

# Care Quality Commission

## Inspection Evidence Table

### Auckland Medical Group (1-4789029502)

Inspection date: 19 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:	

## 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.	No
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any 'No' answers:</p> <p>The practice did not carry out regular checks to ensure clinical staff remained registered with the relevant professional bodies.</p> <p>* The practice was in the process of updating their records of staff's immunisation status.</p>	

<b>Safety Records</b>	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes February 2017
There was a record of equipment calibration Date of last calibration:	Yes April 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes December 2017
Actions were identified and completed.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes March 2017
Health and safety risk assessment and actions Date of last assessment:	Yes March 2017

<b>Infection control</b>  Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified  Detail: Following the audit, some walls at the Toft Hall site were repaired and repainted and appropriate domestic waste bins were provided.	Yes May 2017 Yes
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The arrangements for managing waste and clinical specimens kept people safe?	Yes
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### 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

### 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
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

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).	No
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	No
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.	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site	Yes
The practice had a defibrillator	Yes
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.	No
<p>Explanation of any 'No' answers:</p> <ul style="list-style-type: none"> <li>The practice nurse administered vaccines; however this was not in line with legal requirements or national guidance. For example, we found PGD's (Patient Group Directions) did not comply with the legal requirements as parts of the documents had not been signed. However, this was actioned on the day of the inspection.</li> <li>The practice employed health care assistants who administered vaccines under a PSD (Patient Specific Directive) however this was not in line with legal requirements or national guidance. For example we looked at two patient records where authorisation from a clinician had occurred post vaccine administration.</li> </ul>	

- At the main surgery we found that the receipt of prescriptions and the tracking of them to the branch surgeries was recorded. However, we found no evidence of tracking within the surgery itself. We also found that prescriptions were not stored in line with national guidance.
- At the branch surgeries we found no evidence of receipt or tracking of prescriptions.
- The practice had emergency medicines kits in place which were easily accessible and all staff knew of their location; however, the kits did not contain all of the medicines as recommended by national guidance. Also, a risk assessment had not been carried out to document the risks of the practice not following this guidance.
- The practice had policies in place for the management of medicines which needed to be stored in a refrigerator. However these were not always followed by practice staff. For example, the minimum and maximum temperatures were not being recorded at any of the three sites. We also found the practice was not currently analysing the data recorded by their refrigerator data loggers.

Dispensing practices only	
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	No
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack. Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	N/A  N/A
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	No
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians	Yes
<p>Explanation of any 'No' answers:</p> <ul style="list-style-type: none"> <li>• Although the practice had Standard Operating Procedures they currently did not have a system in place to monitor that staff had signed them. Therefore they could not be sure that staff had read and understood the policies.</li> <li>• The practice provided a medicines delivery service for patients who were housebound. However, they did not have an audit trail of any medicines delivered. We also found both members of staff who delivered medicines had not had a Disclosure and Barring Service check.</li> </ul>	

## 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.	50
Number of events that required action	35

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

Event	Specific action taken
Incorrect patient details	Staff received further training and a new process was implemented where staff double check patient information and confirm at least three patient identifiers.
Prescribing issue	A new system of setting up reminders to ensure patients were recalled for medication reviews was implemented.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice had an effective system; to log and take action on any relevant safety alerts. Staff were aware of their responsibilities in dealing with the alerts.</p>	

# Effective

## Monitoring Care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	551	539

**Exception rate shown as 9.5% on the QOF website**

Diabetes Indicators			
Indicator	Practice performance	CCG average	England average
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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	81%	79%	80%
Indicator	Practice performance	CCG average	England average
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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	70%	78%	78%
Indicator	Practice performance	CCG average	England average
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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	78%	81%	80%

Other long term conditions			
Indicator	Practice	CCG average	England average
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)	87%	78%	76%
Indicator	Practice	CCG average	England average
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in	92%	90%	90%

the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)			
Indicator	Practice	CCG average	England average
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)	84%	85%	83%
Indicator	Practice	CCG average	England average
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)	96%	92%	88%

