

# Care Quality Commission

## Inspection Evidence Table

### Mersea Island Medical Practice (1-553875663)

Inspection date: 24 April 2018

Date of data download: 18 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, 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 |

| Any additional evidence  |
|--|
| Safeguarding (SG) referrals were discussed weekly by the SG lead to explain the process. We saw evidence they were sensitive to needs of vulnerable children and made special arrangements where appropriate to ensure their safety. |

| 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 |

| Safety Records  |                     |          |
|---|---------------------|----------|
| There was a record of portable appliance testing or visual inspection by a competent person                       |                     | Yes      |
| Date of last inspection/Test:   |                     | 11/10/17 |
| There was a record of equipment calibration   |                     | Yes      |
| Date of last calibration:   |                     | 04/06/17 |
| 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  |                     | Yes      |
| Fire alarm checks   |                     | Yes      |
| Fire training for staff   |                     | Yes      |
| Fire marshals   |                     | Yes      |
| Fire risk assessment  |                     | Yes      |
| Date of completion  |                     | 16/04/18 |
| Actions were identified and completed:  | No actions required | No       |
|   |                     |          |
| <b>Health and safety</b>  |                     | Yes      |
| Premises/security risk assessment?  |                     | 14/03/18 |
| Date of last assessment:  |                     |          |
| Health and safety risk assessment and actions:  | No actions required | Yes      |
| Date of last assessment:  |                     | 14/03/18 |
| Additional observations:  | None                | No       |

|  |                                       |
|--|---------------------------------------|
| <p><b>Infection control</b></p> <p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:<br/>Lime scale build-up was removed from taps.</p> | <p>Yes</p> <p>14/04/18</p> <p>Yes</p> |
| <p>The arrangements for managing waste and clinical specimens kept people safe.</p>  |                                       |
| <p><b>Any additional evidence</b></p>  |                                       |
| <p>There were well-documented policies and procedures for control of infection, and staff showed good knowledge and understanding of their responsibilities.</p>   |                                       |

## Risks to patients

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

## Information to deliver safe care and treatment

|   |     |
|---|-----|
| Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.  | Yes |
| The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.                          | Yes |
| Referral letters contained specific information to allow appropriate and timely referrals.  | Yes |
| Referrals to specialist services were documented.   | Yes |
| The practice had a documented approach to the management of test results and this was managed in a timely manner.   | Yes |
| The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols. | Yes |
| Additional comments   |     |
| Staff had knowledge and understanding of practice correspondence and were familiar with the protocol to action documents.   |     |

## 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) | 1.00     | 1.10        | 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)                                   | 9.1%     | 10.2%       | 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<br>The practice had a defibrillator<br>Both were checked regularly and this was recorded.   | Yes<br>Yes<br>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 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.                            | 5   |
| Number of events that required action                                   | 4   |

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

| Event   | Specific action taken   |
|---|---|
| Medicine notification from Hospital of discrepancy in dosage to be lowered in second week of treatment.   | Discrepancy discovered at Hospital appointment before second week of treatment started. Hospital sent notifications to practice and pharmacy.<br>Practice action was to ensure updated medicine dosage was corrected and recorded.  |
| A Data Breach committed by a former partner. Identifiable data was taken away from the practice and this oversight failed to be admitted to practice when the partner ceased to work at the practice. | Discussions regarding this breach had included NHSE, CCG, ICO, and GMC.<br>Practice action was to eliminate hard copies of paperwork that were scanned so it could not be removed from the practice. Any remaining hard copies to be made trackable with the introduction of physical measures, for example bags tags to track paperwork in and out of the practice. This measure included prescriptions. |

| <b>Safety Alerts</b>  |     |
|---|-----|
| 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>Alerts are received by the practice manager and forwarded on to the staff for information and action, this includes the audit clerk. Alerts are written up on the white board in the reception office where all staff can read.</p> |     |

| <b>Any additional evidence</b>   |
|--|
| We saw that alerts were a standing item on meeting agenda's, they were discussed, and actions minuted at meetings. |

