Care Quality Commission

Inspection Evidence Table

Cleveland Surgery (1-560673438)

Inspection date: 01 November 2018

Date of data download: 05 November 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes*
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any answers: *The practice used one locum GP who had completed Level 2 Safeguarding training. After the inspection, the practice provided evidence the GP was booked on Level 3 Safeguarding Adults and Children.	

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: *The practice compiled a spreadsheet showing Hepatitis B vaccination information but there were some data missing or which was unclear.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: May 2018	Yes
There was a record of equipment calibration Date of last calibration: 30/04/18	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	No
Fire risk assessment Date of completion	Yes 25/09/18
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment: 2018	Yes
Health and safety risk assessment and actions Date of last assessment: 06/10/18	Yes
Additional comments: Gas certificate completed 01/11/18 Legionella water testing was carried out monthly. Risk assessment was last completed 07/09/16, due again on 07/09/18. We saw this was booked for November 2018.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Yes 12/2017 Yes
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
Explanation of any answers: *Sepsis guidelines were available in all clinical rooms.	

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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.22	1.08	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)	12.3%	10.6%	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.	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.	Yes
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**
Explanation of any answers: *There was no evidence of a risk assessment to determine a decision had been made to omit Dexamethasone from the stock of emergency medicines. Following the inspection the practice told us Dexamethasone had been added to the emergency medicine stock and a risk assessment had been completed. **One fridge was plugged into an extension cable. This was labelled and staff were aware of the risk which was recorded on the infection control audit.	

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.	23

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

Event	Specific action taken
Letter sent to wrong patient	Reminder to check patient identifier information carefully.
Pathology results	Standard operating procedure created and pathology result audits added to audit programme.
Patient asked for call by GP urgently	Full information was not disclosed to GP, staff member disciplined.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: A flow chart had been developed which showed how the alert was dealt with.	

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)	2.18	1.25	0.83	Variation (negative)

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)	60.8%*	78.6%	78.8%	Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	2.9% (25)	11.4%	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)	76.2%	78.6%	77.7%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	1.9% (16)	8.0%	9.8%	

Any additional evidence or comments: *The practice had improved the number of patients who have been recalled for review during the current year 2018/19. Unverified data from January 2019 showed 73.9% of patients with diabetes had received a review, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months.

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)	65.0%*	79.6%	80.1%	Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	5.8% (50)	14.7%	13.5%	

Any additional evidence or comments: * The practice had improved the number of patients who have been recalled for review during the current year 2018/19. Unverified data from January 2019 showed 72% of patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less.

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)	65.8%*	76.8%	76.0%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	1.7% (16)	8.8%	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)	53.6%**	85.8%	89.7%	Significant Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	4.0% (14)	12.2%	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)	80.7%***	84.2%	82.6%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	3.1% (59)	3.4%	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)	82.6%	92.8%	90.0%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0.9% (2)	4.6%	6.7%	

Any additional evidence or comments:

*The practice had improved the number of patients who had received an asthma review during the current QOF year 2018/19 to 73% (unverified data).

**The practice had improved the number of patients who have been recalled for review during the current year 2018/19. Unverified data from January 2019 showed 84.7% of patients with COPD had received a review including an assessment of breathlessness in the preceding 12 months.

***87.6% of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less (unverified January 2019).

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)	147	162	90.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	130	139	93.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	133	139	95.7%	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)	134	139	96.4%	Met 95% WHO based target (significant variation positive)

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)	73.6%	76.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) **(PHE)**	79.7%	74.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)**(PHE)**	53.5%	60.8%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) **(QOF)**	98.2%	92.9%	93.6%	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)	41.7%	49.7%	51.6%	Comparable with other practices

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)	43.0%	85.0%	89.5%	Significant Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	5.3% (6)	18.3%	12.7%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	53.6%	85.7%	90.0%	Significant Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	2.7% (3)	16.1%	10.5%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	76.1%	83.0%	83.0%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	6.3% (9)	7.6%	6.6%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	476	484.7	486.9
Overall QOF exception reporting (all domains)	5.5%	9.6%	10.1%

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)	93.2%	94.4%	95.1%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0.8% (29)	1.0%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Written consent was sought from patients and recorded appropriately.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	12
Number of CQC comments received which were positive about the service	7
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comment cards	Comments included information about how the practice staff were friendly, helpful, polite and respectful. One card included comments about how the patient did not feel listened to by one GP.
NHS Choices	One reviewer praised the nurse who was professional, friendly and dealt with the patient's condition efficiently. Another reviewer commented on the GP who they felt was in a hurry and did not seem interested in the patient.
Practice feedback	We saw numerous examples of patients who had sent thank you cards to the practice expressing their gratitude for the care and treatment received. Patients contacted the surgery and said thank you when they moved practices and also for the kindness shown when their relative was being looked after.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipos 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
13046	253	92	36.4%	0.71%

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)	81.2%	88.5%	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)	82.9%	87.7%	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)	89.8%	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)	58.5%	83.1%	83.8%	Variation (negative)

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

Date of exercise	Summary of results
November 2018	In conjunction with the PPG, the practice was in the process of carrying out a patient survey. Practice leaders we spoke with told us they delayed sending out the survey as they wanted to ask for feedback about the extended hub and the minor surgery which were both new services. The survey asked patients if they knew about the new services as they wanted to understand whether they needed to raise awareness. At the time of the inspection, the practice had received less than ten completed surveys. Responses about the services provided by the practice and overall satisfaction levels were positive.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Two out of four patients we spoke with felt involved in their care and treatment. Two told us it depended on which GP they saw; their own GP listened to them but when they saw other GPs they were not as engaged.