Child Immunisation			
Indicator	Numerator	Denominator	Practice %
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	149	149	100.0%
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)	127	123	96.9%
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)	127	125	98.4%
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)	127	122	96.1%
Cancer Indicators			
Indicator	Practice	CCG average	England average
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)	78.2%	76.7%	72.1%
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77%	75.1%	72.5%
Persons, 60-69, screened for bowel cancer in last	63.5%	60.6%	59.1%

30 months (2.5 year coverage, %)(PHE)			
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)	65.6%	59.7%	71.2%

<b>Mental Health Indicators</b>			
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</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)	94%	92%	90%
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</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)	91%	94%	91%
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	91%	85%	84%

### Effective staffing

<b>Question</b>	<b>Y/N</b>
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 practice had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
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### Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed <b>(01/04/2016 to 31/03/2017)</b>	Yes

### Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) <b>(01/04/2016 to 31/03/2017)</b> <small>(PHE)</small>	86.3%	63.3%	70.3%	Comparable to other practices

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	44
Number of CQC comments received which were positive about the service	44
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.</p> <p>Patients described the practice as providing an excellent standard of care and staff as being professional and friendly.</p>

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14,361	271	124	46%	0.9%

## National GP Survey results

Indicator	Practice	CCG average	England average
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)	82%	81%	79%
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)	93%	90%	89%
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)	98%	97%	95%
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)	93%	88%	86%
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)	97%	95%	91%
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)	98%	94%	91%

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

Date of exercise	Summary of results
January 2018	The practice carried out a survey following the implementation of a new triage system for booking appointments. This showed that more than 80% of patients liked the new system.

Any additional evidence
The practice's scores in the National GP Patient Survey were above average in all areas.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients reported that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by their clinician.

### National GP Survey results

Indicator	Practice	CCG average	England average
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)	88%	88%	86%
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)	86%	85%	82%
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)	98%	93%	90%
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)	95%	89%	85%

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 proactively identified patients who were carers. They requested this information as part of the new patient registration process and during patient health checks and reviews. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 191 patients as carers (1.5% of the practice list).
How the practice supports carers	Carers were signposted to the local carers' network to obtain specialist advice and support.  The practice offered health checks and influenza vaccinations for carers.
How the practice supports recently bereaved patients	If families had experienced bereavement, a GP or nurse contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

## Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.</p> <p>The reception desk at the Watling Road site had a glass screen to ensure privacy when staff were talking on the telephone.</p> <p>The reception desks at the branch surgeries were open and conversations could be potentially overheard. The practice had taken action to minimise the risks by playing background music and arranging for staff to take calls in another office.</p>

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

Opening Times		
Practice opening times (Watling Road)	<b>Monday</b>	8am to 6pm
	<b>Tuesday</b>	8am to 6pm
	<b>Wednesday</b>	8am to 6pm
	<b>Thursday</b>	8am to 6pm
	<b>Friday</b>	8am to 6pm
Practice opening times (St Helens)	<b>Monday</b>	8.30am to 6pm
	<b>Tuesday</b>	8.30am to 6pm
	<b>Wednesday</b>	8.30am to 6pm
	<b>Thursday</b>	8.30am to 6pm
	<b>Friday</b>	8.30am to 6pm
Practice opening times (Toft Hill)	<b>Monday</b>	9am to 1pm
	<b>Tuesday</b>	1pm to 5.30pm
	<b>Wednesday</b>	1pm to 5.30pm
	<b>Thursday</b>	8.30am to 12.30pm
	<b>Friday</b>	9am to 1pm
Appointments available		<p>Monday and Wednesday - 8am to 1pm; then from 2.30pm to 6pm</p> <p>Tuesday – 7.30am to 1pm; then from 2.30pm to 6pm</p> <p>Thursday – 8am to 1pm; then from 2.30pm to 7.30pm</p> <p>Friday – 8am to 1pm; then from 2.30pm to 5.30pm</p>
Extended hours opening		The practice is part of a local hub which provides extended opening hours for patients; appointments are available Monday to Friday between 6pm and 8pm; on Saturdays and Sundays between 8am and 1pm.

