

Care Quality Commission

Inspection Evidence Table

Hollygreen Practice (1-543928675)

Inspection date: 17 October 2018

Date of data download: 02 October 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)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Partially
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers: The risk registers for adults and children who may be vulnerable required review to make sure they were up to date as a paper record was kept in addition to an electronic flag within the patient record. Not all staff had access to the paper record.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partially
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>Explanation of any answers:</p> <p>The vaccination status of administrative and reception staff required review in line with PHE guidance as only the hepatitis B status was known. Details were recorded for clinical and medical staff.</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: November 2017 (scheduled again for 30 October 2018)</p>	Y
<p>There was a record of equipment calibration</p> <p>Date of last calibration: January 2018</p>	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
<p>Fire risk assessment</p> <p>Date of completion September 2018</p>	Y
<p>Actions were identified and completed.</p>	Y
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: October 2018</p>	Y
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment: October 2018</p>	Y
<p>Additional comments:</p> <p>Annual health and safety and premises security risk assessments were completed. In addition, a different member of staff from each site performed a monthly risk assessment of the environment, welfare and facilities, work equipment, fire notices and other hazards and fed back to the practice manager with actions identified. Staff told us this helped them get to know risks associated with the workplace, including how to report and address them.</p>	

Infection control	Y/N
Risk assessment and policy in place	Y
Date of last infection control audit:	September 2018
The practice acted on any issues identified	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	

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:	

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:	
A GP had dedicated time twice a week to review hospital letters and other non-urgent communications.	

Anything urgent was reviewed by the GP on-call.

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)	1.04	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)	6.1%	5.9%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	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.	N/A
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
Explanation of any answers: * Emergency medicines, oxygen and the defibrillator were checked monthly rather than weekly as recommended by the Resuscitation Council UK guidelines.	

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.	10
Number of events that required action	8

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

Event	Specific action taken
Patient record not updated following a home visit.	Home visit procedure reviewed to include specific instruction for staff to follow to update the patient notes if they are not going to be in surgery the following day.
Not all tests required were included on a referral to the community team	Staff reminded to include all tests on request forms, particularly if there is a query with the initial request.
Patient documentation recorded in the wrong record	Staff should check name and date of birth with the patient to retrieve the correct record. An alert was added to patient records who have the same name to ensure staff select the correct record.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Alerts were emailed to the practice manager who then cascaded to the team and they were discussed at the weekly clinical meetings to capture actions taken. In addition, medicine alerts were always reviewed by the practice pharmacist who could also follow up changes to medicines with patients.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	1.70	1.24	0.83	Comparable with other practices

Any additional evidence
The practice pharmacist reviewed antibiotic prescribing in lines with the local prescribing guidelines and the practice had achieved a 7% reduction in antibiotic prescribing between December 2017 to July 2018.

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)	69.0%	77.3%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (9)	9.6%	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)	70.4%	75.8%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (14)	6.8%	9.3%	

Any additional evidence

Staff promoted the year of care programme to patients with diabetes. Patients enrolled onto expert patient programmes to assist them managing their condition. To support the care and treatment plan practice staff posted blood test results out to patients for them to include in their patient diaries.

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)	71.6%	79.1%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (38)	14.0%	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)	64.4%	74.2%	76.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (21)	7.3%	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)	57.1%	83.8%	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (23)	7.9%	11.4%	

Any additional evidence

Staff identified there was a lower achievement in outcomes for patients with COPD for the previous QOF 2016/17. Staff had focused on encouraging these patients to attend for their reviews and had achieved all the outcomes available for 2017/18. These results were not available in the public domain at the time of inspection so we were unable to compare to the local and national averages.

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)	78.1%	82.0%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (14)	3.3%	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)	100.0%	91.2%	88.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (16)	9.6%	8.2%	
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) (01/04/2016 to 31/03/2017)(NHS England)	138	140	98.6%	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)	115	119	96.6%	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)	115	119	96.6%	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)	115	119	96.6%	Met 95% WHO based target (significant variation positive)
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)	72.3%	76.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.7%	76.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.3%	57.8%	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)	68.1%	70.9%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	33.3%	45.2%	51.6%	Comparable with other practices
Any additional evidence or comments <p>Staff actively promoted the importance of screening to patients. Representatives from cancer research had held a training information session for staff to support them to deal with queries patients may have in relation to screening initiatives. For example, staff had a demonstration of how to use the new bowel screening kit.</p> <p>Posters and leaflets were available in the practice to promote screening programmes.</p>				

