

# Care Quality Commission

## Inspection Evidence Table

### Firstcare Practice (1-4654277690)

Inspection date: 13 November 2018

Date of data download: 08 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.	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	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers:	

<b>Recruitment Systems</b>	<b>Y/N</b>
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.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any answers:	

<b>Safety Records</b>	<b>Y/N</b>
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y July 2018
There was a record of equipment calibration Date of last calibration:	Y February 2018
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
Fire risk assessment Date of completion	Y October 2018
Actions were identified and completed. There were no actions resulting from the risk assessment. The practice demonstrated that they had checked to ensure that the risk assessment conducted by the owners of the building did not contain any actions.	
Additional observations:	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y 2017
Health and safety risk assessment and actions Date of last assessment:	Y February 2018

Additional comments:	
<b>Infection control</b>	<b>Y/N</b>
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified  Detail: The practice infection control audit showed the practice to be fully compliant and there were no actions resulting from it.	Y  August 2018
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	Y

needed for their ongoing care was shared appropriately and in line with relevant protocols.	
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)	0.78	0.91	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)	7.3%	7.6%	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.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency	Y

medicines/medical gases.	
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:	

### 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.	7
Number of events that required action	7

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

Event	Specific action taken
Cleanliness	The practice demonstrated that they raised a concern with the owners of the building about the quality of the cleanliness of their area of the building. The practice ensured that the cleaning was completed and discussed this at a practice meeting. They gained assurance from the owners of the building that the cleaning contractor had been informed and had taken action to ensure this was improved going forward.
Vaccines	The practice demonstrated that they had identified an out of date vaccine and taken appropriate action. This was also discussed at a practice meeting.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: Clinical staff we spoke with knew that the lead GP received the alerts and disseminated to them by email. These were then printed, read and signed by all clinical staff.	

# 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)	0.79	0.81	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)	60.5%	79.9%	78.8%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (21)	12.4%	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)	63.8%	77.0%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (28)	10.4%	9.8%	

### Any additional evidence

\*The practice told us they struggled to keep patients engaged with the management of their diabetes due to the high BME population. They demonstrated that two GPs had diabetes diplomas and saw patients opportunistically. The practice also demonstrated that they had employed a new nurse who specialised in diabetes management. The practice "did not attend" (DNA) rates for this group was high and the practice demonstrated that they had sent letters to patients reminding them to attend and the importance of diabetes management.

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)	82.1%	81.1%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (22)	11.6%	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)	73.4%	76.7%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (2)	6.2%	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)	94.7%	91.3%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.8% (5)	11.2%	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) (QOF)	85.8%	83.0%	82.6%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (26)	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) (QOF)	83.3%	88.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.7% (1)	8.1%	6.7%	

#### Any additional evidence or comments

\*The practice demonstrated that exception reporting was done by a clinician only and in line with their exception reporting policy. A random sample revealed that patients had been exception reported appropriately.

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)	74	101	73.3%	Below 80% (Significant variation negative)
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)	71	85	83.5%	Below 90% minimum (variation negative)
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)	71	85	83.5%	Below 90% minimum (variation negative)
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)	71	85	83.5%	Below 90% minimum (variation negative)

#### Any additional evidence or comments

\*2017/2018 unverified data provided by the practice demonstrated that all immunisation uptake rates had met the 90% target.



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)	60.9%	68.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	67.0%	64.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	24.9%	44.1%	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)	100.0%	76.4%	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)	81.8%	50.2%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b> *The practice was aware of their lower than average bowel and cervical screening. They told us they struggled to engage patients from a predominantly Black, Minority, Ethnic (BME) population. However, they held open clinics for cervical screening, as well as appointments being provided at local hub centres through the federation. The practice also showed us they educated patients opportunistically regarding bowel screening technique. The also sent letters to patients who missed their screening appointments, explaining the importance of cancer screening. The practice told us they were considering sending these letters in other languages, however they were aware that some patients may have difficulty in reading correspondence due to the high levels of deprivation. The practice told us that some patients had been incorrectly coded and this may have altered the data in a negative direction.  *The practice told us that they actively encouraged their patient participation group (PPG) members to engage with other people in the local community in mosques and temples to educate them on the importance of screening for cancer. PPG members we spoke to confirmed this. *The practice demonstrated that it provided contraception services as part of a contract with the local authority. This service is offered to patients who are registered and not registered with the practice, meeting the needs of patients in a deprived area that find it difficult to travel to access care and treatment.				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG	England	England

		average	average	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)	93.3%	93.2%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (2)	9.5%	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)	95.2%	93.2%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.8%	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)	90.9%	85.9%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (1)	6.0%	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)	5.8%	6.1%	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)	97.5%	96.1%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	0.6%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice obtained verbal or written consent from patients. Clinical staff that we spoke with were aware of the mental capacity act (MCA) and the requirements to assess capacity where appropriate.
Any additional evidence

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	32
Number of CQC comments received which were positive about the service	21
Number of comments cards received which were mixed about the service	10
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
CQC comments cards	Of the 32 comment cards we received eight were specific about kindness, respect and compassion and all were positive.
NHS Choices	Of the four reviews left on the NHS choice website in the last 12 months, one comment was less positive about kindness, respect and compassion. Other comments did not mention kindness, respect and compassion.

