

# Care Quality Commission

## Inspection Evidence Table

### Swanlow Medical Centre (1-549411834)

Inspection date: 20 November 2018

Date of data download: 13 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.	N
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:  Staff had access to written policies and procedures for safeguarding vulnerable adults and children however the procedures had not been updated with information on modern slavery and Prevent (support to people at risk of joining extremist groups and carrying out terrorist activities). The practice manager allocated this task to an appropriate member of staff to complete on the day of the inspection. Training records showed training in these areas was available for staff. A number had completed this and there was a plan in place for all staff to undertake this.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Overall See below
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> <li>We looked at two recruitment records for staff employed since the last inspection and for a locum GP. A risk assessment was in place when the practice had made a decision not to carry out a DBS check on non-clinical staff. This was signed by the manager but not staff to indicate their awareness of it. Staff spoken with were fully aware that they could not act as chaperones without a DBS check. The practice manager advised that a copy of the assessment would be provided to all relevant staff. The practice manager reported that they assessed a candidates physical and mental suitability for employment, however they had not recorded this. A template to ensure this information is recorded for future employees was available. At the last inspection we reported that the provider should demonstrate these checks are carried out. Proof of identity had been obtained to apply for NHS identity cards and DBS checks but was not held in the recruitment records.</li> </ul>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 17/09/2018</p>	Y
<p>There was a record of equipment calibration Date of last calibration:12/2017</p>	Y
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	N
<p>Fire procedure in place</p>	Y
<p>Fire extinguisher checks</p>	Y
<p>Fire drills and logs</p>	Y
<p>Fire alarm checks</p>	Y
<p>Fire training for staff</p>	Y
<p>Fire marshals</p>	Y
<p>Fire risk assessment Date of completion: 01/2017 due for 12/2018</p>	Y
<p>Actions were identified and completed.</p>	Y
<p>Additional observations: The practice manager told us that they had safety measures in place for the safe storage and use of oxygen. This was not recorded in a risk assessment. One item of equipment to be calibrated was overdue since September 2018. The practice manager reported that this will be tested with all equipment in December 2018 to ensure that all tests are done together in future.</p>	
<p><b>Health and safety</b> Premises/security risk assessment? Date of last assessment:  Arrangements were in place to promote the security of the building such as key pads on doors, alarms to the building, panic alarms on computers, lone working risk assessments however an overarching policy had not been recorded.</p>	N
<p>Health and safety risk assessment and actions Date of last assessment: 06/06/2018</p>	Y

Infection control	Y/N
<p>Risk assessment and policy in place  Date of last infection control audit: 27/06/2018  The practice acted on any issues identified</p> <p>Detail:</p> <ul style="list-style-type: none"> <li>The last infection control audit was undertaken by the Infection Prevention and Control Team from the Clinical Commissioning Group (CCG). The practice's overall score was 94%. An action plan was completed to demonstrate the action taken to address the issues identified.</li> </ul>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Any additional evidence	
<p>The lead nurse for infection control was currently absent from her employment. A newly recruited practice nurse had been designated as infection control lead in the interim. They had not yet had the opportunity to attend meetings with the infection prevention and control team, however the practice manager was addressing this. The training records showed this member of staff and four other clinical staff had no recorded date of when infection control training was completed. A cleaning protocol and log for rooms and equipment were not in place for clinicians to follow and complete. There was not a system for the practice to monitor the cleaning standards provided by the external cleaning company. A recording template to address this was developed following the inspection.</p>	

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	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

## 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

## 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)	0.86	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)	6.0%	6.8%	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 See below
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.	

Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> <li>One type of medication that could be used in an emergency was not held on site and a recorded risk assessment was not in place to demonstrate why. Following the inspection, the provider confirmed that this medication had been obtained for use in an emergency.</li> </ul>	

### 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 See below
Number of events recorded in last 12 months.	10
Number of events that required action	10
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> <li>Learning from significant events was shared with the practice team at protected learning time meetings and GP partner meetings. However, over the last 12 months the practice manager told us that additional role specific meetings were not occurring as frequently as needed for all staff. The GPs met regularly. The nursing team had undergone a number of changes and there was not a system in place for the practice nurse and health care assistant to formally meet with a member of the management/partner team. Advanced nurse practitioners (ANP) attended practice and educational meetings. The practice had identified that improvements were needed to the frequency of meetings to assist communication across the practice and a schedule for meetings to occur more frequently had been put in place.</li> </ul>	

