

Care Quality Commission

Inspection Evidence Table

The Wembley Practice (1-3221732685)

Inspection date: 22 May 2018

Date of data download: 18 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	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: The practice had both child and adult safeguarding protocols and procedures, including details of all safeguarding leads. However, both child and adult safeguarding policies did not indicate who the practice safeguarding lead was.	

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
Explanation of any 'No' answers: n/a	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 27 February 2018	Yes
There was a record of equipment calibration Date of last calibration: 23 March 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: 30 August 2017	Yes
Additional observations: Fire risk assessment did not identify any actions to take.	
Health and safety Premises risk assessment? Date of last assessment: 27 April 2018 and updated on 15 May 2018	Yes
Health and safety risk assessment and actions Date of last assessment: 5 April 2018	Yes
Additional comments: n/a	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 19 February 2018</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>The infection control audit identified that general cleaning and redecoration around the practice was required. NHS Property Services, who owned the building carried out remedial works and we saw evidence that redecoration works had been arranged for August 2018.</p>	<p>Yes</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers: n/a</p>	

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	No
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers:	
The non-clinical staff we spoke to regarding sepsis were not aware of how to identify the presentation by an acutely unwell patient; however, evidence was sent to us after the inspection to show that they had received training in sepsis awareness.	

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
Explanation of any 'No' answers: n/a	

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)	1.99	0.71	0.98	Significant variation (very high prescribing)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	5.3%	10.3%	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 Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	No
<p>Explanation of any 'No' answers:</p> <p>On the day of inspection, we found that vaccines fridge temperature monitoring checks had been omitted on two occasions. The practice was made aware of this and a significant event form was completed. Changes were made to minimise the risk of further omissions by ensuring that each room where the two vaccines fridges were stored, had a named accountable person responsible for the daily fridge temperature checks. This was to be followed up by the evening staff would carry out checks at the end of the day to ensure that the checks were completed.</p>	
<p>Other comments:</p> <p>Prescribing data for 2016/17 showed a very high prescribing rate of 1.99, when compared to the local</p>	

average of 0.71 and the national average of 0.98. However, this was due to the practice being a former walk in centre, which carried out prescribing activity; therefore, all prescribing prior to January 2017 when the practice took over, was attributed to this facility. The removal of the walk-in centre in January 2017 showed a reduction in prescribing activity. Data produced by the practice showed that between January 2017 and December 2017, the practice prescribing rate was 0.33. The practice benefited from a practice based full-time prescribing pharmacist and regular CCG medicines management team meetings to ensure antibiotic prescribing was within target.

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.	11
Number of events that required action	11

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

Event	Specific action taken
Patient collapsed in the reception area.	The affected patient was made comfortable, the ambulance was called and the patient was accompanied to hospital. The practice found that although all appropriate action was taken by the team, their response times could have been improved. Learning shared was to always be aware of why patients were in the waiting area. A screen separating the reception staff from the back office was removed to allow the back-office staff the opportunity to support the front of house staff, as well as observe and support patients in potential distress.
An at-risk patient became agitated and staff members were exposed to risk	Patient's care plan was reviewed and it was considered that home visits would be more appropriate for the patient, as they became agitated in a clinical environment.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place: all incoming alerts were disseminated to the location leads by the provider, who then distributed to all staff to action. Alerts were discussed at meetings and shared on their 'Slack' messaging forum, an online networking tool to share learning. Alerts were also shared in their monthly provider newsletter.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.24	0.44	0.90	Significant Variation (positive)

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)	86.3%	77.4%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.7% (115)	11.5%	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)	87.7%	80.3%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.4% (89)	8.4%	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)	81.6%	79.5%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.7% (94)	9.1%	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)	78.6%	80.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (4)	2.2%	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)	100.0%	93.4%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	41.7% (5)	8.5%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.7%	83.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (54)	4.1%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	87.5%	81.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (2)	13.8%	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)	191	203	94.1%	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)	155	177	87.6%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	155	177	87.6%	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)	157	177	88.7%	Below 90% Minimum (variation negative)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	54.2%	63.9%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	51.9%	60.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	29.7%	42.9%	54.5%	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)	77.8%	75.7%	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)	97.1%	92.4%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.0% (6)	7.4%	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)	94.3%	92.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (5)	6.7%	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)	85.7%	84.6%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (1)	2.9%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	539	539
Overall QOF exception reporting	14.1%	6.0%	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, pharmacists and physician associates.	Yes
<p>If no please explain below: n/a</p> <p>Any further comments or notable training:</p> <p>The provider had a comprehensive programme of ongoing learning and development for example:</p> <ul style="list-style-type: none"> • They carried out a fortnightly web based, consultant-led development programme for all clinicians. In addition to this, nurses also received quarterly face to face training. • All staff received training in relation to their EZ technology. For example, staff received EZ recalls training and evaluation, to upskill staff to ensure that all recalls were carried out in a safe and efficient manner. • They provided monthly face to face training for physician associates, who also received quarterly appraisals with the clinical director. • They were a recently approved training practice for GP registrars and Foundation Year two students. • Practice managers received bi-monthly face to face training. • NICE guidelines were reviewed every week before clinical meetings. 	

