

Care Quality Commission

Inspection Evidence Table

St Katherines Surgery (1-549378021)

Inspection date: 22 November 2018

Date of data download: 24 September 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

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</p> <p>Date of last inspection/Test:</p>	<p>Yes 19/10/18</p>
<p>There was a record of equipment calibration</p> <p>Date of last calibration:</p>	<p>Yes 19/10/18</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>No</p>
<p>Fire risk assessment</p> <p>Date of completion</p>	<p>Yes 04/07/18</p>
<p>Actions were identified and completed.</p> <p>Actions had been identified and completed such as keeping escape routes clear and providing additional electrical sockets.</p>	<p>Yes</p>
<p>Additional observations:</p> <p>The landlord of the building completed the fire risk assessments for all tenants of the building. Weekly fire tests were carried out and the building was zoned as part of the fire management policy. The practice confirmed that they had not appointed fire marshals in the practice as this was a whole team approach, however this is something they would consider for the future.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment:</p>	<p>Yes 06/10/18</p>
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment:</p>	<p>Yes 06/10/18</p>
<p>Additional comments:</p> <p>The practice carried out relevant environment risk assessments such as legionella, COSHH and health and safety assessments. Actions had been identified and completed.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>One of the practice nurses was the infection control lead. Actions had been identified such as obtaining new toilet brushes, foot operated paper towel bins and sanitary dispensers for the female toilets. Infection control audits continued to be reviewed, discussed in meetings and actioned as appropriate.</p>	<p>Yes</p> <p>25/07/18</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

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
<p>Explanation of any answers:</p> <p>Most staff had completed the basic life support training, however we noted that some of the GPs training had recently expired. The practice told us that a GP in the practice had completed training to deliver basic life support and that this would be prioritised for the remainder of staff. The day after the inspection, the practice sent us evidence that this had been booked for December 2018.</p>	

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)	0.75	0.90	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%	7.5%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	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.	N/A
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.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes

The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>We found that although the practice had an oropharyngeal airway (a device used to open a patient's airway) in the emergency medicines, this was stored in an unsealed plastic package and so we could determine its expiry date. Although the practice told us this had not been used confirmed that they would re-order a new one.</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	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.	22
Number of events that required action	22

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

Event	Specific action taken
Patient attended the practice with anaphylaxis reaction and GPs initially unaware where emergency medicines were located.	The practice discussed the incident and reviewed the location of its emergency medicines so all staff were aware of its location. All staff were advised to review the anaphylaxis online module to update their knowledge.
Patient telephoned the surgery and was threatening to commit suicide. Receptionist kept the patient on the telephone, whilst a GP was found. An ambulance was called to check on the patient's wellbeing. Reception dealt with call but no de-brief was completed for staff after the incident.	Staff involved discussed the incident as part of a lessons learnt. The practice reviewed its process and agreed that de-briefs were to be in place for all staff and external support offered for staff affected by incidents.
Anti-platelet prescribing was initiated for 12 months only but continued after this time.	The practice reviewed its process for recording and alerting clinicians of the actions needed to make sure instructions were clear. The patient was contacted and given an explanation around the reasons medicines were being reviewed.

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 had a policy and process in place for receiving, reviewing and acting on, recording and monitoring in response to external safety alerts. The practice manager and practice administrator received external safety alerts electronically. Alerts were shared with the GPs, reviewed, actioned where required and shared with clinical staff and in practice meetings. We saw evidence that the practice had taken appropriate action in relation to alerts and had contacted patients and recalled them for review where required.</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)	0.47	0.59	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)	86.5%	80.6%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.0% (85)	15.7%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	80.6%	79.9%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (26)	9.9%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	74.6%	82.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.0% (45)	15.9%	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)	72.3%	77.6%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.6% (41)	3.2%	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 (01/04/2016 to 31/03/2017) (QOF)	88.2%	93.1%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (12)	5.5%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.4%	84.7%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (44)	3.7%	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)	95.5%	88.6%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.7% (19)	6.8%	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)	61	62	98.4%	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)	59	61	96.7%	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)	59	61	96.7%	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)	60	61	98.4%	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) (01/04/2017 to 31/03/2018) (Public Health England)	72.5%	74.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.0%	73.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	62.4%	61.6%	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)	86.1%	79.3%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	67.9%	56.5%	51.6%	Comparable with other practices
Any additional evidence or comments We reviewed the data for cervical screening as this was 71.3%, which was below the 80% coverage target for the national screening programme for Public Health England. The practice showed us evidence of the processes undertaken to encourage attendance. For example, flags were put on patients notes to prompt discussion when attending for routine appointments. In addition, the practice routinely sent letters to patients who failed to attend appointments.				

