

Care Quality Commission

Inspection Evidence Table

Gloucester Road Medical Centre (1-567247798)

Inspection date: 8 May 2018

Date of data download: 26 April 2018

Safe

Safety systems and processes

| Source | Y/N |
|--|-----|
| There was a lead member(s) 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 |

| 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 pharmacists) was checked and regularly monitored. | Yes |
| 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: April 2018 | Yes |
| There was a record of equipment calibration Date of last calibration: February 2018 | Yes |
| Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals | Yes |
| Fire procedure in place | Yes |
| Fire extinguisher checks | Yes |
| Fire drills and logs | Yes |
| Fire alarm checks | Yes |
| Fire training for staff | Yes |
| Fire marshals | Yes |
| Fire risk assessment Date of completion July 2017 | Yes |
| Actions were identified and completed. | Yes |
| Additional observations: the premises were visited by Avon Fire and Rescue Service in January 2018 as part of an orientation programme by them in case of any incidents. No additional actions had been identified by the fire service for action. The service had a fire drill planned for May 2018. | Yes |
| Health and safety Premises/security risk assessment? Date of last assessment: January 2018 | Yes |
| Health and safety risk assessment and actions Date of last assessment: risk assessment for premises exterior April 2018 | Yes |
| Additional comments: the service has a process for weekly health and safety checks for the building. | |

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

| Any additional evidence |
|--|
| Cleaning schedule in place with regular checks on quality of cleaning. |

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. | 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

| 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. | 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) | 0.63 | 0.84 | 0.98 | Variation (low prescribing) |
| Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA) | 10.1% | 10.7% | 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 |
| 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 |
| 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 |
| Significant event related to vaccines which resulted in the protocol for "cold chain" being amended. | |

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. | 17 |
| Number of events that required action | 17 |

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

| Event | Specific action taken |
|----------------------|--|
| Missed diagnosis. | Review of contact with practice and actions taken. Team ensured that latest best practice was disseminated and shared to prevent any recurrence. |
| Lapsed registration. | A clinician was removed from clinical duties until their registration was reinstated. New protocol in place professional registrations. |

| | |
|--|--|
| Incident involving a police notification of a suicide. | Formal complaint made to the Avon and Somerset police. |
|--|--|

| Safety Alerts | Y/N |
|---|-----|
| There was a system for recording and acting on safety alerts | Yes |
| Staff understand how to deal with alerts | Yes |
| Comments on systems in place: the practice pharmacist deals with alerts and undertakes relevant searches and actions. This information is shared with the clinicians in the practice. | |

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) | 0.70 | 0.94 | 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) | 89.9% | 80.7% | 79.5% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 24.9% (102) | 22.5% | 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) | 88.1% | 79.2% | 78.1% | Comparable to other practices |

| | | | | |
|--|---|---------------------------|-------------------------------|-------------------------------|
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 11.7% (48) | 16.4% | 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) | 82.8% | 83.7% | 80.1% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 22.0% (90) | 17.9% | 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) | 86.3% | 74.7% | 76.4% | Variation (positive) |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 20.8% (182) | 13.8% | 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) | 95.1% | 91.5% | 90.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 15.2% (22) | 17.8% | 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) | 85.1% | 83.6% | 83.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 5.5% (75) | 7.5% | 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) (QOF) | 90.6% | 90.3% | 88.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 6.6% (9) | 10.3% | 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) | 208 | 224 | 92.9% | 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) | 202 | 225 | 89.8% | Below 90% Minimum (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) | 200 | 225 | 88.9% | 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) | 198 | 225 | 88.0% | Below 90% Minimum (variation negative) |

The practice % for immunisation were only marginally outside the expected target and were impacted by staff changes.

| 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) | 77.8% | 70.8% | 72.1% | Comparable to other practices |
| Females, 50-70, screened for breast cancer in last | 75.3% | 68.3% | 70.3% | N/A |

| | | | | |
|---|-------|-------|-------|-----|
| 36 months (3 year coverage, %) (PHE) | | | | |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE) | 64.5% | 52.9% | 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) | 80.0% | 69.8% | 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) | 95.5% | 93.1% | 90.3% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 10.2% (10) | 23.6% | 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) | 92.0% | 90.0% | 90.7% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 10.2% (10) | 19.9% | 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) | 92.4% | 84.2% | 83.7% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 8.1% (7) | 7.0% | 6.8% | |

