

Care Quality Commission

Inspection Evidence Table

Chestnut Practice (1-564519441)

Inspection date: 10 April 2018

Date of data download: 25 April 2018

Safe

Safety systems and processes

| Source | 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. 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) | No |
| 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 |
| Explanation of any 'No' answers: The health care assistant (HCA) had received Level 1 safeguarding children training. Following our inspection the practice sent us evidence that the HCA had received Level 2 safeguarding children training appropriate to their role. | |

| Recruitment Systems | Y/N |
|---|-----|
| 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 | Yes |

| | |
|---|-----|
| pharmacists) was checked and regularly monitored. | |
| Staff who require medical indemnity insurance had it in place | Yes |

| Safety Records | Y/N |
|--|---------------------|
| There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: | Yes April 2017 |
| There was a record of equipment calibration Date of last calibration: | Yes April 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 | Yes |
| Health and safety Premises/security risk assessment? Date of last assessment: | Yes January 2018 |
| Additional comments: Other health and safety risk assessments were carried out by the health centre. The practice carried out risk assessments of their environment and reported areas of concern to the health centre management. For example, the carpet in a back office posed a trip hazard. The practice manager reported the issue which was temporarily fixed. | |

| Infection control | Y/N |
|--|---------------------|
| Risk assessment and policy in place Date of last infection control audit: | Yes October 2017 |
| The provider acted on any issues identified: | Yes |
| The arrangements for managing waste and clinical specimens kept people safe? | Yes |
| Any additional evidence | |
| | |

A legionella risk assessment for the building took place in February 2018. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Risks to patients

| Question | Y/N |
|--|-----|
| 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. | No |
| 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 |
| Explanation of any 'No' answers: | |
| Not all reception staff we interviewed were able to demonstrate an understanding of 'red flag' sepsis symptoms. | |

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 |
| 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. | No |
| The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols. | Yes |
| Explanation of any 'No' answers: | |
| We noted one GP did not document the action taken for some results that appeared to be awaiting review. The GP was able to provide an explanation on why these results remained awaiting review. For example, if the patient could not be immediately contacted. During our inspection the GP updated these records with the action taken. | |

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) | 0.71 | 0.81 | 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) | 7.4% | 8.0% | 8.9% | Comparable to other practices |

| Medicine 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 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 |
| Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice. | Yes |
| The practice held appropriate emergency medicines. | 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 use of a shared 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 | 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. | 2 |
| Number of events that required action | 2 |

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

| Event | Specific action taken |
|---|---|
| To whom it may concern letter issued in error | Investigated and external agencies informed. New procedures implemented to prevent recurrence. Learning shared in a practice meeting. |

| Safety Alerts | Y/N |
|--|-----|
| There was a system for recording and acting on safety alerts | Yes |
| Staff understand how to deal with alerts | Yes |
| <p>Comments on systems in place:</p> <p>There was a safety alerts protocol in place. All alerts were printed out by the practice manager or a GP partner and given to the on-duty clinician to review and action where appropriate and necessary. An alerts folder was also kept in the practice manager's office.</p> | |

Effective

Effective needs assessment, care and treatment

| Prescribing | | | | |
|---|----------------------|-------------|-----------------|-------------------------------|
| Indicator | Practice performance | CCG average | England average | England comparison |
| Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA) | 0.75 | 0.71 | 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) | 69.7% | 75.1% | 79.5% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) 2.7% (20) | CCG Exception rate 7.6% | England Exception rate 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) | 64.4% | 74.2% | 78.1% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) 4.5% (33) | CCG Exception rate 7.4% | England Exception rate 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) | 69.7% | 75.0% | 80.1% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |

