

# Care Quality Commission

## Inspection Evidence Table

### Lower Broughton Medical Practice 3 (1-545216295)

Inspection date: 5 April 2018

Date of data download: 04 April 2018

## Safe

### Safety systems and processes

Source	
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. They 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
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. 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
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

<b>Recruitment Systems</b>	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current 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

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 28 March 2018
There was a record of equipment calibration Date of last calibration:	Yes 21 June 2017
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	Yes
Fire risk assessment Date of completion	Yes 23 March 2018
Actions were identified and completed.	Yes
Additional observations:	No
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes Daily
Health and safety risk assessment and actions Date of last assessment:	Yes January 2017
Additional comments: A Legionella risk assessment was completed on September 2017. Water temperatures were monitored with a thermometer and recorded monthly. Evidence of checks were seen.  Employee stress related risk assessment was performed in 20 March 2018	

<p><b>Infection control</b></p> <p>Risk assessment and policy in place  Date of last infection control audit:  The provider acted on any issues identified</p> <p>Detail:  The flooring needed to be repaired which had now been completed, and also the plaster on walls had been replaced in response to the risk assessment.</p> <p>Some of the infection control policies needed a review date. The cleaning schedules used by the cleaning contractor were not regularly completed, and were not aligned to the practices own cleaning policy.</p> <p>We found that the clinical waste room was not securely locked.</p>	<p>Yes  7 July  2017  Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>No</p>

<b>Any additional evidence</b>	
<p>The clinical waste room was not securely locked.</p>	

## Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	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 NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes

## Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	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

## Safe and appropriate 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). (01/07/2016 to 30/06/2017) (NHSBSA)	1.31	1.14	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) (NHSBSA)	11.0%	9.8%	8.9%	Comparable to other practices

Medicine Management	
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 PGDS or PSDs).	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 CD 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.	NA
Up to date local prescribing guidelines were in use. 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 GMC 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 The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes 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

## Track record on safety and lessons learned and improvements made

Significant events	
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.	Seven
Number of events that required action	Seven

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

Event	Specific action taken
A patient used threatening behaviour towards a locum GP.	The locum pack was updated to include details of the panic button. Staff were reminded to be more observant with regard to the security of doors leading towards the clinical rooms.
An audit revealed less than 2% of patients had registered for online services which was below the target of 20%.	All staff made a conscious effort to encourage patients to register for online services which resulted in an increase of uptake to 15% within six months.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>A policy is in place for patient safety alerts. The practice pharmacist was responsible for carrying out searches and then would pass on any recalls to the GP.</p>	

Any additional evidence
No further evidence.

# 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). (01/07/2016 to 30/06/2017) (NHSBSA)	0.43	0.92	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	66.1%	79.6%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (7)	11.8%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	62.9%	80.9%	78.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (13)	8.5%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	64.9%	79.1%	80.1%	Variation (negative)
QOF Exceptions	4.7% (14)	12.7%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	77.4%	74.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (5)	11.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	76.0%	86.2%	90.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (10)	11.4%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	65.8%	85.0%	83.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (9)	4.9%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	93.0%	91.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (4)	5.8%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	55	58	94.8%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	64	69	92.8%	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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	64	69	92.8%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	68	69	98.6%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	52.1%	68.2%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	57.8%	63.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	43.4%	52.5%	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)	66.7%	75.7%	71.2%	N/A

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	90.3%	88.2%	90.3%	Comparable to other practices
<b>QoF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	10.0% (8)	12.3%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	98.7%	90.4%	90.7%	Comparable to other practices
<b>QoF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	3.8% (3)	9.6%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	91.7%	89.1%	83.7%	Comparable to other practices
<b>QoF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	7.7% (2)	5.6%	6.8%	

### Monitoring care and treatment

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
Overall QoF score (out of maximum 559)	491	516	539
Overall QoF exception reporting	4.6%	5.0%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes

### 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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	Yes

### Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	93.2%	94.1%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (4)	1.0%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	27.5%	43.4%	51.6%	Comparable to other practices

### Any additional evidence

No further evidence.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	44
Number of CQC comments received which were positive about the service	44
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	Patient comment cards: “Care is very good and staff are friendly.” “I have always been treated with dignity and respect.” “Great bunch of staff and they are always happy to help.”