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)	96.5%	94.2%	93.5%	Comparable with other practices

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 38 carers which was 0.002% of the practice population.*
How the practice supported carers	The practice provided a carers pack to carers and there was a noticeboard in reception which included useful information and signposting.
How the practice supported recently bereaved patients	The GP called patients six weeks after the bereavement to review care and support needs. The practice sent patients a card with leaflets which provided information on bereavement services.

Any additional evidence
*The practice was reviewing its data on carers as it was aware the numbers of identified carers were lower than expected. Following the inspection, the practice told us they were continuing to work on identifying and offering support to all carers.

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	The practice had a notice which requested patients wait at a particular point to try and ensure patient confidentiality.

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

Examples of specific feedback received:

Source	Feedback
Patient interviews	Four out of five patients we spoke with told us they felt privacy and dignity was always respected by reception and medical staff. One of these patients felt there had been improvements in this area in the last few months. One patient out of five felt reception staff asked too many questions and other patients could overhear their conversation.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	**Time**
Monday	8:00am to 6:30pm
Tuesday	8:00am to 6:30pm
Wednesday	8:00am to 6:30pm
Thursday	8:00am to 6:30pm
Friday	8:00am to 6:30pm

Appointments available	
	8:45am to 11:45am and 3:15pm to 5:30pm.
Extended hours opening	
	Monday 6:30pm to 8:00pm
Extended access	Appointments were available between 6.30pm and 8pm Monday to Friday, 10am to 12 noon Saturdays and 10am to 11.30am on Sundays.

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	
Patients who requested a home visit were asked for details and the information was passed to the GP to call if necessary before visiting.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13046	253	92	36.4%	0.71%

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)	87.4%	95.4%	94.8%	Variation (negative)

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)	26.6%	70.5%	70.3%	Variation (negative)
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)	38.3%	68.1%	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)	39.1%	64.9%	65.9%	Variation (negative)
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)	52.7%	75.4%	74.4%	Variation (negative)

Practice leaders were aware that patient satisfaction levels were below local and national averages for timely access to the service. They had recruited further reception staff and introduced more telephone lines and considered other staff roles which may impact on and improve overall patient access.
Following the inspection, the practice provided evidence to show that patient DNA rates were on average 6% which was above national rates.
From September 2018, the practice offered an extended access service at evenings and weekends. After the inspection, the practice told us there were 76 unused GP appointments in December. The DNA rate was 20% and as a result of this data leaders told us they will be working with the CCG and reviewing their DNA processes.

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Feedback was mixed with some patients praising the practice for responding to their needs so quickly and that their experience was a positive one. Other patients fed back their frustration about not being able to get through by telephone and problems with repeat medication prescriptions. Recent feedback was more positive and included patients who had transferred to the practice and who were pleased to be able to access an appointment more quickly than their previous surgery.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	34
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:

Recent records of complaints showed the practice had improved its overall response to complaints and the quality of its communication. Responses were polite, made within the practice policy timescale and responded to the issues raised by the complainant. The practice apologised when necessary and considered ways to reduce future complaints.

Example of how quality has improved in response to complaints

Practice leaders had completed a trend analysis report of all verbal and written complaints to highlight recurring trends or issues. The practice had acted on the analysis and responded to the issues identified. These actions included: developing a standard letter, advising reception staff not to give advice and improving the information available on the website including when the surgery was closed for training.

Any additional evidence

The practice had developed a patient satisfaction action plan with areas for improvement, actions taken, lead person, timescale and how this would be monitored.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
The practice had considered leadership, capacity and capability and had recently recruited an additional assistant practice manager. The leadership team acknowledged they had underestimated the impact of almost 4000 new patients in early 2017. However, more recently they had worked collaboratively as a team to respond in a proactive and positive way.

Any additional evidence
Staff were asked for their ideas about which audits should be carried out.

Vision and strategy

Practice Vision and values
Practice leaders we spoke with told us they wanted to go the extra mile and to take the surgery forward.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
Team meetings were scheduled and prioritised. The practice introduced huddles for staff to support one another and which helped improve communication.

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

Source	Feedback
Staff feedback	Meetings were too long so as a result the content of meetings was changed and a 'lunch and learn' meeting was introduced.
Staff feedback	Staff fed back they were confused by the recall policy so the policy was looked at and revised.

Any additional evidence
Staff we spoke with told us they were proud of the way staff have pulled together as a team to make improvements.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The recall policy had been revised following discussion.
Other examples	Standard operating procedure had been introduced for NICE and MHRA alerts which showed actions and responsibilities and NICE guidance was added to clinical meetings as a standing agenda item.

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
The practice completed a comprehensive RAG rated action plan based on the inspection report with clear actions, timeframe and persons responsible. This was updated regularly.

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
Policy out of date	Action plan to update
Coding issue identified	Staff worked extra hours to amend incorrect coding
QOF rates low	The practice had prioritised resources to improve QOF rates which reduced the risks to patients
Risk register	The practice had recorded their risks on a risk register to monitor and review risks in a more organised way.

Any additional evidence
*More than one version was in use and not all staff were aware of the purpose and content of plan.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
Members of the PPG we spoke with told us the practice engaged with them and the patients to make improvements. They understood that some suggestions were unable to be acted upon due to financial constraints.
The practice displayed PPG meeting minutes and information about the PPG to encourage new members.
A 'Your Opinion Counts' board was displayed in the reception area to let patients know how the practice responded to their feedback.

Any additional evidence
The practice analysed the Friends and Family test text responses every month.
The practice had introduced a 'We Need Your Help!' form which asked for feedback from parents or carers of young children.

Continuous improvement and innovation

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

Audit area	Improvement
Pathology results	A standard operating procedure had been created to improve safety and clarify responsibilities.
Prescription audit	The practice had carried out two cycle prescription audits to improve patient safety.

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 ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	Comparable to other practices	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥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).