| | | | | |
|--|------|------|------|-------|
| | 3.0% | (22) | 8.7% | 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. (01/04/2016 to 31/03/2017) <small>(QOF)</small> | 79.3% | 76.0% | 76.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 3.2% (11) | 3.3% | 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 (01/04/2016 to 31/03/2017) <small>(QOF)</small> | 90.5% | 89.2% | 90.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 3.1% (2) | 8.7% | 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 (01/04/2016 to 31/03/2017) <small>(QOF)</small> | 77.9% | 81.6% | 83.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 1.6% (18) | 3.5% | 4.0% | |
| Indicator | Practice | CCG average | England average | England comparison |
| In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) <small>(QOF)</small> | 76.0% | 86.4% | 88.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0 (0) | 6.7% | 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. (01/04/2016 to 31/03/2017) (NHS England) | 123 | 131 | 93.9% | 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) (01/04/2016 to 31/03/2017) (NHS England) | 27 | 123 | 22.0% | 80% or below Significant variation (negative) |
| The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England) | 100 | 123 | 81.3% | Below 90% Minimum (variation negative) |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England) | 103 | 123 | 83.7% | Below 90% Minimum (variation negative) |

| 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 (01/04/2016 to 31/03/2017) (Public Health England) | 65.3% | 63.8% | 72.1% | Comparable to other practices |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE) | 64.8% | 67.3% | 70.3% | N/A |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE) | 36.7% | 44.9% | 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) | 75.0% | 70.2% | 71.2% | N/A |

| Mental Health Indicators | | | | |
|--|----------|-------------|-----------------|-------------------------------|
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of patients with schizophrenia, | 97.4% | 87.7% | 90.3% | Comparable to other practices |

| | | | | |
|---|---|---------------------------|-------------------------------|-------------------------------|
| bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | | | | |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 7.3% (3) | 8.1% | 12.5% | |
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 100.0% | 93.0% | 90.7% | Variation (positive) |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 7.3% (3) | 5.8% | 10.3% | |
| Indicator | Practice | CCG average | England average | England comparison |
| The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 87.5% | 84.9% | 83.7% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 2.4% (1) | 10.6% | 6.8% | |

Monitoring care and treatment

| Indicator | Practice | CCG average | England average |
|--|----------|-------------|-----------------|
| Overall QOF score (out of maximum 559) | 521 | 536 | 539 |
| Overall QOF exception reporting | 4.0% | 5.2% | 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. | 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 practice nurses. | 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 (01/04/2016 to 31/03/2017) (QOF) | Yes |

Helping patients to live healthier lives

| Indicator | Practice | CCG average | England average | England comparison |
|---|--|--------------------|------------------------|-------------------------------|
| The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 96.6% | 95.7% | 95.3% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0.4% (7) | 0.9% | 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) (01/04/2016 to 31/03/2017) (PHE) | 57.9% | 50.1% | 51.6% | Comparable to other practices |

Caring

Kindness, respect and compassion

| CQC comments cards | |
|---|----|
| Total comments cards received | 27 |
| Number of CQC comments received which were positive about the service | 25 |
| Number of comments cards received which were mixed about the service | 2 |
| Number of CQC comments received which were negative about the service | 0 |

Examples of feedback received:

| Source | Feedback |
|-----------------------------|---|
| For example, Comments cards | The comment cards received were largely positive. Patients said they felt staff were caring, polite and helpful. They described examples where they were listened to and treated with respect, dignity and kindness. Patients also commented on the clean and hygienic environment of the practice. |

National GP Survey results

| Practice population size | Surveys sent out | % of practice population | Surveys returned | Survey Response rate% |
|--------------------------|------------------|--------------------------|------------------|-----------------------|
| 9,084 | 391 | 4% | 113 | 28.90% |

| 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 (01/01/2017 to 31/03/2017) (GP Patient Survey) | 83.4% | 76.2% | 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 (01/01/2017 to 31/03/2017) (GPPS) | 88.6% | 85.8% | 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?" (01/01/2017 to 31/03/2017) (GPPS) | 95.6% | 94.0% | 95.5% | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or | 86.2% | 82.1% | 85.5% | Comparable to other practices |

| | | | | |
|--|-------|-------|-------|-------------------------------|
| spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS) | | | | |
| 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 (01/01/2017 to 31/03/2017) (GPPS) | 91.1% | 85.8% | 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 (01/01/2017 to 31/03/2017) (GPPS) | 92.9% | 85.9% | 90.7% | Comparable to other practices |

| Question | Y/N |
|---|-----|
| The practice carries out its own patient survey/patient feedback exercises. | No |