# 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) | 0.92                 | 1.39        | 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)                        | 80.3%  | 80.0%              | 79.5%                  | Comparable to other practices |
| QoF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|  | 4.5% (20)                                      | 6.7%               | 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) | 88.0%  | 78.5%              | 78.1%                  | Comparable to other practices |
| QoF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|  | 1.8% (8)                                       | 5.0%               | 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)  | 73.6%  | 78.2%              | 80.1%                  | Comparable to other practices |
| QoF Exceptions   | 7.5% (33)                                      | 9.0%               | 13.3%                  |                               |

| <b>Other long term conditions</b>  |   |                           |                               |                               |
|--|---|---------------------------|-------------------------------|-------------------------------|
| <b>Indicator</b>   | <b>Practice</b>                                       | <b>CCG average</b>        | <b>England average</b>        | <b>England comparison</b>     |
| The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QoF) | 70.5%   | 74.2%                     | 76.4%                         | Comparable to other practices |
| <b>QoF Exceptions</b>  | <b>Practice Exception rate (number of exceptions)</b> | <b>CCG Exception rate</b> | <b>England Exception rate</b> |                               |
|  | 1.5% (6)  | 5.1%                      | 7.7%                          |                               |
| <b>Indicator</b>   | <b>Practice</b>                                       | <b>CCG average</b>        | <b>England average</b>        | <b>England comparison</b>     |
| The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)    | 91.3%   | 85.6%                     | 90.4%                         | Comparable to other practices |
| <b>QoF Exceptions</b>  | <b>Practice Exception rate (number of exceptions)</b> | <b>CCG Exception rate</b> | <b>England Exception rate</b> |                               |
|  | 2.6% (4)  | 9.6%                      | 11.4%                         |                               |
| <b>Indicator</b>   | <b>Practice</b>                                       | <b>CCG average</b>        | <b>England average</b>        | <b>England comparison</b>     |
| The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QoF)  | 85.3%   | 83.8%                     | 83.4%                         | Comparable to other practices |
| <b>QoF Exceptions</b>  | <b>Practice Exception rate (number of exceptions)</b> | <b>CCG Exception rate</b> | <b>England Exception rate</b> |                               |
|  | 1.1% (17)   | 2.7%                      | 4.0%                          |                               |
| <b>Indicator</b>   | <b>Practice</b>                                       | <b>CCG average</b>        | <b>England average</b>        | <b>England comparison</b>     |
| In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QoF)    | 88.1%   | 86.6%                     | 88.4%                         | Comparable to other practices |
| <b>QoF Exceptions</b>  | <b>Practice Exception rate (number of exceptions)</b> | <b>CCG Exception rate</b> | <b>England Exception rate</b> |                               |
|  | 6.8% (16)   | 6.6%                      | 8.2%                          |                               |

| Child Immunisation   |           |             |            |  |
|--|-----------|-------------|------------|--|
| Indicator  | Numerator | Denominator | Practice % | Comparison to WHO target                                     |
| Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)  | 47        | 48          | 97.9%      | Met 95% WHO based target<br>Significant Variation (positive) |
| The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)              | 44        | 47          | 93.6%      | Met 90% Minimum (no variation)                               |
| The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England) | 44        | 47          | 93.6%      | Met 90% Minimum (no variation)                               |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)  | 43        | 47          | 91.5%      | Met 90% Minimum (no variation)                               |

| Cancer Indicators  |          |             |                 |                               |
|--|----------|-------------|-----------------|-------------------------------|
| Indicator  | Practice | CCG average | England average | England comparison            |
| The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England) | 75.5%    | 74.6%       | 72.1%           | Comparable to other practices |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)  | 76.9%    | 74.5%       | 70.3%           | N/A                           |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)   | 69.6%    | 58.6%       | 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)  | 77.5%    | 69.7%       | 71.2%           | N/A                           |

| <b>Mental Health Indicators</b>   |   |                           |                               |                               |
|---|---|---------------------------|-------------------------------|-------------------------------|
| <b>Indicator</b>  | <b>Practice</b>                                       | <b>CCG average</b>        | <b>England average</b>        | <b>England comparison</b>     |
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF) | 97.0%   | 89.5%                     | 90.3%                         | Comparable to other practices |
| <b>QoF Exceptions</b>   | <b>Practice Exception rate (number of exceptions)</b> | <b>CCG Exception rate</b> | <b>England Exception rate</b> |                               |
|   | 8.3% (3)  | 8.2%                      | 12.5%                         |                               |
| <b>Indicator</b>  | <b>Practice</b>                                       | <b>CCG average</b>        | <b>England average</b>        | <b>England comparison</b>     |
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)                          | 100.0%  | 93.1%                     | 90.7%                         | Variation (positive)          |
| <b>QoF Exceptions</b>   | <b>Practice Exception rate (number of exceptions)</b> | <b>CCG Exception rate</b> | <b>England Exception rate</b> |                               |
|   | 8.3% (3)  | 7.1%                      | 10.3%                         |                               |
| <b>Indicator</b>  | <b>Practice</b>                                       | <b>CCG average</b>        | <b>England average</b>        | <b>England comparison</b>     |
| The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)  | 80.0%   | 82.1%                     | 83.7%                         | Comparable to other practices |
| <b>QoF Exceptions</b>   | <b>Practice Exception rate (number of exceptions)</b> | <b>CCG Exception rate</b> | <b>England Exception rate</b> |                               |
|   | 1.4% (1)  | 7.6%                      | 6.8%                          |                               |

