

# Care Quality Commission

## Inspection Evidence Table

### Northpoint Medical Practice (RV965)

Inspection date: 30 May 2018

Date of data download: 23 May 2018

## Safe

### Safety systems and processes

Safeguarding	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.	Yes
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (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:	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 27/06/17
There was a record of equipment calibration Date of last calibration:	Yes 27/06/17
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 Date of completion	Yes 21/02/18
Actions were identified and completed. Evidence that the need to identify call points with signs had been actioned.	Yes
Additional observations: Legionella checks completed.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 10/05/18
Health and safety risk assessment and actions Date of last assessment:	Yes 23/03/18
Additional comments: General risk assessments carried out included patients attending appointments and conducting home visits dated 11/04/18. Legionella tests due next on 8/11/18.	

<p><b>Infection control</b></p> <p>Risk assessment and policy in place  Date of last infection control audit:  The provider acted on any issues identified:  Detail:  A handwashing audit was also completed monthly.</p>	<p>Yes  Monthly  Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

### Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Additional comments:</p> <p>A business continuity plan was in place and a hard copy retained by staff on and off-site. Dated 19 Feb 2018.</p>	

### 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
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

## Appropriate and safe use of medicines

Medicines 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 Patient Group Directions or Patient Specific Directions).	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 Controlled Drugs 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.	Yes
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 General Medical Council 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.	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.	Yes

## 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.	Nine
Number of events that required action	All actioned

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

Event	Specific action taken
Vaccine given in error.	Medication given to patient that they had an adverse reaction to. No harm to patient. The service had completed learning actions and had implemented a secondary check on regarding known allergic reactions to medicine. Staff were reminded about recording of allergies regarding medicine on the clinical record.
Admin error on patient record.	Patient did not get their referral sent thorough. Procedures were revised.

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:                      Noted a comprehensive system in place with good awareness by all staff.                      Formally discussed significant events at administration and clinical meetings. An electronic system was used centrally to manage these events.</p>	

## Effective

The new provider had reviewed the QOF outcomes and prioritised areas for improvement. Unverified data for 2017/2018 showed improved outcomes for patients. For example, 2017/18 data showed the provider had achieved 94.2% which was comparable to the CCG overall average of 93.5% and England overall average of 96.4%.

**Quality Outcomes Framework (QOF) results for the period 2016/2017 relates to the previous provider are evidenced in the table below.**

### Effective needs assessment, care and treatment

People with long-term conditions

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)	68.5%	80.1%	79.5%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7%	14.8%	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)	71.1%	77.8%	78.1%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5%	12.0%	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)	58.9%	80.1%	80.1%	Comparison not available

<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	7.1%	15.6%	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. (01/04/2016 to 31/03/2017) (QOF)	55.8%	76.7%	76.4%	Comparison not available
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	5.8%	13.9%	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 (01/04/2016 to 31/03/2017) (QOF)	71.0%	89.7%	90.4%	Comparison not available
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	11.5%	16.8%	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 (01/04/2016 to 31/03/2017) (QOF)	76.2%	83.7%	83.4%	Comparison not available
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	5.1%	5.2%	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. (01/04/2016 to 31/03/2017) (QOF)	86.1%	86.2%	88.4%	Comparison not available

<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0.0%	6.3%	8.2%	
<b>Any additional evidence or comments</b>				

People experiencing poor mental health (including people with dementia)

<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 (01/04/2016 to 31/03/2017) (QoF)	47.8%	86.6%	90.3%	Comparison not available
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0.0%	18.4%	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 (01/04/2016 to 31/03/2017) (QoF)	60.9%	89.4%	90.7%	Comparison not available
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0.0%	16.3%	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 (01/04/2016 to 31/03/2017) (QoF)	72.3%	84.3%	83.7%	Comparison not available
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	5.8%	12.3%	6.8%	
<b>Any additional evidence or comments</b>				

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF achievement as a percentage	80%	93%	96%
Overall QOF exception reporting	8.0%	8.6%	10%

### 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>If no please explain below:</p> <p>Any further comments or notable training:</p> <p>We observed all appraisals were up to date.</p>	

### Coordinating care and treatment

Indicator	Y/N
The practice has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed.	Yes

### Helping patients to live healthier lives

Indicator	Practice	CCG	England	England
-----------	----------	-----	---------	---------

		average	average	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)	72.1%	95.7%	95.3%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6%	0.9%	0.8%	

## Caring

### Kindness, respect and compassion

CQC comments cards	
Total comments cards/patient questionnaires received	19
Number of CQC comments/patient questionnaires received which were positive about the service	19
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
CQC Comments cards	A number of cards noted that staff were professional, friendly and helpful. The GPs at the service were described as very good and always listened to.