## 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
6061	424	48	11.3%	0.79%

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)	79.3%	87.8%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	74.5%	86.1%	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)	91.5%	95.4%	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)	63.8%	81.1%	83.8%	Variation (negative)
<b>Any additional evidence or comments</b> *The practice told us that the lower than local and national average percentage of patients who responded positively to the overall experience of their GP practice, was due to access primarily. Although the practice in-house survey in July 2018 showed that 67% of patients were satisfied with their visit, the practice was unable to demonstrate yet that satisfaction was in line with local averages.				

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

Date of exercise	Summary of results
July 2018	<p>The practice had carried out a separate survey of patients in July 2018 and received 148 responses from patients. In questions relating to the caring key question, the practice scored lower than local averages in their in-house survey but these scores did indicate an improvement from the in-house survey they conducted in 2015.</p> <p>For example, questions relating to warmth of greeting, ability to listen and explanations of treatments, all scored 67% in 2018, scored 62%, 63% and 64% respectively in 2015. These results mirrored the results of the national GP patient survey, which showed that the practice performance was lower than local and national averages. For example, the percentages of patients, who said that professionals were good at listening to them, treating them with care and concern and involving them in care and treatment, were 79% (CCG – 88%, National – 89%), 75% (CCG – 86%, National – 87%) and 74% (CCG – 93%, National – 93%) respectively. The practice were aware of this and had taken steps such as discussing results of the most recent and previous surveys in practice meetings and training staff in customer service, and further steps such as peer reviewing GP consultations to identify where improvements could be made.</p>

Any additional evidence

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comment cards	Of the 32 comment cards we received, seven specifically mentioned involvement in care and treatment and were positive.
NHS Choices website	Of the four ratings left on the NHS choices website, two were specific about involvement in care and treatment and were negative.

## 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)	73.7%	92.8%	93.5%	Significant Variation (negative)

### Any additional evidence or comments

\*The practice had carried out a separate survey in July 2018 which showed that patient satisfaction in involvement in care and treatment was 67%, an increase from 64% in 2015. Although there was evidence of an improvement, the practice was unable to demonstrate that satisfaction levels had risen in line with local and national averages, but the practice had taken steps to address this.

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	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	Data provided by the practice showed that there were 82 patients on the carers register. This constitutes more than 1% of the practice population.
How the practice supports carers	The practice signposted carers to community organisations where they would be able to find further support. They also offered flu vaccinations and the

	opportunity for carers of those patient with dementia to become involved in the management of their condition. The practice provided a carers pack and further information at the practice in a carers corner.
How the practice supports recently bereaved patients	The practice supported bereaved patients by sending a letter of condolence, with information on support services and next steps for the family. They also offer patients an appointment to discuss any issues the patient may wish to discuss.

Any additional evidence	
<ul style="list-style-type: none"> <li>The practice Friends and Family test results indicated that the majority of patients would be extremely likely or likely to recommend the practice to family and friends. The data provided by the practice was for 2017 and showed a decrease from the data from 2016, from 79% to 76%.</li> </ul>	

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception desk is a large communal area but set away from patients seating areas to ensure that conversations are less likely to be overheard. Staff we spoke with knew to offer patients a private area to discuss their concerns if they asked or seemed distressed.

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	
Day	Time
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 8pm

Appointments available	
	Appointments are available at the practice between throughout the day on weekdays from 9am until 6.30pm, Monday to Thursday. On Friday the practice offers appointments from 9am until 8pm. The practice is also open on Saturdays for appointments between 8am and 1pm.
Extended hours opening	
	The practice offers extended hours through the federation at local hub centres, each day of the week from 8am until 8pm, including at weekends.

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	
Home visit requests were taken by reception and then tasked to a doctor. GPs would then triage these requests and attend the patient at home if necessary.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6061	424	48	11.3%	0.79%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last	97.2%	94.5%	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
<b>Any additional evidence or comments</b>				

## 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)	46.5%	59.7%	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)	36.4%	62.2%	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)	44.0%	62.5%	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)	56.3%	69.7%	74.4%	Comparable with other practices