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

Event	Specific action taken
Information from the district nursing team was misinterpreted. Further correspondence from the district	The event was discussed amongst the clinicians to ensure any ambiguous correspondence is checked. The district nursing team were also contacted to ensure they reviewed their own processes

nursing team clarified the issue but if this had not been sent then a referral could have been missed.	to make it clearer when action is being requested.
Records scanned on to wrong patients' notes.	An apology was made to the patients concerned. Training was provided to staff responsible for scanning to minimise the chance of this mistake re-occurring. The event is to be discussed amongst all staff at the next protected learning time event in November 2018.
Patient prescribed a pain relieving medication when already taking similar medications.	Medication reviewed and advice given to patient. All clinicians made aware of the need to check all current medications before prescribing further medications.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y



# 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)	0.49	0.53	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)	79.3%	82.7%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.1% (115)	18.7%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	83.1%	82.1%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.8% (86)	12.3%	9.8%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	78.1%	78.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (99)	20.1%	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)	72.8%	73.1%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.6% (147)	12.3%	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 (01/04/2017 to 31/03/2018) (QOF)	92.0%	88.0%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.5% (94)	18.3%	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)	86.3%	83.3%	82.6%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (52)	5.5%	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)	90.5%	89.5%	90.0%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (4)	6.3%	6.7%	
<b>Any additional evidence or comments</b>				
<p>The exception reporting rates were above the local and national averages for chronic obstructive pulmonary disease (COPD) and asthma reviews in the preceding 12 months. The practice manager told us that a reduction in practice nursing staff (due to absence and leaving employment) and inability to recruit permanent practice nurses had led to an increase in exception reporting. At the time of the inspection there was one practice nurse working at the service and a health care assistant. The practice was using locum practice nurses and was in the process of recruiting a further practice nurse.</p>				

## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	112	113	99.1%	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) (01/04/2017 to 31/03/2018) (NHS England)	132	137	96.4%	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) (01/04/2017 to 31/03/2018) (NHS England)	112	137	81.8%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	132	137	96.4%	Met 95% WHO based target (significant variation positive)

### Any additional evidence or comments

Childhood immunisation uptake rates were overall in line with the target percentage of 90% or above. The practice was taking action to ensure that the target was reached for all immunisations by offering opportunistic screening, flexible appointment times and contacting the health visiting service when appointments were missed to encourage attendance. The practice had experienced a shortfall in the number of practice nursing hours available due to nurses leaving their employment or being on long term absence. The practice was actively recruiting a further practice nurse and was using locum nurses to cover the shortfall.

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)	69.0%	75.8%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.4%	71.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.5%	54.4%	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)	68.2%	70.8%	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)	51.1%	55.5%	51.6%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <ul style="list-style-type: none"> <li>The practice had experienced a decrease in practice nurse availability over the last 12 months as a result of absence and practice nurses leaving their employment. The practice had not been able to recruit to these posts and had used locum practice nurses and also recruited advanced nurse practitioners who could assist with cervical screening. At the time of the inspection the practice had one permanent practice nurse and was in the process of recruiting a further practice nurse. To increase coverage of cervical screening the practice offered early morning and evening appointments, opportunistic screening, alerts were placed on patient records and the importance of this screening was publicised at the practice.</li> </ul>				

## People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	98.5%	92.9%	89.5%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.0% (9)	18.9%	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)	95.3%	92.1%	90.0%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.7% (11)	14.6%	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)	71.2%	81.7%	83.0%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (2)	6.3%	6.6%	
<b>Any additional evidence or comments</b>				
<p>The percentage of patients diagnosed with dementia whose care plan has been reviewed in the preceding 12 months was below local and national averages. The practice manager told us that a reduction in practice nursing staff had impacted on the availability of other clinicians to carry out these assessments. The practice had a plan in place to address this.</p>				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score as a % of number of points available	100%	99.5%	96.6%
Overall QOF exception reporting (all domains)	9.8%	7.1%	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)	90.7%	95.0%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (12)	0.7%	0.8%	

### Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<ul style="list-style-type: none"> <li>Clinicians understood the requirements of legislation and guidance when considering consent and decision making.</li> <li>Clinicians told us how they supported patients to make decisions. Where appropriate, they told us they assessed and recorded a patient's mental capacity to make a decision.</li> </ul>

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	3
Number of CQC comments received which were positive about the service	3
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	“All very good.” “Nothing is too much trouble and everyone is very courteous, caring and polite. They are all professional and very efficient.”



## 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
10297	325	117	36%	1.14%

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)	98.6%	87.6%	89.0%	Variation (positive)
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)	93.0%	86.9%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.8%	94.1%	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)	93.2%	82.9%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
March 2018	The practice commissioned its own patient survey to enable practice to be improved. Two hundred and seventy-seven patients responded. This benchmarked the practice against other participating practices. The results showed that the practice achieved good results in a number of areas such as clinicians' ability to listen, give explanations, reassurance and showing concern for the patient. The survey identified that improvements could be made to access such as seeing a clinician within 48 hours and access to the service by telephone. The practice had developed an action plan in relation to the responses received.