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
6,035	387	(Surveys sent divided by Practice population) x 100	117	30.23%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	63.4%	77.2%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	75.9%	88.4%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	81.7%	94.3%	95.5%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	69.4%	85.0%	85.5%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.4%	92.2%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	89.4%	91.0%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
Annually	In house patient survey is conducted to gather the views of patients on various topics.

Any additional evidence
<p>Positive results from the Friends and Family test, for example: Friends and Family test results – February 2018 Total collected - 18 Extremely likely - 10 Likely – 8 Unlikely – 0 Neither likely or unlikely - 0 Extremely unlikely - 0</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	All patients were positive about the care and treatment. Patients were happy with the way staff treated them.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	74.6%	85.5%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	64.8%	81.8%	82.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	85.8%	89.7%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	83.2%	86.2%	85.4%	Comparable to other practices

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 80 patients as carers (1% of the practice list).
How the practice supports carers	<p>The practice proactively identified patients who were carers. They did this through their electronic computer system and had identified a staff member as lead for carers. The practice's computer system alerted GPs if a patient was also a carer.</p> <p>Carers were offered health checks and flu jabs. They were also signposted to other services that could offer support.</p>
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their usual GP contacted them and all staff in the practice were notified of this. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

## Privacy and dignity

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	Chairs were situated away from the reception desk. Computer screens were facing away from patients.

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

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	7am – 6pm
Tuesday	7am – 6pm
Wednesday	7am – 6pm
Thursday	7am – 6pm
Friday	7am – 6pm

Outside of practice opening times patients were diverted to the NHS 111 out of hours service.

Home visits	
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	
Everybody that requested a home visit was placed on a home visit list and this was triaged by the GP.	

## 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 were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. <b>(01/01/2017 to 31/03/2017)</b>	81.5%	81.6%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" <b>(01/01/2017 to 31/03/2017)</b>	72.3%	70.1%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment <b>(01/01/2017 to 31/03/2017)</b>	74.7%	72.2%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment <b>(01/01/2017 to 31/03/2017)</b>	72.8%	70.6%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Patients commented that it was easy to get an appointment .

## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.  
Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

<b>Complaints</b>	
Number of complaints received in the last year.	3
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	1
<b>Additional comments:</b>	
The practice also recorded verbal complaints.	

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
Staff described the vision as the patients are the first concern and to maintain a safe and manageable service.

### Culture

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

Source	Feedback
Staff	Very caring practice, patients are treated equal. There was a mixed culture and there was no discrimination between any patients that wanted to register.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff	Any correspondence that needed dealing with would be sent electronically rather than a paper copy being sent to the GP and this improved the audit trail.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Staff	All incidents and complaints were fully investigated. Patients were given a full explanation and feedback about the conclusions of investigations.

Examples of concerns raised by staff and addressed by the practice

Source	Example
	None raised.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff	Risk assessments were in place for health and wellbeing.
Staff	The practice had recently increased the annual leave entitlement for staff.
Staff	There were regular staff away days.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff	The practice did not discriminate against race religion or disability.

Examples of actions to improve quality in past 2 years

Area	Impact
Staff	The practice was working towards a paperless way of working.
Policy	Emergency clinical protocols were now in each clinical room.

Examples of service developments implemented in past 2 years

Development area	Impact
All practice	The practice was working towards achieving all the key performance indicators (KPIs) on the Salford standards.

### Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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### Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Patient survey Patient participation group Friends and family test	The practice listened to what patients had said and had made improvements in response. For example, the PPG suggested that staff should wear ID name tags to be more identifiable, which the practice then put in place.
Public	Website	Information was available on the practice's website to inform people what service they offer.
Staff	Meetings	Regular staff meetings were held to keep staff up to date with changes.
External partners	Neighbourhood meetings	Best practice was shared across the neighbourhood and any learning was discussed.

### Feedback from Patient Participation Group;

Feedback
The PPG worked with the practice and will often make suggestions or raise concerns with the practice.

## Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
Improvements to the telephone system so that patients were diverted to the correct GP surgery within the building.	The phone system was now more efficient as patients were played a recorded message and then selected which surgery they are registered with.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice was working towards improving their scores for the Salford Standard.	Improvement to patient safety and better access for patients.

Any additional evidence
No further evidence

### 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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

#### Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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>