### Monitoring care and treatment

| <b>Indicator</b>                       | <b>Practice</b> | <b>CCG average</b> | <b>England average</b> |
|--|-----------------|--------------------|------------------------|
| Overall QoF score (out of maximum 559) | 555             | 537                | 539                    |
| Overall QoF exception reporting        | 2.7%            | 4.5%               | 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>Any further comments or notable training.</p> <p>Staff appraisals seen had been undertaken on an annual basis. The health Care Assistant employed had completed and achieved level three Care Certificate, for Health Care Assistants.</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) | 97.7%  | 96.3%              | 95.3%                  | Comparable to other practices |
| QOF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|  | 2.0% (47)                                      | 0.7%               | 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)                          | 60.5%  | 56.1%              | 51.6%                  | Comparable to other practices |

# Caring

## Kindness, respect and compassion

| CQC comments cards  |    |
|---|----|
| Total comments cards received   | 25 |
| 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   |
|----------------|--|
| Comments cards | Although all 25 comment cards had positive comments, two commented that it would be beneficial to be told of any delays, or whether GPs were running late. |

## National GP Survey results

| Practice population size | Surveys sent out | % of practice population | Surveys returned | Survey Response rate% |
|--------------------------|------------------|--------------------------|------------------|-----------------------|
| 7,669                    | 233              | 3%                       | 128              | 54.94%                |

| Indicator   | Practice | CCG average | England average | England comparison            |
|---|----------|-------------|-----------------|-------------------------------|
| The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey) | 66.0%    | 73.6%       | 78.9%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)                                | 82.9%    | 86.9%       | 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?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)                                 | 91.4%    | 95.1%       | 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)              | 76.1%    | 84.2%       | 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)                          | 91.8%    | 91.2%       | 91.4%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)        | 90.2%    | 89.4%       | 90.7%           | Comparable to other practices |

The practice carries out its own patient feedback exercises Yes

| Date of exercise  | Summary of results  |
|-------------------|---|
| 09/08/17-21/02/18 | The practice monitored patient feedback on the 'iWantGreatCare' website for the practice. Feedback was responded to by the practice manager, and where appropriate acted on.  |
| Jan 17-Mar 18     | Patient group comments and actions taken by practice:-<br>Light installed outside to light path. Increased opening hours - solution when practice is working at scale with many others in the area. Most recently request for practice to be open at lunchtime – practice manager to report back at next month's meeting. |

## Involvement in decisions about care and treatment

Examples of feedback received:

| Source                   | Feedback  |
|--------------------------|---|
| Interviews with patients | All three of the patients we spoke with were very positive about their involvement of decisions about care and treatment. |

## National GP Survey results

| Indicator   | Practice | CCG average | England average | England comparison            |
|---|----------|-------------|-----------------|-------------------------------|
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)                    | 74.3%    | 84.7%       | 86.4%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)       | 76.7%    | 79.1%       | 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)              | 89.4%    | 89.4%       | 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS) | 87.3%    | 85.2%       | 85.4%           | Comparable to other practices |

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes

Information about support groups was available on the practice website. Yes

| Carers   | Narrative  |
|--|--|
| Percentage and number of carers identified           | The practice had identified 149 patients registered who were carers. This number equates to 2% of the practice population.   |
| How the practice supports carers                     | Provided appointments to fit their carer responsibilities. Health checks encouraged to promote both their own health and the ability to cope with their care duties. |
| How the practice supports recently bereaved patients | The practice contacted families who were bereaved by telephone or a visit. A letter was sent to provide information about support available locally.                 |

## 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 | Due to the size of the reception desk, confidentiality was an issue. A notice asked people waiting to speak to a receptionist to stand back to allow privacy. The practice had also installed white noise equipment to reduce people being able to over conversations at the desk, and a radio in the waiting room. |

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   |
|---------------------|--|
| Speaking to patient | They understood how difficult it was for complete confidentiality when speaking at the desk, and knows can request to speak in the pod room for privacy. |

# 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 | 8.30am to 5.50pm Monday to Friday<br>Practice doors are closed between 1:00-14:00 |
|                        |   |
| Extended hours opening | None at present   |

| 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 Nurse practitioner triages all requests for home visits, and goes out to visit as a priority so that patients do not need to wait until surgeries have finished to be visited. |     |

## 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)  | 54.9%    | 77.5%       | 80.0%           | Significant Variation (negative) |
| 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)                  | 44.6%    | 67.5%       | 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) | 73.0%    | 73.8%       | 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)   | 64.1%    | 70.8%       | 72.7%           | Comparable to other practices    |

| Additional comments:  |
|---|
| <ul style="list-style-type: none"> <li>The practice was aware of the data and had implemented changes to improve patient satisfaction in relation to the opening hours and getting through to the practice by phone.</li> </ul> |