Any additional evidence
The practice sought patient feedback by utilising the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from August to October 2018 showed there had been two hundred and nine responses completed and one hundred and ninety-five (93%) of the respondents were either extremely likely or likely to recommend the practice.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke to two patients who said they were involved in their care and treatment.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.6%	93.6%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	208 carers (2%)
How the practice supports carers	There was a carer's lead who identified carers and provided them with relevant information about GP and local services. The carers lead had regular contact with the Carers Trust so they could provide patients with up to date information. There was a carer's notice board in the waiting area which provided useful information, for example, about local support services.
How the practice supports recently bereaved patients	Recently bereaved patients were offered an appointment to discuss any support they may need and they were provided with the contact details of local bereavement support services and offered a referral for counselling.

## 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	Staff had received training and guidance in promoting patient confidentiality and respecting patients' privacy. The waiting room chairs were positioned away from the reception area, patients were encouraged to stand away from reception when they were waiting to speak to the receptionist. A privacy screen separated the reception and waiting area. A radio was on in the waiting area.

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

Examples of specific feedback received:

Source	Feedback
Interviews with patients.	We spoke to two patients who said their privacy was respected.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	7am – 8pm
Tuesday	7am – 8pm
Wednesday	7am – 6.30pm
Thursday	7am – 6.30pm
Friday	8am – 6.30pm

Extended hours opening	<p>Early and late evening appointments provided: -</p> <p>Phlebotomy clinic from 7am Monday - Thursday            Advanced nurse practitioner – from 7am, Monday, Tuesday and Wednesday            Physio First – from 7am Monday, Wednesday and Friday            GP appointments on ad hoc days from 7am – 6.30pm and telephone consultations until 8pm Monday and Tuesday            The practice offered alternate Saturday morning appointments from 8am – 12pm with the practice nurse and physiotherapist.</p>
Additional services	<p>The practice was part of a mini-hub with practices across Vale Royal and South Cheshire. They saw each other's patients in the week late evenings. The five GP practices in Winsford had also commissioned a paediatric clinic which ran every weekday from 3pm-6pm and was for any child under 11 who was acutely unwell on the day. A rota was in place with each practice taking turns to provide the clinic from their own premises.</p>
Out of hours arrangements	<p>Patients were directed to telephone 111. Some out of hours clinics were held at the same premises as the practice.</p>

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 recorded and the designated GP telephoned the patient back to assess whether a home visit or other action was necessary.	

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10297	325	117	36%	1.14%

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)	96.2%	94.1%	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)	57.3%	59.4%	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)	67.0%	67.6%	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)	67.9%	64.7%	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)	71.1%	75.3%	74.4%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <ul style="list-style-type: none"> <li>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 was in line with local but lower than national averages. A new telephone system was installed at the practice in September 2018. The message played to patients telephoning the practice directed them to possible alternative services and the best time to contact the practice.</li> </ul>				

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The two patients spoken with told us that they could easily make an urgent appointment but making a routine appointment at a suitable time could be more difficult.



## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	9
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<ul style="list-style-type: none"> <li>• Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.</li> <li>• The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaint. It acted as a result to improve the quality of care.</li> <li>• An annual review of complaints to identify patterns and trends had been submitted to the CCG but a copy had not been retained.</li> </ul>	

Example of how quality has improved in response to complaints
<ul style="list-style-type: none"> <li>• Following a complaint about some medication not being available to order on repeat prescription the patient information booklet was updated with guidance to patients on the process for obtaining this medication.</li> <li>• Following a complaint about not obtaining an emergency appointment due to GP sickness. The complaint investigation identified that the patients' needs could have been met by signposting to other services. Training on signposting was provided to reception staff.</li> </ul>

# Well-led

## Leadership capacity and capability

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

The GPs, nurses and senior administrative staff had active leadership roles. The provider had identified its vision and values. It had identified its challenges and had plans in place or was formulating plans to address these. Various meetings were held. The practice had identified that role specific meetings for the nursing team needed to be formalised and planned to ensure these occurred on a regular basis.

## Vision and strategy

### Practice Vision and values

The provider had an articulated vision to strive for excellence and work in partnership with patients to ensure they were supported in their healthcare in a setting that met their expectations.

The mission statement was publicised at the practice and staff spoken with about this said they had been involved in discussions as to how the practice could improve and ensure it met its mission statement.