### National GP Survey results 2017.

**The provider registered with the CQC in May 2017. The National GP Survey was conducted in January to March 2017 and the results were published in July 2017. The National GP Survey results for the period 2016/2017 relates to the previous provider. There was however, continuity of leadership and staffing between the previous and current provider at the time of inspection.**

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
No data	379	No data	104	27%

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)	67.0%	74.0%	78.9%	Comparison not available
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)	84.0%	86.8%	88.8%	Comparison not available
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)	93.0%	93.6%	95.5%	Comparison not available
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)	76.0%	83.2%	85.5%	Comparison not available
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)	94.0%	92.1%	91.4%	Comparison not available
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)	93.0%	90.1%	90.7%	Comparison not available
<b>Any additional evidence or comments</b>				

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

Date of exercise	Summary of results
2017/18	<p><b>Friends and family test.</b></p> <p>The practice had implemented an 'easy read' format friends and family test. For example, is showed pictorial format images f to indicate the patient experience.</p> <p>The practice recorded that 111 questionnaires had been completed between April 2017 and April 2018 which represented 3% of the practice population.</p>

	<ul style="list-style-type: none"> <li>• 99 patients said they were extremely likely to recommend the practice.</li> <li>• 11 patients said they were likely to recommend the practice.</li> <li>• 1 patient said they were neither likely or unlikely to recommend the practice.</li> </ul>
--	--

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	On the day of inspection, we distributed 12 patient questionnaires. These were all returned completed whom we asked several questions for example, appointments, consultation time and involvement with care. All patients commented positively.
Patient Participation Group	The PPG said they were involved with the development of the practice and their views were respected and acted upon.

## National GP Survey results

**The provider registered with the CQC in May 2017. The National GP Survey was conducted in January to March 2017 and the results were published in July 2017. The National GP Survey results for the period 2016/2017 relates to the previous provider. There was however, continuity of leadership and staffing between the previous and current provider at the time of inspection.**

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)	76.0%	84.4%	86.4%	Comparison not available
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)	77.0%	78.3%	82.0%	Comparison not available
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)	93.0%	90.1%	89.9%	Comparison not available
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	91.0%	85.9%	85.4%	Comparison not available

good at involving them in decisions about their care (01/01/2017 to 31/03/2017)				
---	--	--	--	--

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 of carers identified	1.4% of the practice population had been identified as carers.
How the practice supports carers	The practice had a carer's board in place which was regularly updated. We were told that the Advanced Care Practitioner signposts to care co-ordinators and carers are offered an annual health check and a flu vaccination.
How the practice supports recently bereaved patients	The practice sent a sympathy card and book appointment as necessary for family members. We were told the practice had an open-door approach for family grieving members with access to speak to a clinician of their choice.

## 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	Although the patient waiting area was within a short distance from the reception desk, the patient waiting area seating face away from the main desk to reduce the potential of overhearing conversations. Staff we spoke with were aware of keeping confidential and person conversations with patients to a minimum. In addition to this there was a separate private room available on request.

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

Source	Feedback
Patients we spoke with on the day.	On the day of inspection, we distributed 12 patient questionnaires. These were all returned completed whom we asked several questions for example, appointments, consultation time and involvement with care. All patients commented positively.
Patient comment cards.	100% of the patient comment cards we received on the day of inspection were positive about the service received.

## Responsive

### Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am until 8pm
Tuesday	8am until 8pm
Wednesday	8am until 8pm
Thursday	8am until 8pm
Friday	8am until 8pm
Saturday	9am until 1pm
Appointments available:	
GP	8.15am to 12pm and 2.10pm to 7.20pm Monday to Friday. Saturday appointments 9.15am to 12.25pm.
Nurse	8.15am to 12pm and 1.30pm to 4.30pm Tuesday to Friday.
Health Care Assistant	8.15am to 1pm Monday to Friday except Thursday. Alternate appointments 2pm to 6pm on a Thursday and Saturday from 9.15am to 12.30pm.
Advanced Care Practitioner	8.15am to 12pm and 2pm to 3.30pm on a Monday, Wednesday and a Thursday.
Extended hours opening:	
Monday to Friday	Till 8pm.
Saturday	9am until 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	
Telephone triage was available each day (usually with the ANP) with emergency appointments available. Home visit would be reviewed by the GP prior to the visit and a visit made if necessary.	