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)	100.0%	93.0%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.1% (4)	13.2%	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)	89.7%	92.2%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.1% (4)	10.3%	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)	88.9%	87.0%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (6)	5.7%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	553	539
Overall QOF exception reporting (all domains)	5.5%	5.3%	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)	97.3%	96.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (9)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice was aware of and complied with the new General Data Protection Regulation (GDPR). The practice maintained data safely in accordance with data protection legislation.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	27
Number of CQC comments received which were positive about the service	22
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	We received 27 comment cards, 22 were positive and 5 mixed. Feedback included staff were pleasant, outstanding, always ready to listen, helpful and caring. Mixed feedback included difficulties getting an appointment and waiting a long time to be seen.

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
8767	232	124	53%	1.41%

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)	90.8%	91.6%	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)	88.2%	90.6%	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)	97.5%	96.8%	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)	86.6%	87.4%	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
Continual	<p>The practice continually reviews and implements feedback from national surveys, Friends and Family Tests (F&F) and the practice website.</p> <p>The Friends and family tests is collected and monitored weekly in the practice. The practice confirmed that 70% of comments received are positive with the remaining 30% requesting improvement with about half of these relating to accessing appointments or appointments running late.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with told us that they had no concerns around the care and treatment they received. They felt involved in decision making 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)	92.9%	95.0%	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 286 patients as carers (3% of the practice list).
How the practice supports carers	The practice had a carers lead in place. The practice identified carers at registration and would signpost them to The Herefordshire Carers Support network for support and advice. The practice had a carers board displaying support information and organisations for carers.
How the practice supports recently bereaved patients	The practice provided support to patients on an individual basis. This included a telephone call or appointment should patients request this. Patients could be signposted 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.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Receptionists we spoke with recognised the importance of confidentiality when seeing patients. Music played in the reception area and all telephone calls were answered in an office behind the reception area.</p> <p>Staff recognised patients' dignity and respect. A confidential area had been created at the side of the reception desk which could be used if patients wanted to discuss sensitive issues. Alternatively, if patients appeared distressed they could offer them a private room.</p>

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	Yes

issues.	
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Examples of specific feedback received:

Source	Feedback
Discussion with patients	Patients told us they were treated with dignity and respect and felt listened to.
Patient comment cards	Patients commented that staff were attentive and treated them with care and consideration.

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	
	8:10am-5.40pm
Extended hours opening	
	Extended hours appointments are not available directly at the practice. When the practice is closed patients have access to the local out of hours provider Primecare via NHS 111 or sites across Herefordshire seven days per week.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
All reception staff had completed the care navigation training. Requests for home visits are recorded on the online system and were triaged by the GPs. If a visit is deemed appropriate they are allocated to a GP at the end of the morning surgery and a home visit is completed.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8767	232	124	53%	1.41%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last	96.5%	95.8%	94.8%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
general practice appointment, their needs were met (01/01/2018 to 31/03/2018)				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)	78.9%	77.1%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	70.6%	73.0%	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)	59.0%	67.9%	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)	76.7%	78.1%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Comment cards	Patients were positive about the care and treatment of the GPs and staff. Some patients found difficulty in accessing appointments and at times felt they waited long to be seen, however overall, they were satisfied with booking routine appointments.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	15
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Information regarding how to complain was available in the practice and on their website. All complaints we reviewed had timely acknowledgement of their concerns.	

Example of how quality has improved in response to complaints
To meet the demands of prescription requests the practice reviewed its prescriptions policy and changed collections from 48 hours to 72 hours to allow prescriptions to be processed in a timely manner. Patients were notified of the changes in the practice and on the practice website.

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 the future of services. The practice was part of the east locality hub who were working together to make changes locally. For example, the practice was piloting a social prescribing scheme and looking at ways to support local projects.