Monitoring care and treatment

| Indicator | Practice | CCG average | England average |
|------------------|-----------------|--------------------|------------------------|
|------------------|-----------------|--------------------|------------------------|

| | | | |
|--|------|------|------|
| Overall QOF score (out of maximum 559) | 556 | 545 | 539 |
| Overall QOF exception reporting | 6.3% | 8.6% | 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 |
| The practice has a culture of supporting staff to achieve professional qualifications to develop their career. For example we saw that two staff were being supported to complete their non-medical prescriber course which enhanced the minor illness/urgent care service at the practice as well as the staff members achieving an additional professional qualification. We were told about the deputy practice manager (temporary) being supported to undertake a business management degree. | |

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) | 93.0% | 93.9% | 95.3% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0.5% (13) | 1.4% | 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) | 49.0% | 60.5% | 51.6% | Comparable to other practices |
|---|-------|-------|-------|-------------------------------|

Description of how the practice monitors that consent is sought appropriately

We saw that consent was recorded within patient records for any invasive procedures. For immunisations written consent was sought if the person with parental responsibility was not present. The practice had an awareness of mental capacity assessment.

Caring

Kindness, respect and compassion

CQC comments cards

| | |
|---|---|
| Total comments cards received | 7 |
| Number of CQC comments received which were positive about the service | 6 |
| Number of comments cards received which were mixed about the service | 0 |
| Number of CQC comments received which were negative about the service | 1 – this commented on the one hour waiting time for an urgent care appointment. |

Examples of feedback received:

| Source | Feedback |
|-------------|--|
| NHS Choices | Eight reviews in the last year giving an aggregated rating of 3.5 stars. Positive and less positive comments however all have received a response from the practice. |

National GP Survey results

| Practice population size | Surveys sent out | % of practice population | Surveys returned | Survey Response rate% |
|--------------------------|------------------|--------------------------|------------------|-----------------------|
| 14,578 | 267 | 1.8% | 120 | 44.94% |

| Indicator | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|-------------------------------|
| The percentage of respondents to the GP patient survey who stated that they would definitely or | 83.0% | 79.9% | 78.9% | Comparable to other practices |

| | | | | |
|--|-------|-------|-------|-------------------------------|
| 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) | | | | |
| 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% | 89.7% | 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) | 96.8% | 96.5% | 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) | 89.1% | 86.7% | 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) | 96.1% | 92.4% | 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) | 95.4% | 91.5% | 90.7% | Comparable to other practices |

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

| Date of exercise | Summary of results |
|------------------|--|
| Oct-Dec 2017 | Positive feedback from 100 respondents out of the 102 who responded. |

| Any additional evidence |
|---|
| The PPG undertook a face to face survey of patients during the flu campaign and used the basis of the friends and family test. Feedback from the PPG was that it was a positive exercise with patients expressing good opinions about the practice. |

Involvement in decisions about care and treatment

Examples of feedback received:

| Source | Feedback |
|--------------------------|--|
| Interviews with patients | There was positive feedback from patients who expressed their satisfaction with the service. |

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) | 84.6% | 86.6% | 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) | 84.6% | 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) | 93.4% | 90.6% | 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) | 89.2% | 85.8% | 85.4% | Comparable to other practices |

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

| Carers | Narrative |
|--|---|
| Percentage and number of carers identified | The practice had identified 2% of the practice population as carers and offered a carers service. Feedback from patients told us this was a valuable source of support. |

| | |
|--|--|
| How the practice supports carers | Carers support meetings/coffee mornings. Carers information pack. The practice hosts the community carer support worker for patients to access. Carers are offered a flu vaccine. |
| How the practice supports recently bereaved patients | The practice has information available about the processes involved in obtaining death certificates. They routinely contact the family to offer condolences and support if required. |

Privacy and dignity

| Question | Y/N |
|--|-----|
| Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. | Yes |

| | Narrative |
|--|--|
| Arrangements to ensure confidentiality at the reception desk | The reception desk at the practice is separated from the general office area and has a dedicated member of staff. The patients waiting area is slightly separated from the reception and there is a queueing barrier to protect confidentiality. |

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

Responsive

Responding to and meeting people's needs

| Practice Opening Times | |
|---|-------------|
| Day | Time |
| Monday | 08:00-19:00 |
| Tuesday | 08:00-19:00 |
| Wednesday | 08:00-19:00 |
| Thursday | 08:00-19:00 |
| Friday | 08:00-18:30 |
| Saturday | 08:00-11:00 |
| 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 | Yes |
| If yes, describe how this was done | |

The service operated an initial care navigation assessment by the receptionist followed by a triage call from either the duty GP or nurse practitioner.