<b>Any additional evidence or comments</b> <p>*The practice had carried out a separate survey of patients in July 2018 and received 148 responses from patients. The practice scored 37% patient satisfaction relating to telephone access compared with 47% in the national GP patient survey. This is an improvement from 27% from the same inhouse survey conducted in 2015.</p> <p>The practice scored 35% satisfaction in the 2018 inhouse survey, relating to seeing a practitioner of choice, which is an improvement from 32% from the 2015 inhouse survey. This is compared with the score of 9% in the 2018 national GP patient survey.</p> <p>The practice scored 47% in overall appointment satisfaction from the in-house survey, compared with 36% satisfaction from the GP patient survey. This is an improvement from the 2015 private survey, where the practice scored 39%.</p> <p>Although the practice has showed improvements, they were unable to demonstrate yet that patient satisfaction regarding access was in line with local and national averages. The practice had taken steps to continue to improve such as educating patients on the quality and qualifications of all doctors within the practice to demonstrate that any doctor could be seen for an appointment. The practice had also installed a new telephone system, provided through the CCG, which allowed patients to queue and be informed of</p>				
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Indicator	Practice	CCG average	England average	England comparison
where they were in the queue. The practice also ensured dedicated staff were available to answer as many calls as possible during busy periods.				

Examples of feedback received from patients:

Source	Feedback
NHS Choices website.	Of the four ratings left on NHS Choices website, all four specifically mentioned access to care and treatment, three were negative and one was positive.
CQC Comment cards	Of the 32 comment cards we received, four were specific about access to care and treatment and were less positive.

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	10
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:	

Example of how quality has improved in response to complaints
The practice had made adjustments to the telephone system in response to complaints to ensure that patient satisfaction began to improve. For example, the practice had adopted the Clinical Commissioning Group (CCG) telephone system, allowing patients to queue in an internet based cloud system. The practice had also reviewed the conduct of staff and continued to provide additional training to ensure that complaints about staff attitude were dealt with appropriately and reduced going forward.

Any additional evidence
*The practice had conducted demand and capacity audits to help them understand how patients were using services, to better inform their process of improving access to care and treatment for patients.

# Well-led

## Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
The practice demonstrated that they reviewed and transformed their financial transparency ensuring that any private work was adequately documented and that financial overviews were shared with relevant staff and the patient participation group (PPG).

## Vision and strategy

Practice Vision and values
<p>The practice provided us with their mission statement; “All staff are committed to the provision of high quality patient care and best practice, through the delivery of services which are timely, considerate and responsive to the needs of our patient population, and supported by a clear focus on customer service.”</p> <p>The practice also shared their values with us; Enabling people to live healthier and more independent lives through high quality seamless care.</p> <p>1 – Respect – we lead by example, we aim to be good role models, we respect everyone’s contribution, we support individuals to succeed.</p> <p>2 – Everyone’s contribution counts, we all have a part to play in delivering excellence, we encourage education and personal development, we all take responsibility for developing others.</p> <p>3 – Responsibility and accountability, we take personal responsibility for our actions, we actively build relationships within and across teams, we measure performance and act on facts.</p> <p>4 – Patients first, patient care will be the best we can deliver, we show compassion, empathy and respect, we ensure physical comfort and emotional support, we provide the right information at the right time for patients and their families, we respond to the needs of all patients, we provide excellent services.</p> <p>5 – Safe and high-quality care, Quality and safety are at the heart of everything we do, we set clear standards and report against them, we will encourage new ideas and innovation, we will continuously improve to ensure our standard is the highest it possibly can be.”</p>

## Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
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The practice held various meetings to discuss patient care, including multi-disciplinary team (MDT) meetings, clinical meetings and practice meetings. We saw minutes of these meetings and saw that there was openness and honesty about performance and when things had gone wrong. We also saw that actions were developed from these meetings and actioned.

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

Source	Feedback
Practice staff	Staff we spoke with were happy to be working at the practice and described the culture as open and warm. Staff felt that they could approach any member of the leadership team with concerns or questions. Staff were also aware of the practice's whistleblowing policy and its content.

#### Any additional evidence

#### 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 comprehensive policies, including safeguarding, with a named lead, information governance, updated for General Data Protection Regulation (GDPR), with a named lead and infection control, with a named lead.
Other examples	
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

#### Any additional evidence

#### 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
Infection Control	The practice ensured that they had audited the practice for infection

	control risks and had assured themselves that the building's owners had completed aspects, beyond their immediate control such as legionella testing.
Fire	The practice had ensured that they had completed their own fire safety risk assessment and had assured themselves that the building's owners had completed aspects, beyond their immediate control such as extinguisher and fire drill testing.

Any additional evidence

### Appropriate and accurate information

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

Any additional evidence

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

#### Feedback from Patient Participation Group;

Feedback
The PPG were positive about the practice in their comments, including being able to get an appointment, involvement in care and treatment, being treated with dignity, respect and compassion.

Any additional evidence

### Continuous improvement and innovation

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

Audit area	Improvement
Clinical audit	The practice demonstrated that they had engaged in clinical quality improvement activity, specifically audits. The practice showed us their antibiotic prescribing and steroid injection audit, which demonstrated reduced usage and reduced waste of medicines.
Quality improvement activity	The practice had identified all areas within the practice that required improvement and had developed an action plan to address these areas prior to the inspection.

#### 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](#)).