## Timely access to the service

### National GP Survey results

**The provider registered with the CQC in May 2017. The National GP Survey was conducted in January to March 2017 and the results were published in July 2017. The National GP Survey results for the period 2016/2017 relates to the previous provider. There was however, continuity of leadership and staffing between the previous and current provider at the time of inspection.**

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)	76.0%	81.4%	80.0%	Comparison not available
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)	45.0%	62.8%	70.9%	Comparison not available
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)	61.0%	69.3%	75.5%	Comparison not available
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)	55.0%	69.1%	72.7%	Comparison not available
<b>Any additional evidence or comments</b>				

Examples of feedback received from patients:

Source	Feedback
April 2017 – April 2018.	<p>The practice recorded that 111 questionnaires had been completed between April 2017 and April 2018 which represented 3% of the practice population.</p> <ul style="list-style-type: none"> <li>• 99 patients said they were extremely likely to recommend the practice.</li> <li>• 11 patients said they were likely to recommend the practice.</li> <li>• 1 patient said they were neither likely or unlikely to recommend the practice</li> </ul>
Patients	<p>On the day of inspection, we distributed 12 patient questionnaires. These were all returned completed whom we asked several questions for example, appointments, consultation time and involvement with care. All patients commented positively.</p>

	One patient responded that their prescription was occasionally produced late and another patient responded it would be less stressful if an appointment could be made before 8am.
--	---

### 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	
Number of complaints received in the last year.	Four
Number of complaints we examined	Four
Number of complaints we examined that were satisfactorily handled in a timely way	Four
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
Additional comments:	
We discussed complaints in detail with the practice manager and found the practice response was timely and appropriate. We saw examples of letters which were sent to patients.	

Any additional evidence
We saw that information on how to complain was available for patients in the waiting area. Patient complaints were discussed anonymously with the PPG to enable them to offer feedback to the practice.

# Well-led

## Culture

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

Source	Feedback
Staff	Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.
Practice Manager	The management had an 'open door' policy for all staff which was demonstrated by the positive team spirit displayed by the staff.

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

Source	Example
Practice Manager	The staff had discussed extra support both from an administration and clinical perspective to provide extra duties and further clinical support to GPs. Further administration staff were recruited which is now complete. Furthermore, the practice employed an Advanced Care Practitioner and pharmacist to support GP workload.

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

Source	Example
PM	The Practice Manager and staff members were aware of the duty of candour. We saw apologies were made to patients where necessary.

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

Source	Example
Practice manager	The practice offered flu vaccinations to all staff annually.
Staff members	Panic alarms were available on all the computers which enabled the staff to call for help if required.

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

Source	Example
Policies and procedures	We saw evidence that a recruitment policy and an equality and diversity policy was in place.

### Examples of actions to improve quality in past 2 years

Area	Impact
Care Home Scheme	51 patents were identified as requiring care in local care homes and the practice worked closely with consultants, other agencies, multi-disciplinary team reviews (MDT). Hospital admission had been reduced by 23% between November 2017 and May 2018 when compared to the same period in 2016/17.
Review of appointment system.	GP appointments had been increased from 10 to 15 minutes and an analysis undertaken in May 2018 showed that an average of 164 appointments per month were spare.

### Examples of service developments implemented in past 2 years

Development area	Impact
Roles	The service employed a number of practitioners with skills in different areas of expertise. For example, an Advanced Care Practitioner was employed to see patients, conduct telephone triage and a pharmacist to conduct medication reviews.

### 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	Website / Patient Participation Group (PPG) / Notice boards	Patients are aware of the PPG. The group also spent time in the practice and reception areas talking to patients and liaising with local community groups and leaders to engage patients in managing their own health and well-being.
Staff		Staff attend regular meetings and felt able to offer opinions. Training and development opportunities were offered and a number of staff attended peer meetings and regular learning and development events.

## Feedback from Patient Participation Group;

### Feedback

The PPG was involved in the development of the practice. We saw examples of changes and improvements made by the practice to enhance services and the patient experience. For example, a Bariatric couch had been made available in a clinical room to reduce the need for patients visiting hospital services for routine GP requests. A bariatric couch is an examination couch with the capability of supporting extremely heavy patients.

The PPG spoke highly of the commitment of the practice manager to improve services for patients and commented that the change of provider had been 'seamless' and beneficial for patients.

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

Examples	Impact
Review of the current staffing and appointments	The practice had reviewed and discussed service enhancements with the PPG and introduced a new Advanced Care Practitioner. Increased administration staff had already taken place and patient appointments had been increased to 15 minutes with an extra GP working on Mondays.
Regular meetings with the team	The PPG told us they feel well informed and supported by the practice which enables them to confidently liaise with local communities about the services the practice offers.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Quality Outcomes Framework. (QOF)	The provider had registered with the CQC in May 2017. However, the new provider was a member of the previous GP partnership and there was continuity of care. The new provider had reviewed the QOF outcomes and prioritised areas for improvement. Unverified data for 2017/2018 showed improved outcomes for patients. For example, a Pharmacist is in place to undertake medication reviews and an Advanced Care Practitioner is in place for supporting patient with long term conditions and for minor ailments.
Practice survey	The practice had undertaken their own patient monitoring (Friends and Family Test) in August 2017 and an action plan to improve services was in place. For example, more female GPs were recruited and a care home scheme was introduced to reduce hospital admissions for patients living in care homes. The practice had reviewed the results with the PPG.

**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>