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) | 81.2% | 81.9% | 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) | 81.8% | 70.0% | 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) | 74.5% | 77.5% | 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) | 72.1% | 71.6% | 72.7% | Comparable to other practices |

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. | 23 |
| Number of complaints we examined | 3 |
| Number of complaints we examined that were satisfactorily handled in a timely way | 3 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman (PHSO). | 1 |
| Additional comments: | |

We saw that where complaints could not be resolved they were referred to the PHSO; we found that if needed complaints were recorded as significant events and discussed as part of the promotion of patient safety governance system.

Well-led

Leadership capacity and capability

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

The partners at the practice held regular meetings to discuss the current management of the service and the planning for the future. These were minuted and formed the basis of the strategy for the practice.

Vision and strategy

Practice Vision and values

The practice had a clear understanding about needs of the patient group and the challenges to the practice in the delivery of high quality care. The practice values emphasised a professional, friendly and responsive approach dedicated to providing high quality personalised service for all its patients.

Culture

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

| Source | Feedback |
|----------|--|
| Staff | A supportive culture which allowed for personal growth. |
| Patients | The practice listened to patients and took appropriate action. |

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

| Source | Example |
|--------|---|
| Staff | Staff raised the time pressure on a Friday afternoon and the appointment timings were reviewed and amended. |
| Staff | Protocols were amended to meet best practice highlighted by an external training session. |

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

| Source | Example |
|----------|--|
| Patients | Concerns are responded to quickly by the most relevant person and patients are given information to progress concerns if they are not satisfied. |

Examples of concerns raised by staff and addressed by the practice

| Source | Example |
|--------|---|
| Staff | Access to consulting/treatment rooms by less mobile patients/parents with pushchairs had resulted in a door being fixed opened. |
| Staff | A plant pot was removed from the waiting room as it had been identified as a trip hazard. |

| | |
|--|-----|
| The practice's speaking up policies were 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 |
|----------------|--|
| Training files | All staff had completed mandatory health and safety training |

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

| Source | Example |
|----------------|---|
| Training files | Staff completed equality and diversity training as part of their induction process. |

Examples of actions to improve quality in past 2 years

| Area | Impact |
|--------------------|---|
| Appointment system | Less pressure on first thing in the morning so it is easier to contact the practice by telephone. |
| Appraisal | Development of professional skills amongst the staff team, for example, completion of RCGP Substance Misuse course. |

Examples of service developments implemented in past 2 years

| Development area | Impact |
|---|---|
| In house alcohol detoxification programme | Patients can access this support when they decide they need to rather than join a waiting list. |
| Virtual ward room for care homes for patients with a learning disability. | Improved communication and attendance for annual reviews. |

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 | Yes |
| Practice specific policies | Yes |
| Other examples | Yes |
| Staff were able to describe the governance arrangements | Yes |
| Staff were clear on their roles and responsibilities | Yes |

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

| Risk | Example of risk management activities |
|----------------------|--|
| Minor illness clinic | Clear criteria for staff regarding which type of patients can access these services. Monitoring and audit of outcomes for patients. |

| | |
|-------------|---|
| Fire safety | Fire safety risk assessment, training for staff, maintenance of system and equipment. |
|-------------|---|

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 | Patient participation group Text Surveys Complaints Website | Feedback used to inform service planning. |
| Public | Facebook Website | Awareness amongst public of the organisation. |
| Staff | Meetings Intranet Daily meetings Team days | Feedback from staff is positive about the organisation. |
| External partners | Statutory reporting Meetings Referral | Working as part of a cluster of practices to develop more integrated ways of working. |

Feedback from Patient Participation Group;

Feedback

Established group which meets regularly and is consulted about any practice developments. The practice listens to their comments and suggestions and acts upon them.

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

| Examples | Impact |
|---|---|
| Difficulty with access through a fire door. | The door is fixed open with sonic closure. |
| Appointments | New system introduced so that anyone contacting the practice needing 'on the day' clinical advice is spoken with or seen. |

Continuous improvement and innovation

| Examples of innovation and improvements | Impact on patients |
|---|--------------------|
|---|--------------------|

| | |
|--|--|
| The practice was linked to the One Care Ltd primary care improvement organisation and had accessed additional services for patients. | Musculoskeletal services – allows patients who fit the referral criteria to have access to an assessment/consultation within five working days. Clinical pharmacist in general practice – the practice had its own pharmacist which has impacted on safer prescribing and medicines optimisation. |
|--|--|

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

| Audit area | Impact |
|--------------------------------|---|
| Practice – cervical smear | Staff demonstrated continued competence to undertake this test for patients. |
| Prescribing – coproxamol audit | This medicine had a change to its product license and patients were reviewed which ensured the continued safety when prescribing. |
| Practice – minor surgery | Staff demonstrated continued competence for minor surgical procedures. |

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>