## 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	
All home visit requests are triaged by a doctor.	

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	78%	80%	76%
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)	83%	76%	71%
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)	90%	85%	84%
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)	86%	76%	73%

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The vast majority of patients said they could access appointments easily.

## Listening and learning from complaints received

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

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

<b>Complaints</b>	
Number of complaints received in the last year.	8
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	0

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
The practice's vision was 'to provide good quality, cost effective clinical care. Our motivated and supportive staff team will work with our patients to enable and achieve better health for all'. Staff we spoke to reflected the vision and values in what they told us.

### Culture

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

Source	Feedback
Staff	Staff we spoke with told us leaders encouraged them to raise issues. They said issues were addressed.
Staff	Many staff had worked for the practice for a long period of time and staff turnover was low.

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

Source	Example
Records and interviews	The practice was open and honest with patients about complaints and significant events. We saw evidence of this in their responses to complaints and SEAs and from feedback from the patient participation group.
Complaint	After an issue with a patient being left in a room during some treatment, the practice informed the patient of what went wrong and offered an apology.

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

Source	Example
Staff	Staff we spoke with said there was a supportive and no-blame culture throughout the practice.
Managers	Managers told us there was a senior administrative member of staff at each site so there was always someone for staff to contact or go to for support. They told us of instances when workload and/or working hours had been adjusted when necessary.
Managers	A Pilates session had been held for staff and mindfulness training was planned for a future time-out meeting.

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

Source	Example
Records	Staff were trained in equality and diversity.

Staff	Staff reported they were supported through challenging periods, including poor health.
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#### Examples of actions to improve quality in past 2 years

Area	Impact
Access	Following a number of staff changes in the practice and a high did not attend (DNA) rate the practice undertook a review of access; the 'Patient Access Project'. A practice specific triage system was developed and implemented. This improved access for patients, reduced the DNA rate and enabled staff to have a more balanced workload.
Patient care	Following an incident where a patient who was in hospital did not receive the influenza vaccination, the practice worked with secondary care services to implement a change in protocol across the whole area. This ensured that eligible patients who were in hospital for more than two weeks were offered the vaccination.
System for reviewing hospital discharge letters	A review of the previous system highlighted that the processes was inefficient. A new process was implemented where each day a nominated GP worked alongside a member of the administration team to review the letters and take immediate action where necessary.
Clinical Audit	An audit of the frequency of ring pessary changes was carried out; an initial audit was carried out which showed that some patients were not recalled within appropriate timescales. Corrective action was taken and a subsequent audit showed improved outcomes.

#### 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	Practice Newsletter	A regular newsletter was published to keep patients informed about the practice; this included an update on staffing, self-help guidance and healthy living tips.
Public	Patient Participation Group (PPG)	The PPG met regularly and submitted proposals for improvements to the practice management team.
Staff	Regular staff meetings	Staff felt valued and treated equally.
External partners	Engagement	Improved learning and quality improvement.

#### Feedback from Patient Participation Group

## Feedback

We spoke with two members of the PPG. Feedback from the PPG was wholly positive. They told us that the practice was open and honest with them, that they sought their feedback and acted on any concerns or requests raised by the group.

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

Examples	Impact
Patient Survey	The PPG was involved in developing the practice patient surveys; this ensured that the issues that mattered to patients were included in the survey questions.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Engagement with external organisations	The practice had agreed to be a test site for some work on financial monitoring and was working with the local university to undertake this.
Training practice	The practice was a teaching and training practice and three of the GPs were accredited GP trainers. Training was offered to year one, two and final year medical students. At the time of the inspection there was also three trainee GPs working at the practice.
External consultancy	An external accountant had been commissioned to carry out a value for money exercise; this allowed the practice to ensure they employed the right number of staff.

### 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>