Staff that we spoke with understood their roles and those of others. Leaders had oversight of all clinical and non-clinical areas and were able to highlight the challenges they faced as well as their achievements. The partners and managers were visible throughout the practice and staff told us that they were approachable and available. There was regular communication in the practice and a clear staffing structure was in place. The practice had assigned lead roles to practice individuals in order to champion areas of practice service delivery and provide support to staff.

Vision and strategy

Practice Vision and values

The practices vision is to provide the highest standard of patient centred healthcare within the resources available. We work together to provide our patients with compassionate, holistic and effective services.

All staff were aware of the practice's vision and this was displayed on all the practice computer screens.

Culture

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

We saw that the practice had an open culture. All staff could report incidents and were encouraged to bring up issues that could be improved. The practice held a significant event meeting every three months and all staff were encouraged to attend.

Policies were available on the practice intranet which was accessible by all staff. All staff received an annual appraisal and were clear on their roles and responsibilities.

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

Source	Feedback
Staff discussions	Staff we spoke with told us that leaders were very friendly and approachable. Staff felt able to raise any issues and felt well supported by their colleagues 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	A range of clinical and non-clinical policies were available for staff. Some examples of policies included, infection control, safeguarding, recruitment, equality and diversity and medicines management.
Team meetings	The practice carried out regular team meetings to update staff and share learning. This included all staff attending significant event meetings held quarterly.
Staff training	There was a good management overview of staff training and development. Training and development was planned to support future development of the service and staff.
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
Disaster handling and business continuity plan	The practice had access to information in the event of an emergency so staff knew the action to take. At the end of each day staff would print off paper copies of appointments for the following day in the event of a computer failure.
Safe working environment	Staff carried out various risk assessments activities associated with the practice premises such as health and safety assessments and infection prevention and control. Mitigating action was taken to address and identify risks.
Staff performance	Performance of all staff was monitored supportively within a culture of learning and development. Staff were offered annual appraisals and given protected time for learning.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice had a PPG group who met with the practice on a quarterly basis and feedback on areas of improvement. We spoke with three members of the group and they were able to describe the changes the practice had implemented in response to feedback, for example the renovation of the patient waiting area. They also told us that they had been involved in initiatives such as a study day for carers and patients with long term conditions.

Continuous improvement and innovation

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

Audit area	Improvement
Audit of young adults/teenagers with type 1 diabetes	An audit was completed to determine the engagement and management of patients with diabetes aged 13 to 20 years old. An audit found that 50% of patients had a poor compliance. The practice reviewed its process to include alerts for non-attendance and engagement with secondary services. The practice reviewed the coding for non-attenders on the computer systems and reviewed its safeguarding procedures if poor engagement continued for patients under 16 years old.
Audit of new cancer diagnosis	The practice carried out an audit to determine if there were any delays in diagnosis. The audit found that there were no specific delays in referral to secondary services. All staff were up to date with the latest guidelines and to ensure all patients are coded correctly on the computer system.

Any additional evidence
<ul style="list-style-type: none">Due to the retirement of two senior partners, the practice reviewed its workforce and recruited a clinical pharmacist and a primary care practitioner. In addition, all reception staff completed the care navigation training which had a positive impact on the appointments offered to patients. As a result of its restructure the practice were able to offer 15-minute GP appointments to patients, this also included locum appointments. The practice told us that they regularly requested feedback from locums who had worked in the practice to improve its satisfaction and overall quality in the practice.The practice had a private contract to carry out care for patients at the acquired brain injury unit

and a specialist nursing home for patients with neurodegenerative disorders. This involved visits and ward rounds to patients for ongoing monitoring.

- The practice was part of the primary care at home system and worked with other local practices in the east locality to work with health and social care services for the community. The practice told us that one of their GPs was a GP champion and the practice manager was a non-executive director as part of the locality group. The team met regularly and worked on local initiatives and national campaigns. For example, the practice was currently piloting a social prescribing scheme and sessions were held in the practice for one and a half days per week.
- The practice was part of the quick start programme and had undertaken several exercises to look at workstreams in the practice. This had a positive impact on reviewing the current administrative roles in the practice. For example, the practice carried out a consultation and audit of its administrative staff. This resulted in a staffing restructure. The practice told us that this has improved the quality and efficiency of roles in 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](#)).