

Care Quality Commission

Inspection Evidence Table

Dr E Ahmed's Practice (1-509161006)

Inspection date: 05 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
Explanation of any 'No' answers:	
Additional information The practice was awaiting a completed DBS check for one of the GPs who was registering as a partner.	

Recruitment Systems	
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
Explanation of any 'No' answers: n/a	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last test:	Yes 25/5/2017
There was a record of equipment calibration Date of last calibration:	Yes 25/5/17
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	No
Fire alarm checks	No
Fire training for staff	Yes
Fire marshals	No
Fire risk assessment Date of completion	No
Actions were identified and completed. See below	No
Additional observations: See below	
Health and safety Premises/security risk assessment? Date of last assessment:	No N/A
Health and safety risk assessment and actions Date of last assessment:	No N/A
Additional comments: The practice was located in a building owned by NHS Property Services. The building manager did not keep the safety records in the building. The practice manager requested sight of the records twice after the inspection and as of 26/04/18 there had been no response.	

<p>Infection control</p> <p>Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified</p> <p>Detail: We saw an action plan following the last infection control audit which was ongoing and had last been reviewed in January 2018.</p>	<p>Yes October 2017 Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers: N/A</p>	

Any additional evidence
N/A

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
Explanation of any 'No' answers: N/A	

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
Explanation of any 'No' answers: A two cycle workflow optimisation audit had been carried out in December 2017 to improve communications and management of documentation.	

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)	1.36	1.11	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)	7.2%	7.0%	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.	N/A
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

Explanation of any 'No' answers:

A medicines management meeting in February 2018 had discussed a number of improvements to be actioned. This included promoting online access to prescription requests and we saw staff had been trained to do this and there were notices in the waiting area. A clinical pharmacist had been appointed to start in May 2018. Their hours were to be shared with another practice and would target reduction in prescribing rates of medicines such as hypnotics. Prescribing of hypnotic drugs (used to induce sleep in the main) was above the CCG and national average. We saw no evidence of a structured approach to reducing this although we were told a clinical pharmacist had been recruited with a planned start of May 2018 and it would be their task to review all prescribing.

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.	18
Number of events that required action	13

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

Event	Specific action taken
Prescribing error	Action was discussed at a partners meeting May 2017. Extra care was to be taken when prescribing specific medicine. This was further discussed with the CCG who agreed to review the list of medicines available. The CCG Pharmacist would audit the palliative medicines in use. Completed actions were reviewed n at practice Serious Events(SEA) meeting in September 2017.
Lack of availability of paediatric resuscitation equipment	Paediatric equipment was bought. All was clearly labelled for emergencies. The incident was discussed at the clinical meeting June 2017 and SEA meeting September 2017.
Fridge failure	Vaccines were destroyed and replaced. Instructions regarding actions if this situation recurred were placed on all fridges. Data loggers were put in all fridges. Notice to ensure the door was closed was placed on the fridge door. The incident was discussed at the clinical meeting in October 2017.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>There was an effective system in place led by the practice manager. The practice manager emailed all clinical staff with safety alerts received. If the alert was relevant to the clinician they acted on it for example auditing patients prescribed a specific medicine and reviewing their medicine and reported the action taken through the practice computer system (EMIS tasks). The alerts were regularly audited to ensure that action had been taken where required. All the alerts were stored in a file which was accessible by staff should they need to refer to them.</p> <p>Practice nurses also described their own professional research, monitoring the Electronic Medical Compendium for example and discussing this at clinical meetings before agreeing action to be taken.</p>	

Any additional evidence
N/A

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)	2.03	1.24	0.90	Variation (negative)

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)	79.1%	79.5%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (104)	12.6%	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)	69.9%	79.4%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (42)	8.7%	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)	79.0%	82.2%	80.1%	Comparable to other practices
QOF Exceptions	11.1% (78)	11.0%	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) (QOF)	69.8%	79.5%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (54)	10.0%	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 (01/04/2016 to 31/03/2017) (QOF)	90.9%	93.3%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.7% (35)	10.2%	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) (QOF)	82.1%	85.5%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (68)	4.1%	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) (QOF)	82.5%	88.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (12)	9.5%	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)	112	136	82.4%	Below 90% Minimum (variation negative)
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)	90	113	79.6%	80% or below Significant variation (negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	94	113	83.2%	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)	96	113	85.0%	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)	68.9%	69.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.2%	60.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	56.9%	50.7%	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)	62.1%	76.1%	71.2%	N/A

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 (01/04/2016 to 31/03/2017) (QOF)	90.6%	93.0%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (11)	18.2%	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)	91.3%	94.1%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (13)	14.8%	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)	77.4%	84.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (3)	6.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	547	549	539
Overall QOF exception reporting	6.6%	7.1%	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
<p>Whilst there was evidence of the above the records were disorganised and the training matrix to record specific staff completion of training and development was out of date.</p> <p>Nurses had attended accredited courses on coronary heart disease, diabetes and insulin initiation, asthma, women's health, non- medical prescribing, optimisation of patient care, telephone triage and one Nurse Practitioner was being supported to become an Advanced Nurse Practitioner.</p>	

