgency of the need for medical attention. Where a GP assessed that the patient was experiencing a medical emergency they either contacted the emergency services or asked the patient carer to do this, for a more-timely medical response.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11059	345	125	36.2%	1.13%

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)	95.7%	95.9%	94.8%	Comparable with other practices
Any additional evidence or comments				

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	82.9%	76.8%	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)	66.5%	71.3%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	68.2%	70.4%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	65.9%	76.4%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	The majority of the 14 CQC patient comment cards received were positive and indicated there was good and timely access to services. One raised concerns about access to appointments.
CQC patient interviews	Patients were satisfied with their access to the service, with all reporting they could get an appointment in an emergency.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	15
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Example of how quality has improved in response to complaints

- The practice implemented a protocol to clarify the way in which they responded to requests for advice, agreeing they would respond to verbal requests verbally and written requests in writing.
- The practice found value in using call monitoring to help them resolve complaints quickly and transparently.

Any additional evidence

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Well-led

Leadership capacity and capability

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

Through interviews with GPs and the management team we found leaders demonstrated they had the knowledge, skills and experience to deliver high quality care and treatment. There was a good understanding of the local and national priorities and plans.

There was a clear leadership structure in place, and GP partners all had designated areas for which they took responsibility.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice set out their mission statement in their business plan, which was:

To provide the optimum care that respects individual's needs and wishes, through a skilled and friendly team, working together to give a comprehensive, confidential, accessible, high quality and caring service.

Through interviews with GPs and the management team we found there was a clear vision and strategy to deliver high quality sustainable care. The practice had a strategy and supporting business plan which reflected the vision and values of the service. This was regularly monitored by the leadership team.

Culture

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

We found the practice had an overarching ethos of providing good quality, patient centred care. Staff we spoke to told us they felt they were a good team that worked well together.

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

Source	Feedback
Interviews with staff	Staff we spoke with told us they felt they worked well together as a team and were well supported. They said the GPs and practice management team were approachable, helpful and listened to them.
CQC comment cards	We received CQC comment cards from stakeholders and other health care professionals, who worked closely with but not directly for the practice. These

	were all positive about the practice, the helpfulness of staff and the good service delivered.
Systems and processes supported staff involvement	The practice's meeting structures, appraisals and communication mechanisms, provided opportunities for staff to comment on issues affecting them and how they worked. Staff gave us examples, where they had been listened to, supported and enabled to implement improvements to the way they worked. For example, in infection prevention and control and the Year of Care approach to managing long-term conditions.

Any additional evidence

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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 and transparent policies to govern the way the practice operated and to support staff to provide care and treatment in line with current legislation, standards and guidance.
Other examples	The practice used a range of information to support them to monitor and improve the quality and safety of the service delivered. This include information from significant events, complaints, patient feedback, clinical audit and quality and safety monitoring systems.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Practice health and safety risk assessments	The practice had a comprehensive range of risk assessments that covered all areas of the practice premises and staff working conditions. They regularly checked and updated these as needed. This included health and safety, fire safety, premises, security and use of hazardous substances.

Any additional evidence

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<ul style="list-style-type: none"> • Meetings were held on a quarterly basis. The practice circulated an agenda prior to the meeting and members could also add items to this agenda for discussion. The practice manager and a partner GP attended the meeting, and members thought this worked well. • They told us the group was small and although they and the practice encouraged other patients to join the group, this had proved difficult. There was, however, also a larger “virtual” email group of patients the practice contacted on a regular basis. • Members told us they felt listened to and that the practice was open and honest with them.

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Two-week wait referrals where cancer was a possible diagnosis	The practice audited the referrals they had made under the two-week wait initiative, where cancer was suspected. They made improvements to the information provided as part of the referral to ensure it was complete and up to date.
Medication Reviews	This audit looked at ensuring all patients prescribed medicines were correctly coded to ensure they were invited for an appointment to review their medication regularly.

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.cgc.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](#)).