## Culture

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

The management team had oversight of the service quality and performance. Quality improvement initiatives were evident, that included audit. Overall, there were processes for providing staff with the development they needed. There were positive relationships between staff and teams. Staff were involved in local community groups and projects which influenced health care provision. For example, the practice worked with the CCG to develop new initiatives. They were a pilot site for the Macmillan Toolkit which provided an up to date electronic health record that could be shared across organisations in the last weeks of a patients' life. The practice worked closely with Brightlife a charitable organisation that provided support to people aged over 50. One of the GPs was on the governing board of Bright Life which meant the practice could feed into discussions about service provision and patients' needs.

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> <li>• They told us there were positive working relationships between staff and teams.</li> <li>• Staff stated they felt respected, supported and valued.</li> <li>• Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.</li> <li>• They told us there was good communication between all staff.</li> </ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• They told us they had access to support and training to meet the requirements of their roles.</li></ul> |
|--|---|

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The provider had policies and procedures in place to support the delivery of the service.
Allocation of leadership roles	Staff had responsibility for different areas which ensured these areas were being overseen and monitored. For example, there was a lead member of staff who monitored the quality indicators, lead for cancer, medicines management, cardiology, CCG chair and liaison, safeguarding, information governance, carers, information technology.
	<b>Y/N</b>
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 had access to this plan and were aware of action to be taken.	Y

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Ensuring safe staffing levels	Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
Medical emergency support for patients	The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.

## 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
<p>The practice had a Patient Participation Group (PPG) however following a recent decision by the CCG the PPGs for the GP practices in the Winsford area were meeting together and not individually. The practice manager planned to liaise with the CCG engagement lead to discuss how to ensure that feedback about the practice is received following this change. We met with two members of the PPG who told us that at present the main issue for the Winsford practices is about increasing the membership of the PPG and ensuring that the members better reflect the patient population.</p> <p>Healthwatch had visited the practice in April 2018 and had provided feedback. The practice demonstrated how it had considered this feedback and acted to address the issues raised. For example, in response to difficulty in accessing a practice nurse appointment the practice had ensured sufficient locum practice nursing staff were available and since April 2018 introduced more practice nurse appointments early morning and on a Saturday morning. In response to feedback that reception staff could be unwelcoming a protected learning time event had been dedicated to looking at the role of reception staff, the challenges they face and support staff may require.</p>

Any additional evidence
A newsletter was produced for patients which provided useful information about changes to the practice, staffing, on-line access, health issues and the importance of notifying the practice if a patient is not attending an appointment.

## Continuous improvement and innovation

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

Audit area	Improvement
Pre - diabetes	An audit and re-audit of patients at risk of developing diabetes was undertaken to ensure they had been coded so that they received the appropriate advice and guidance. This identified that patients were not always being correctly coded but they had received the appropriate lifestyle advice and had been seen by a clinician. The audits resulted in steps being taken to ensure that the coding is consistently applied and it led to a letter being developed that was sent to all patients at risk advising them to book an appointment with the practice nurse.
Gestational diabetes	An audit was undertaken of patients who had previously had gestational diabetes as they were at risk of developing diabetes and it is recommended they have an annual blood test. This identified that a system was not in place to ensure these annual checks take place. The

audit resulted in a system being developed to address this.

### Any additional evidence

One of the GPs was the lead for cardiology for the CCG and they had recently completed a Masters degree in Cardiology. They had worked closely with the local hospital and had just completed a 12-month pilot in a community heart failure clinic. They had worked to expand this to one clinic for each care community across the locality. This had significant benefits for the heart failure patients at this practice who could be treated locally, in a timely manner, adhering to the latest NICE quality standards for chronic heart failure. This also supported other clinicians to develop their cardiology skills to deliver improved care for all patients.

One of the GP partners was the lead for cancer and end of life care at the Clinical Commissioning Group (CCG). They had worked with the Action on Cancer team and together they had recently won an award for the most improved outcomes of patients affected by cancer. They were also nominated for a local CCG award in recognition of their work on cancer.

Another GP was the Chair of the Vale Royal and South Cheshire CCG which enabled them to keep the practice up to date regarding service provision and initiatives.

The practice was keen to consider new initiatives instigated by the CCG. For example, they were a pilot site for the Macmillan Toolkit which provided an up to date electronic health record that could be shared across organisations in the last weeks of a patients' life.

The practice used social media to provide information and advice to patients and seek their views. The practice engaged with patients via twitter and had arranged to meet with one patient who had ideas on how to make improvements to the service. One of the GPs had written a successful blog on getting the most out of a GP appointment which had been accessed by patients and professionals and used in other practices. This covered issues such as how a GP practice operates, role of reception staff and effective communication about health issues. Two GPs had done a podcast on Brightlife (part of the lottery funded Better Ageing Programme) about the role of the GP in combatting social loneliness and isolation.

The practice was planning to introduce eConsult an on-line triage and consultation tool.

#### 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 practice's 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](#)).