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)	95.1%	96.4%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (39)	1.3%	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)	53.7%	50.0%	51.6%	Comparable to other practices

Any additional evidence

Practice staff attended the Lancashire Disability Partnership Board health subgroup to discuss collaboration with the local health trust and carers groups in order to improve local services for patients with a learning disability. Health Action Plans were drawn up to promote smoking cessation, mortality reviews and access to screening assessments. A patient held health passport was introduced to aid better communication between agencies about how to support people.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	32
Number of CQC comments received which were positive about the service	30
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, NHS Choices	<p>Comments on the cards we received were very positive stating the service was either very good or excellent. Two patients commented negatively on the waiting time for appointments.</p> <p>The January –March 2018 Friends and Family Test results showed 85% of respondents were likely or extremely likely to recommend the practice to others.</p> <p>Feedback on NHS Choices was variable with some patients commenting on the lack of appointments and administrative errors and others praising staff attitudes and the standard of the service.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
16,633	309	1.9	112	36.25%

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)	89.7%	81.2%	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)	91.8%	90.9%	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)	92.1%	95.2%	95.5%	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 treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	87.9%	86.6%	85.5%	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 listening to them (01/01/2017 to 31/03/2017) (GPPS)	90.5%	91.1%	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)	89.7%	90.9%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
January-February 2018	59% of respondents said they could get an appointment for the day requested 62% Would definitely recommend the practice to others 87% Were satisfied with practice opening times 88% reported satisfaction with the services offered

Any additional evidence
This survey was organised and results analysed by members of the Patient Reference Group who praised the practices' commitment to improvement and to engaging the views of patients.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>Patients told us they felt very involved in decisions about their care and were always given sufficient time to discuss their concerns. They felt clinicians listened to them and explained different options for treatment. GPs were felt to be easy to talk to and patients commented on the continuity of care provided.</p> <p>Members of the Patient Reference Group were working with the practice to produce a quality improvement plan. They felt problems were tackled and changes made.</p>

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)	86.4%	87.9%	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)	81.8%	83.5%	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)	91.0%	90.4%	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 (01/01/2017 to 31/03/2017) (GPPS)	86.7%	86.6%	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	205 patients were identified as carers; this represents 1.2% of the practice list.
How the practice supports carers	The practice signposted patients who were also carers to organisations which could offer support such as Blackburn and Darwen Carers. Annual flu vaccination was offered and there was assessment of their needs as carers during clinical appointments.
How the practice supports recently bereaved patients	The practice made telephone contact with bereaved patients and sent a condolence card. Their emotional needs were assessed at the next appointment they attended.

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	The reception desk was situated between two lifts which meant there was insufficient space for patients waiting to approach the desk to stand back from the previous patient. There were wooden divisions between the three reception points but these did little to help confidentiality. Staff offered patients the use of a private room if they wished to discuss sensitive issues.

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
Patients	Described the staff as helpful and caring.
Comments Cards	One patient commented they rang and received an appointment the same day due to family bereavement.

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	
Within one week of the inspection	Yes
Extended hours opening	
	6-8.30pm two evenings each week

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	
<p>Reception staff had been trained to ask sensitive questions when a home visit was requested. This included whether the person was immobile, the severity of the illness and whether they lived alone. If in doubt the call was referred to the on call GP who carried out a telephone triage.</p>	
Any additional evidence	
<p>In partnership with the local GP federation the practice had introduced a minor illness service staffed by practice nurses. Reception staff booked in patients for a 15 minute appointment with symptoms from an agreed list. A named GP was the designated medical prescriber supporting the service.</p> <p>A free web based application (app) had been introduced to patients with Chronic Obstructive Pulmonary Disease so they could self-monitor at home. Clinicians could oversee the results and request the patient made an appointment if it was required.</p> <p>The practice offered dermoscopy triage for all patients with skin moles. This reduced referrals to secondary care. The results had been audited and the appropriateness of the referrals made had been confirmed.</p>	

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)	90.9%	83.4%	80.0%	Variation (positive)
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)	82.0%	74.1%	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 (01/01/2017 to 31/03/2017)	85.9%	75.8%	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 (01/01/2017 to 31/03/2017)	80.9%	75.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient Interviews	Patients were generally satisfied with the appointment system and most described it as easy to get an appointment, particularly in an emergency or book on the day.
Comments cards	Two of thirty comments cards received commented negatively upon the time to access an appointment. All of the other respondents were satisfied.
NHS Choices	Two respondents on NHS choices commented they had difficulty making appointments.
Patient Survey	In the recent patient survey 59% of respondents could get an appointment for the day they wanted, 93% of respondents could get an appointment for the time they wanted.