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)	79.6%	84.2%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (6)	14.9%	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)	92.6%	87.2%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (1)	11.7%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	62.2%	75.9%	83.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.2% (7)	9.1%	6.8%	
Any additional evidence or comments				
Staff acknowledged a lower number of dementia care plans had been identified during QOF 2016/17. Staff actively contacted these patients and carers to invite for a review. This had improved and the practice achieved 49 out of 50 points for QOF 2017/18. However, these results were not yet in the public domain so could not be compared with local and national averages.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	490	524	539
Overall QOF exception reporting (all domains)	3.3%	5.2%	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)	96.0%	94.8%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (12)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
There was a specific policy for documenting consent for specific interventions. For example, minor surgical procedures. Verbal consent was documented in the patients record with details of relevant risks, benefits and complications of the procedure. Written records of consent were scanned into patient records.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	22
Number of CQC comments received which were positive about the service	11
Number of comments cards received which were mixed about the service	9*
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
CQC comment cards	*The mixed feedback on the 9 CQC comment cards all related to difficulties accessing appointments.
CQC comment cards	Treated with dignity and respect and reception staff are helpful and welcoming.
Practice own survey	The practices own survey of 164 patients reported 99% satisfaction with the service received from GPs, nursing staff and receptionists.
Patient feedback	Patients we spoke with on the day of the inspection described staff as helpful, caring and kind.

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
10940	353	109	30.9%	1%

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)	76.7%	86.6%	89.0%	Variation (negative)
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)	78.8%	85.2%	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)	90.2%	94.2%	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)	66.9%	81.0%	83.8%	Comparable with other practices
Any additional evidence or comments Staff had identified the lower satisfaction with healthcare staff listening to patients. This was monitored annually in the practices own patient survey.				

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

Date of exercise	Summary of results
September 2018	<p>The practice carried out a patient survey each year, of which the results were analysed and discussed with the patient participation group. The most recent survey was completed in September 2018 and the results were yet to be analysed.</p> <p>The main feedback received from patients was around difficulty accessing the practice by telephone and access to appointments.</p> <p>The practice produced a 'You said we did' notice detailing the changes made as a result of the survey. Following the 2017 survey the practice increased the number of appointments for patients to be seen on the same day, recruited an advanced nurse practitioner and an additional practice nurse and healthcare assistant. Offered dedicated early morning and late evening appointments for those who worked.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by their doctor and had sufficient time during consultations.

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)	90.6%	91.2%	93.5%	Comparable with other practices
Any additional evidence or comments				

Question	Y/N
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Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	The practice had identified 80 carers (0.8% of the practice population), 25 of which cared for patients living with dementia.
How the practice supports carers	<p>The practice had identified a staff member as a carers' champion to lead on carers' issues and lead on proactively identifying patients who were carers. Staff had trained in the identification and care of carers.</p> <p>All carers were offered a flu vaccination and given information about local support organisations. Staff described situations where they had supported patients to access the local authority and social prescribing schemes to offer further advice and support in addition to local groups.</p>
How the practice supports recently bereaved patients	The practice sent a sympathy card to bereaved families known to them. They provided support to patients on an individual basis and this included a visit if it was appropriate. They signposted patients to bereavement 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.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>The practice was co-located in a purpose built healthcare building with other GP Practices and care services. Due to the layout of the premises the reception desks were all side by side.</p> <p>The practice had a notice asking patients to wait behind it, if there was a person in front of them, to prevent conversations being overhead.</p>

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

Responsive

Responding to and meeting people’s needs

Practice Opening Times Goldthorpe	
Day	Time
Monday	8am to 8pm
Tuesday	7.30am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	7.30am to 6.30pm

Thurnscoe branch site

Day	Time
Monday	8am to 8pm
Tuesday	8am to 6pm
Wednesday	7.30am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm

Great Houghton branch site

Day	Time
Monday	8am to 8pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 1pm
Friday	7.30am to 6.30pm

Appointments available	
	Appointments were available with all staff throughout the opening hours at all three sites.
Extended hours opening	
	Monday evenings 6.30pm to 8pm at all sites. Tuesday and Friday mornings from 7.30am to 8am at Goldthorpe, 7.30am to 8am on Wednesday at Thurnscoe branch and 7.30am to 8am on Friday at the Great Houghton branch site.