Involvement in decisions about care and treatment

Examples of feedback received:

| Source | Feedback |
|--------------------------|---|
| Interviews with patients | Patients were positive about the involvement they had in their care and treatment. |
| Comment cards | Patients described how they felt listened to and how the doctors explained results and treatments to them clearly enabling them to be involved in decisions about their care. |

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 (01/01/2017 to 31/03/2017) (GPPS) | 83.9% | 82.9% | 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 (01/01/2017 to 31/03/2017) (GPPS) | 77.7% | 78.8% | 82.0% | 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 explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS) | 92.5% | 84.5% | 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 | 86.4% | 79.5% | 85.4% | Comparable to other practices |

| | | | | |
|-----------------------------------|--|--|--|--|
| (01/01/2017 to 31/03/2017) (GPPS) | | | | |
|-----------------------------------|--|--|--|--|

| 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 | 137 carers identified (approximately 2% of practice population) |
| How the practice supports carers | <ul style="list-style-type: none"> • Flu vaccinations • Health screening • Invite to patient participation group • Signpost to support services and CCG carers forum |
| How the practice supports recently bereaved patients | <ul style="list-style-type: none"> • Telephone support from clinicians • Condolence letter containing details of various organisations who offered guidance and support following bereavement was sent to families. |

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 | <ul style="list-style-type: none"> • Confidential calls taken in a private room. • Reception staff careful not to disclose personal information. |

| 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 |

Responsive

Responding to and meeting people's needs

| Practice Opening Times | |
|------------------------|-----------------------------|
| Day | Time |
| Monday | 08:00-18:30 |
| Tuesday | 08:00-18:30 |
| Wednesday | 08:00-18:30 |
| Thursday | 08:00-18:30 |
| Friday | 08:00-18:30 |
| Appointments available | |
| Monday to Friday | 08:30-12:30 and 14:00-18:30 |
| Extended hours opening | |
| Thursday | 18:30-19:30 |
| Friday | 07:00-08:00 |

| 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 | |
| If yes, describe how this was done | |
| A GP would telephone the patient or carer to gather information to allow for an informed decision to be made on prioritising a home visit according to clinical need. | |

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. (01/01/2017 to 31/03/2017) | 78.1% | 77.9% | 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?" (01/01/2017 to 31/03/2017) | 79.8% | 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 | 80.5% | 71.8% | 75.5% | Comparable to other practices |

| | | | | |
|---|-------|-------|-------|-------------------------------|
| to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017) | | | | |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017) | 77.7% | 71.6% | 72.7% | Comparable to other practices |

Examples of feedback received from patients:

| Source | Feedback |
|----------------------------|---|
| For example, Comment cards | <p>Positive (24 comments out of 27)</p> <ul style="list-style-type: none"> Patients said the practice was very accessible in an emergency with appointments available at short notice. Comments about reception staff described them as helpful in offering patients different options for their appointments. <p>Mixed feedback (three comments out of 27)</p> <ul style="list-style-type: none"> Partially positive comments referred to the punctuality of appointments and the waiting time to get a routine appointment. |

Listening and learning from complaints received

| Question | Y/N |
|--|-----|
| The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>) | Yes |
| Information was available to help patients understand the complaints system. | Yes |

| Complaints | Y/N |
|---|-----|
| Number of complaints received in the last year. | 7 |
| 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: | |
| The practice investigated complaints in a timely way. There was evidence of shared learning and action taken to prevent recurrence. | |

Well-led

Leadership capacity and capability

Vision and strategy

| Practice Vision and values |
|--|
| There was a practice mission statement displayed in reception area and staff knew and understood the values. |

Culture

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

| Source | Feedback |
|-----------------|--|
| Staff interview | Many staff had worked at the practice for a long period of time and staff turnover was low. Staff reported a positive working environment and described practice leaders as supportive and approachable. |