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.
No (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

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

Complaints	
Number of complaints received in the last year.	11
Number of complaints we examined	11
Number of complaints we examined that were satisfactorily handled in a timely way	11
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The complaints policy included reference to the Parliamentary and Health Service Ombudsman however it was unclear that this was the appropriate avenue for patients who wished to report their concerns if they were dissatisfied with the practices' response. The practice used a complaint summary form to monitor acknowledgements, progress with the investigation, action taken, learning outcomes identified and the final outcome regarding the complainant.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
<p>There was a clear vision to improve the health, well-being and lives of patients by working in partnership with them. Staff sought to provide the best primary care services possible, working within local and national governance, guidance and regulations.</p> <p>Staff we spoke with demonstrated these values, valuing the teamwork in the practice, working with community nurses and the diabetic team in particular and clearly understanding their accountability and responsibilities to the patient. They described clear governance arrangements and working within best practice guidelines.</p>

Culture

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

Source	Feedback
A Staff member	Commented they loved the team and said they were very supportive and were friends as well as colleagues. They said everyone was flexible, for example to cover absence. Relationships between managers and staff were really good.
A Staff member	Told us they felt appreciated and found the managers very approachable. GPs were available for advice and consultation. They said the team had social time together for example afternoon tea, a Christmas party and ten pin bowling. They described a box into which staff put examples of good work, the comments were then displayed and an employee of the year was chosen.

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

Source	Example
Staff member	A weekly nurse team meeting had been introduced at the suggestion of a senior nurse and had produced an action plan to improve targets for patients with diabetes.
Staff member	The structure of rotas had been changed following staff feedback, to make them clearer and easier to understand.

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 member	Staff completed their own incident forms, they were discussed immediately with their line manager and then shared in the practice meeting which was minuted. The practice manager contacted any patients involved, offered an apology in writing and explained the actions which were being taken.
Minutes of staff	Incidents were discussed at the next practice meeting. We noted that whilst

meeting/Letters to patient	actions were agreed these were not reviewed at subsequent meetings. We saw examples of letters sent to patients.
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Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff member	"We can always raise concerns with the practice managers or other team members"
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 member	"I found my appraisal valuable. We discussed time management to ensure I can complete my work and we discussed my training needs. I found x (my appraiser) very supportive".
Staff members	There were regular team events such as social activities to promote bonding and team work.

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

Source	Example
Policy folder	There was a policy on equality and diversity in the staff handbook and all job descriptions made reference to the importance of respecting diversity.
Training Records	All staff had completed training in equality and diversity. There was an inclusive culture at the practice.

Examples of actions to improve quality in past 2 years

Area	Impact
Prescribing	A clinical pharmacist has been appointed and would join the practice in May 2018. They will focus on reviewing prescribing patterns and undertaking reviews of patient medicines.
Succession Planning.	The practice had experienced problems in recruiting clinical staff .In response it had become a training practice for trainee GPs and student nurses in order to encourage these staff to re-join the practice when they qualified. They were also supporting a nurse practitioner to train up to advanced nurse practitioner level and one receptionist had been supported to become a health care assistant.

Examples of service developments implemented in past 2 years

Development area	Impact
Restructure of clinical system	Increasing demand had led to the on-call GP triaging patients by telephone, issuing prescriptions where appropriate, arranging home visits where needed and arranging urgent appointments at the practice for those in need. This was done twice each day, morning and afternoon.
Merger	The practice undertook a merger in 2015 and another in 2017. Six months pre-merger clinicians began to undertake appointments with the new patients in order to introduce themselves and allay anxieties.

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	Survey	The Patient Reference Group had led on the completion of a survey in February 2018 and were currently discussing how to support the practice in their response to it.

Public	Website	The website had recently been reviewed and updated. It was accessible to patients and displayed full details about how the service could be accessed. Feedback was regularly posted on it. The practice had responded to comments on access to appointments by restructuring the clinical system and utilising the skills of the ANPs and NPs.
Staff	Regular Meetings	Staff told us they felt well informed and found managers very approachable to discuss concerns or issues.
External partners	Monthly meetings	Practice staff met with community nurses and hospice staff to discuss patients who required multi agency support.

Feedback from Patient Participation Group;

Feedback
We spoke with two representatives from the patient participation group who reported monthly meetings with staff which were constructive and responsive. They had raised concerns about the lack of car parking, issues with repeat prescriptions, gaining wider representation on the group, the treatment room (run by the local health trust) and telephone access. We saw in the minutes of the meetings that all of these matters were being progressed by the practice.

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

Examples	Impact
Concerns about repeat prescriptions	The practice had appointed a clinical pharmacist who would start in May 2018 and will undertake a review of the current system.
Telephone access	The practice was promoting online access to repeat prescriptions thereby reducing the volume of telephone calls received.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
A practice Facebook site had been established	Better communication with patients generally and younger people in particular.
An event for patients in February 2018 had collected feedback on the services delivered by the practice.	A summary of improvements and innovations had been drawn up in order to build on what was working well and set targets for further measureable improvement. Areas which required improvement were identified and actions agreed and scheduled. These included the inadequacy of car parking facilities, dispensing of prescriptions, access to online services, signage and information on noticeboards.

Any additional 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>