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 completed a home visit template within the electronic patient record system for all patients/carers requesting a home visit. This included asking who was with the patient or whether they were alone.</p> <p>GPs would then review the requests for a home visit and allocate between them accordingly. Any requests for a home visit after 11am were allocated to the GP on-call to review.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%		% of practice population
10940	353	109	30.9%		1.00%
Indicator		Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)		92.0%	93.9%	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)	49.7%	58.9%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	43.1%	62.0%	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)	48.2%	61.7%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the	48.5%	70.1%	74.4%	Variation

Indicator	Practice	CCG average	England average	England comparison
type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)				(negative)
Any additional evidence or comments <p>The provider was aware of the lower satisfaction with telephone access and making appointments. Following the September 2017 survey changes were implemented to improve access. The number of appointments for patients to be seen on the same day increased by 50% and an advanced nurse practitioner, an additional practice nurse and healthcare assistant were recruited. Dedicated early morning and late evening appointments with a GP, practice nurse and healthcare assistant were made available at each site for those patients who worked.</p> <p>Staff told us patients tended to ring the practice first thing in the morning and staff were trained in answering the phones to meet the demand. However, the practice did not have any influence into the number of incoming telephone lines they had which restricted the number of calls that could be answered. Staff were promoting on line access to medical records to book appointments and also discouraging people to ring first thing in the morning as appointments and home visits were available throughout the day.</p> <p>Reception staff were trained in care navigation to direct the patient to the most appropriate service for their need. For example, self referral to physiotherapy services or mental health support services.</p>				

Examples of feedback received from patients:

Source	Feedback
Comment cards	Difficulty getting through to the practice by telephone first thing in the morning.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received since April 2018.	9
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The management of complaints was coordinated by the practice manager. We saw that complaints were grouped and themed and learning from complaints was shared with staff and the patient participation group.</p>	

Example of how quality has improved in response to complaints
<p>Following a complaint relating to the delay in a referral for further tests all clinicians provided the patient with a written note detailing the date and service they had been referred to and the tests requested.</p>

Well-led

Leadership capacity and capability

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

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, in relation to meeting increased patient demand the practice had recruited an advance nurse practitioner, practice nurse and a healthcare assistant.

They had responded to the needs of patients by utilising the skills of the GP's areas of special interest to review patients prior to referral onto specialist services.

The provider reviewed the business plan every six months and produced a new one every 12 months. All staff had the opportunity to contribute to the business plan before it was approved. It contained a strengths and weakness, analysis of the business, the objectives for the next 12 months and the training and investment in staff required to meet the business objectives. All staff could access the plan on the shared computer drive and a copy was kept on the staff notice board.

Vision and strategy

Practice Vision and values

The practice vision and strategy were embedded in the business plan and all staff told us they strived to deliver the best care to their patients.

Culture

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

The practice was a teaching practice for medical and nursing students. The training needs of staff were regularly assessed and educational meetings were held where guest speakers were invited to present. Meetings scheduled in 2018 included presentations from specialists in cancer care.

GPs took the lead for specific areas and were given dedicated time each week to review and action correspondence from other care providers.

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

Source	Feedback
Staff	The majority of staff had worked at the practice for a number of years and described working as part of a cohesive team. Newer members of staff were welcomed and supported, receiving mentorship and the opportunity for further training and development in their role.
Staff	Staff reported high team morale and they worked together to care for patients registered at the practice and it's branch surgeries. They felt supported by leaders and managers.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a suite of policies and procedures which were regularly updated and available to staff on the shared computer drive. An index of policies and procedures was kept to assist staff in locating them.
Other examples	Staff were given lead roles to lead on initiatives to support colleagues in caring for patients. For example, the practice had a carer's champion and a dementia champion. Staff had undertaken training in information governance.
Y/N	
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

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
Issues with a medicines refrigerator at the branch site	Staff reported the medicines refrigerator temperatures were fluctuating. An engineer was called and a new refrigerator ordered prior to flu vaccination season. This was to prevent any refrigerator malfunction happening which may in turn affect the efficacy of the vaccinations and produce a large amount of waste.
Staff performed monthly health and safety risk assessments of the premises.	Each month a different member of staff at each site would perform a health and safety assessment of the premises. Any issues would be reported to the practice manager for action. Staff told us this helped them understand incident reporting procedures and also made them more aware of potential risks in the workplace.
Infection prevention and control audits and fire risk assessments	Completed regularly and actions identified completed.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We spoke with four members of the practice PPG. They said they met regularly with the practice representatives and felt the practice was open with them regarding service developments and involved them in proposed developments. Staff always listened to them and their views were respected. Minutes were produced of the meetings and these were made available to patients on the notice board in the waiting area.

Any additional evidence
Members of the PPG had contributed to the selection and testing of the new practice website.

Continuous improvement and innovation

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

Audit area	Improvement
Prescribing of a medicine to prevent blood clots forming.	To ensure all patients were prescribed the medicines for a 12 month period. A second audit identified all but one of the patients had stopped taking the medicine within the required time frame.
Diabetes and blood tests	To ensure all patients with a blood test performed with a high blood glucose reading were reviewed in line with diabetes pathway. The second audit demonstrated all patients were on the pathway.

Any additional evidence
Central to the culture of the practice was learning and development. The practice was a training practice for others and supported their own staff in their learning journey. For example, vital sign training for care home staff had been provided by the practice.

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](#)).