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

| Source | Example |
|-----------|---|
| Complaint | Evidence from a complaint regarding an incorrect prescription being issued. The practice dealt with the complaint with openness and transparency and apologised to the patient demonstrating a duty of candour. |

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

| Source | Example |
|-----------|--|
| Complaint | Evidence from a complaint regarding an aggressive patient. The practice team made a firm decision not to uphold a complaint and continue to follow the practice 'no tolerance to violent and aggressive staff' policy. |

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

| Source | Example |
|------------------|---|
| Training records | All staff provided with equality and diversity training |

Examples of actions to improve quality in past 2 years

| Area | Impact |
|--|--|
| Clinical audit. November 2017 (one cycle) | To ensure patients on Tomoxifen are not co-prescribed certain antidepressant medicines. The results showed 92% (12 out of 13) of patients identified were not co-prescribed the antidepressant medicines. The remaining patient was called for review to explain the interaction and possibility of introducing an alternative medicine. |

Examples of service developments implemented in past 2 years

| Development area | Impact |
|---------------------------------|---|
| Dedicated diabetes clinics | Better management of patients with uncontrolled diabetes. |
| Implemented Lithium protocol | A status alert was added to the records of patients taking Lithium and a quarterly recall added for the required blood tests. |
| Implemented prescription policy | A named staff member was responsible for ordering, distributing and storing prescription paper and pads. The policy in place ensured serial numbers were logged and prescriptions stored securely when the practice was open and overnight. |

Governance arrangements

| Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care. | |
|--|--|
| Learning from complaints and significant events | Learning shared at practice meetings, by email and informally. |
| Practice specific policies | All staff we spoke with knew how to access practice policies. |
| Staff were able to describe the governance arrangements | Yes |
| Staff were clear on their roles and responsibilities | No |
| Explanation of any 'No' answers: The practice lead for safeguarding was not aware this role had been assigned to them. The records we reviewed showed safeguarding concerns were followed up by clinicians. | |

Managing risks, issues and performance

| | |
|---|-----|
| Major incident plan in place | Yes |
| Staff trained in preparation for major incident | Yes |

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

| | Method | Impact |
|----------|---|--|
| Patients | <ul style="list-style-type: none"> • Patient participation group • NHS Choices • Friends and Family Test | Improved patient satisfaction with the overall service provided. |
| Staff | Appraisal and staff meetings | Improved staff morale and development goals. |

| | | |
|-------------------|---|--|
| External partners | Engagement with external partners to participate in a GP access Hub service | Improved access to appointments seven days a week. |
|-------------------|---|--|

Continuous improvement and innovation

| Examples of innovation and improvements | Impact on patients |
|---|--|
| Access to primary care coordinator | A clinical commissioning group (CCG) scheme to improve outcomes for patients in the area. A primary care coordinator provided administrative support to staff to enhance and improve pro-active care, prevention and self-care for patients including at risk groups, over 65s, patients with long-term conditions and those receiving health and social care support from multiple providers. |
| Access to primary care plus service | People experiencing mental health problems and who might benefit from extra support could be referred to this service. For example, to support people discharged from secondary care mental health services, such as a community mental health team, or prevent the need for referral to secondary care. |

Examples of improvements demonstrated as a result of clinical audits in past 2 years

| Audit area | Impact |
|---|--|
| Clinical audit. 2016 and 2017 (completed cycle) | To improve the management of patients with diabetes. Audit shows minimal improvement in HBA1C's in 2016 compared to 2015. Challenges identified include an increase in the number of patients diagnosed with diabetes: 694 in 2015/16 compared with 746 in 2016/17. Actions taken to improve care included weekly diabetic clinics, staff training and monthly monitoring of the CCG diabetic dashboard. |
| Clinical audit. August and December 2017 (completed cycle) | Clinical records and management plan for patients with chest pain reviewed in 2017. Second cycle audit showed the quality of notes had improved in line with good record keeping guidance to ensure 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, 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>