### Examples of feedback received from patients:

| Source                   | Feedback   |
|--------------------------|--|
| For example, NHS Choices | <p>10 comments on the NHS Choices website had one negative response related to staff satisfaction. The other nine comments spoke of:</p> <ul style="list-style-type: none"> <li>Polite and efficient receptionists and GP extremely attentive and reassuring.</li> <li>Appointment was on time and the doctor thorough and helpful.</li> <li>The receptionist was very helpful, appointments obtained without a problem and it was a good experience.</li> </ul> <p>Five comments on the 'iWantGreatCare' website had two negative response related to staff satisfaction. The other three comments spoke of:</p> <ul style="list-style-type: none"> <li>My recent experiences of this surgery have been excellent.</li> <li>The receptionist was welcoming and helpful and I could be seen very quickly on the same day as registering.</li> <li>This practice restored my faith/confidence in the unique patient/doctor relationship.</li> </ul> |
| The practice             |  |

## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.

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

| <b>Complaints</b>  |    |
|--|----|
| Number of complaints received in the last year.  | 13 |
| 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  |
| <b>Additional comments:</b>  |    |
| The practice noted that the overall Learning Points were: <ul style="list-style-type: none"><li>• A number of complaints originating from referrals process – action implemented a weekly audit process to check referrals sent.</li><li>• Expectations and frustrations with the NHS as a whole continue to create additional complaints at the practice.</li><li>• Importance of clear communication and documentation by all staff.</li></ul> |    |

# Well-led

## Leadership capacity and capability

### Vision and strategy

| Practice Vision and values   |
|--|
| <p style="text-align: center;">“Beyond Better”</p> <p>This vision was posted up in staff only areas and known by all those working at the practice</p> |

### Culture

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

| Source       | Feedback  |
|--------------|---|
| PPG member   | The PPG were kept well informed at meetings with any type of change at the practice.  |
| Staff member | We know our patients really well, and work together as a team to support one another. |

Examples of changes made by the practice because of feedback from staff

| Source       | Example              |
|--------------|----------------------|
| Staff member | Better communication |

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

| Source     | Example  |
|------------|--|
| PPG member | White board to show which site staff are working on daily basis in the entrance porch. |

Examples of concerns raised by staff and addressed by the practice

| Source  | Example    |
|---|------------|
| Staff member  | Appraisals |
| 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   |
|------------------|---|
| Practice manager | Further management staff member recently appointed to ensure staff appraisals and other HR matters were conducted in a timely manner at the practice. |

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

| Source          | Example  |
|-----------------|--|
| Training report | E-learning in respecting equality and diversity had been undertaken by the entire practice team. |

Examples of actions to improve quality in past 2 years

| Area        | Impact   |
|-------------|--|
| Home Visits | The Nurse Practitioner triages all home visit requests as they come into the practice. This was in response to an alert in 2016 that outlined the need for practices to have a defined process to monitor requests for home visits to ensure patients did not deteriorate or get missed before a visit took place. |

Examples of service developments implemented in past 2 years

| Development area | Impact  |
|------------------|---|
| Working at scale | Joined/merged with a GP Super Practice, and currently, developing a process towards working at scale. |

### Appropriate and accurate information

|  |     |
|--|-----|
| 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          | PPG                     | Planning fundraising to support new equipment and building.  |
| Public            | PPG meeting minutes     | Published in local island paper for all residents to read.   |
| Staff             | Meetings                | Staff well informed and feel included in developments.   |
| External partners | Super Practice meetings | Planning and development for at scale working to support closer engagement and treatment opportunities for patients on the island. |

### Feedback from Patient Participation Group;

| Feedback   |
|--|
| PPG members felt they were kept up to date with all developments at the practice on a monthly basis. |

### Examples of specific engagement with patients and patient participation group in developments

## within the practice;

| Examples   | Impact                       |
|--|------------------------------|
| The members requested doors open 10mins earlier for afternoon appointments so did not have to stand outside if it was raining. | The request was accommodated |

## Continuous improvement and innovation

| Examples of innovation and improvements  | Impact on patients  |
|--|---|
| North East Essex practices including this practice had joined to create an organisation providing Colchester and Tendring patients greater access to services within Primary Care. | Services:<br>GP Care Advisors, Phlebotomy Service, Diabetes, Anticoagulation monitoring, DVT and PE management, Wound management, Minor injuries.<br>Thus providing treatments and care closer to home and in a Primary Care setting. |

### 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>