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)	93.6%	96.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (23)	0.6%	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)	50.0%	53.0%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Clinicians showed us examples of how they recorded consent. Consent form seen for minor surgery. They understood Gillick competence and Fraser Guidelines.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	17
Number of CQC comments received which were positive about the service	17
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>Comment cards: Patients were very happy with the service and felt staff went out of their way to assist them. They felt the service was responsive to their individual needs and worked hard to coordinate services and support.</p> <p>NHS Choices: Patients felt there was an improvement with the new service and felt all staff were helpful, caring and professional. Patients felt they received excellent care.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
10,714	393	1%	96	24.43%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	82.1%	71.6%	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 (01/01/2017 to 31/03/2017) (GPPS)	88.2%	85.5%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	92.9%	93.9%	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)	84.8%	81.3%	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)	92.0%	84.3%	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)	88.9%	83.9%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient patient feedback exercises.	Yes

Date of exercise	Summary of results
2017: Feedback exercise.	<ul style="list-style-type: none"> • Patient feedback stated that they felt that the staff were sometimes rude to them. The practice carried mandatory 'SMART' customer service training for all staff. • Patient feedback also stated difficulties with phone and appointment access. The practice increased the number of telephone lines and increased the administration team size. Patients were also offered the option of telephone consultations and appointments by a range of specialist clinicians.



Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with one patient who was also a member of the Patient Participation Group (PPG). They were happy with the practice and felt they offered a good 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)	84.5%	83.1%	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)	75.8%	78.3%	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)	87.5%	83.4%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	87.1%	79.4%	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	163 carers were identified (1.5% of practice population).
How the practice supports carers	The practice proactively identified carers and planned a carers open day. Carers were offered an annual carer health check, flu immunisations and referred for a carer's assessment and carers counselling service. They were also signposted to local carers' charities for support.
How the practice supports recently bereaved patients	There was a bereavement protocol in place. Actions were discussed and agreed in clinical meetings. Patients were sent a letter and bereavement information pack. In some cases, the GP followed this up with a telephone call.

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 was situated away from the reception area and there was a privacy line once at the reception desk. Conversations could not be overheard. There were back office staff who answered all incoming calls.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Extended hours opening	
Saturday	09:00-13:00

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	
There was a home visit protocol in place. Home visit requests received by reception staff members were recorded on the shared computer system and the lead GP was informed. The lead GP would contact the patient requesting the home visit to assess whether it was required and carry it out if clinically necessary.	

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)	88.9%	75.1%	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)	75.7%	64.9%	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)	68.9%	68.1%	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)	76.9%	66.9%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The practice was rated an average of 4.5 stars on the NHS Choices website. Patients felt they received excellent treatment from the service and felt the staff were supportive.

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.	14
Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman	4

Well-led

Leadership capacity and capability

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

- The directors often recognised individual staff member achievements.
- Management often arranged refreshments for staff every Friday, annual night outs were arranged and staff birthdays were celebrated

Vision and strategy

Practice Vision and values

The practice had a strong vision and values which included:

To provide quality world class accessible health care;

Innovating solutions responsive to patient's needs;

Investing in staff through structured coaching, leadership and training;

To develop systems that provides the organisation with information on patient safety, patient experience, clinical effectiveness, service performance and financial performance;

To provide quality services and meet the health needs of the diverse practice population.

Culture

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

Source	Feedback
Staff	Staff enjoyed working for the provider and felt management were supportive and approachable. They expressed high levels of job satisfaction.
Staff	Staff felt supported and felt they benefited from the Slack messaging system. We observed that messages of support for practice staff were communicated via this system.

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

Source	Example
Patient	Staff received training on guide dogs after a patient raised concerns regarding staff attitude towards their guide dog.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Clinical meeting	Concerns were raised about the junior clinicians commencing work in the mornings prior to there being a clinician onsite. The practice agreed to adjust appointment times so the junior clinicians could carry out only their administration work during

	this period.
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
Provider management team	The provider offered staff a 'cycle to work' scheme and childcare vouchers were offered.
Provider management team	Referral to the provider's occupational health department if required
Provider management team	Administration staff were provided with headsets instead of traditional telephone receivers. This was to enhance productivity, as well as staff health and safety by improving their posture.

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

Source	Example
Interviews with staff	There was an equal opportunity policy in place and staff received equality and diversity training. Staff felt that they were treated equally and fairly by the practice.

Examples of actions to improve quality in past 2 years

Area	Impact
Clinical Audits	Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care, treatment and patient outcomes.

Examples of service developments implemented in past 2 years

Development area	Impact
Taking over management of former GP access walk-in centre and transition into a GP practice in January 2017	Patients had continuity of care and most of the administration staff retained their roles from the previous walk-in centre.
Recently approved as a training practice. Lead GP has been confirmed as trainer for medical students	Practice will be undertaking training for Foundation Year two students from 2018.
New and improved website	Patients have access to health information including being able to register for online services, self-care information, prescriptions and private services. Website has a facility to translate English into a range of different languages, making it accessible patients with language difficulties to access information.

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	Incident and complaints policy in place. CCG, Partners and Directors meetings, Clinical and Practice meetings, Staff meetings
Practice specific policies	Policies and polices could be accessed on the shared drive and via the Human Resources (HR) link on the provider website.
Other examples	There was a HR department that had oversight over all employment matters.
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
Identified risk of GP overload with correspondence	Provider implemented a system called 'EZ-Doc', to manage clinical correspondence for the GPs.
Safety risks	Staff were trained in preparation for major incidents which included fire safety and medical emergencies.

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 and the public	The practice held a Health and Wellness Day on 5 May 2017	This event was aimed at improving patient experience and to raise awareness of a number of health and social care providers who supported patients in the locality, such as the community diabetes and mental health team, local gym services and support groups. They also carried out mini health checks and the event was attended by approximately 70 people.
Patients	Practice website, noticeboard, feedback facilities, open days	Improved communication and increased patient independence and facilities.

Public	Via the CCG, practice website and open days	Improved services to meet the needs of the local population
Staff	Slack messaging system	Staff benefited from a professional messaging system for all the provider locations, which was a forum that enabled members to communicate and share learning, ideas and resources in an encrypted environment. New members could view the whole thread, irrespective of when they joined. Staff benefited from absence cover as messages were sent out through this group.
Staff	Weekly Newsletter, meeting minutes, Webex meetings	Staff felt engaged with developments in the practice.
External partners	Regular CCG and federation meetings	Engagement through the CCG ensured a needs based approach with co-ordination with other local practices. For example, there was joint working with the CCG in relation to tuberculosis screening in the community and the Whole Systems Integrated Care (WSIC) for vulnerable patients.
External partners	Provider monthly regional and board meetings dialled in via Webex	Analysis of significant events and improved safety within the practice.

Feedback from Patient Participation Group;

Feedback

Members of the Patient Participation Group were happy with the service provided by the surgery but

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

Examples	Impact
Patient Participation Group (PPG) meetings.	Patients were able to engage with the practice and PPG meeting minutes showed the practice discussed patient areas of concern such as telephone access. The practice was able to inform the PPG members that they had increased the amount of telephone lines and administration staff. This would enable patients to experience an improvement in response times. The use of online services also reduced the need for patients to ring the surgery.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The provider worked in	This was set up due to the stigma surrounding mental health and

collaboration with a social enterprise and commissioned a project resource called 'Talking from the heart' aimed at patients from ethnic minorities suffering from mental health.	communication problems in these communities, which often meant patients did not seek support. In collaboration with several ethnic minority groups and mental health professionals, they developed four short films in three spoken languages, which could be used by primary care practitioners with their patients or with community groups. The films combined medical and religious advice and addressed stigma. The project was honoured as the overall winner of the Innovation Mindset Challenge in 2014.
Provider introduced the EZ-doc document handling system after identifying GP overload with correspondence.	This initiative was fully funded through the NHS England GP Forward view programme. Practice administration staff were now the first point of contact for all GP correspondence. They were upskilled and empowered to safely triage and manage the majority of incoming documents. This innovation led to a reduction in GP administration time by 80%, allowing more time for GPs to focus on patient care. Benefits also included improving efficiency and safety of clinical correspondence, with regular audits carried out. This was delivered to over 700 practices across the country with a patient population of over 3 million.
EZ Analytics	This tool enabled monitoring and improvement in the quality of care of over 700 clinical and non-clinical indicators, as well as corporate and operational performance indicators. For example, the use of this tool to improve influenza uptake resulted in an improvement from 37% under 65's at risk and below the local average of 49% for 2016/17, to an uptake of 58% under 65's at risk and above the local average of 49% for 2017/18.
EZ Checklist	This enabled the practice to readily identify when follow up tests and screening were due in the management of patients with long term conditions and those experiencing poor mental health. The practice demonstrated that the system and continuous patient recall had improved compliance of tests and screening since January 2017, when they had taken over the practice. Data provided by the practice showed between August 2017 and March 2018, the practice was the highest achiever in the GP locality network for diabetes and reached a triple target achievement, from 23% in August 2017 to 44% in March 2018, for the nine diabetes key processes, which reduced complications and mortality.

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

Audit area	Impact
Diabetes audit	The diabetes audit was carried out to assess whether the practice was achieving the required standard of 80% in reducing diabetic complications in type two diabetes patients, in performance areas which included foot examinations and body mass index (BMI) checks. The first cycle audit showed the practice was performing below the required standard of 80% in five out of nine performance areas. The practice made changes which included formulating a management plan and allocating a clinician as well as a lead administrator to coordinate the recall process.

Alerts were added to the patient records and patients who had not received a blood test or foot check in the last 12 months were recalled, all intervention actions were followed up and data was shared in clinical and practice meetings. There was an improvement after the second cycle audit as the practice had met the required standard of 80% in all nine performance areas.

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>