

Care Quality Commission

Inspection Evidence Table

Dr Jayesh Bhatt (1-525786969)

Inspection date: 17 May 2018

Date of data download: 11 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
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.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any 'No' answers:	

Safety Records	Y/N
There was a record of portable appliance testing Date of last inspection/Test: June 17	Y
There was a record of equipment calibration Date of last calibration: September 2017	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y
Actions were identified and completed.	Y
Additional observations: none	
Health and safety Premises/security risk assessment? Date of last assessment: April 2018	Y
Health and safety risk assessment and actions Date of last assessment: April 2018 – no actions identified	Y
Additional comments: none	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: Feb 2018 The provider acted on any issues identified</p> <p>Detail: Issues followed up from previous audit including leaking toilets fixed and light pull switch cords replaced</p>	Y
<p>The arrangements for managing waste and clinical specimens kept people safe?</p> <p>Explanation of any 'No' answers: none</p>	Y

Any additional evidence
None

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y
Explanation of any 'No' answers:	

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.	Y
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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
Explanation of any 'No' answers:	

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)	1.02	0.63	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	6.6%	8.3%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
Up to date local prescribing guidelines were in use. Clinical staff could access a local microbiologist for advice.	Y
The practice held appropriate emergency medicines.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation of any 'No' answers:	

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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months	18
Number of events that required specific action	14

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

Event	Specific action taken
Wrong strength medication prescribed	Investigation found the cause to be human error when using the computer system. All staff made aware of the incident and reaffirmed the importance of checking and double-checking prescriptions before they are issued.
Clinic letter not acted upon	A new system was introduced which provided an audit trail for inbound correspondence including all correspondence to be actioned within 48 hours of receipt and a lead member of staff for overseeing the process.
Wrong prescription given to patient	Investigation led to a number of significant changes including multiple prescriptions no longer stapled together and checks, and double checks of patient identity for each prescription collected. The practice has also moved a large proportion of patients onto the Electronic Prescribing Scheme where prescriptions are sent directly to the patients designated pharmacy.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>The practice had an effective system in place to receive, review and act on safety alerts including patient, medicine and device safety alerts. We saw evidence that the practice pharmacist had, in conjunction with a GP, put in place the recommended actions to address the concerns raised around Sodium Valproate, an epilepsy medication, and the risk of abnormal pregnancy outcomes. We also saw evidence that this information was shared with relevant staff in a timely manner. However, the system in place was different to the system set out in the operating protocol which was not as effective a system. The system had been reviewed and updated but the operating protocol had not been updated to reflect and support the new system and required review.</p>	

Any additional evidence

None

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)	0.38	0.42	0.90	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)	71.1%	75.4%	79.5%	Comparable to other practices
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)	65.2%	77.8%	78.1%	Comparable to other practices
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)	86.4%	82.1%	80.1%	Comparable to other practices

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)	71.9%	77.0%	76.4%	Comparable to other practices
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)	86.3%	92.0%	90.4%	Comparable to other practices
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)	75.9%	83.6%	83.4%	Comparable to other practices
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)	95.8%	89.1%	88.4%	Comparable to other practices

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)	68	74	91.9%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	75	87	86.2%	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)	76	87	87.4%	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)	77	87	88.5%	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)	67.4%	66.3%	72.1%	Comparable to other practices

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)	76.7%	93.2%	90.3%	Comparable to other practices
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)	81.3%	91.5%	90.7%	Comparable to other practices
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)	76.9%	84.9%	83.7%	Comparable to other practices

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	94.1%	95.2%	95.5%
Overall QoF exception reporting			

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.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
<p>If no please explain below:</p> <p>Any further comments or notable training:</p>	

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.9%	95.0%	95.3%	Comparable to other practices
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)	47.4%	53.4%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The process for seeking consent was set out in a service policy. The service monitored that consent was sought appropriately by reviewing care records.

Any additional evidence

None

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	28
Number of CQC comments received which were positive about the service	27
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	<p>Happy, excellent, helpful, clean and quiet, listen, phone consultations where appts not available. Personable, welcoming warm atmosphere, kind and caring, professional,</p> <p>One comment card mentioned it was hard to get an appointment but that staff tried their hardest to find and offer a suitable appointment.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
5,796	335	5.77%	94	28.06%

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)	84.2%	75.6%	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)	87.4%	86.0%	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)	94.0%	94.9%	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)	84.4%	82.5%	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)	95.4%	85.3%	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)	93.6%	85.7%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
Ongoing process	The practice collected electronic, verbal and written feedback from patients including supporting the NHS Friends and Family test. Recent results for October 2017 – March 2018 showed that on average 86% of patients would recommend the practice to family or friends.

Any additional evidence
None

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients and CQC Comment cards	<p>We spoke with four practice patients and received 28 CQC Comment cards from service users. This information told us that;</p> <ul style="list-style-type: none"> • Patients felt involved in their care and treatment. • Patients felt listened to and provided with the information they needed. • Some patients did report feeling rushed when the service was busy, others reported that they never felt rushed. • Staff were helpful and professional, kind and caring.

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)	83.8%	83.2%	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)	80.2%	77.4%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	93.0%	84.7%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	89.0%	79.5%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	92 patients identified as acting as a carer, 2% of the practice population 56 patients were identified as cared for, 1% of the practice population.
How the practice supports carers	Carers had access to longer appointments and would be able to access priority appointments. A care navigator provided help and support including information, support groups and social prescribing schemes. Carers were offered vaccinations and health checks.
How the practice supports recently bereaved patients	Bereaved patients were supported with contact from the practice to arrange and/ or offer appointments and information on support services. Patients families were often sent a sympathy card.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception desk had closable windows which were used to maximise confidentiality at the reception desk. We did not hear patient identifiable information whilst in the reception area. Reception staff kept a clear desk policy and computer screens were not visible from reception.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
Examples of specific feedback received:	Y

Source	Feedback
CQC comment cards	Multiple respondents highlighted their privacy and dignity were always respected by all staff.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	0800 – 1930
Tuesday	0800 – 1830
Wednesday	0800 – 1830
Thursday	0700 – 1830
Friday	0800 – 1830
Weekend	Closed

Appointments available in one morning and one afternoon session daily.
Extended hours opening – see above. Patients also referred to local primary care clinic open 8am – 8pm daily.

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	Y
If yes, describe how this was done	
<p>Patients or carers requesting a home visit were telephoned by the duty GP in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.</p>	

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)	88.0%	77.5%	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)	83.1%	75.3%	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)	76.3%	73.4%	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)	80.1%	70.1%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
CQC comment cards, patient interviews	Most patients told us that they had timely access to appointments based on their clinical need, and that the appointment system was easy to use, including online and telephone appointment booking. Three patients did find it hard to get an appointment with their named or a specific GP.

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>)	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	3
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
Additional comments:	
None	

Any additional evidence
None

Well-led

Leadership capacity and capability

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

The practice leadership team have responded to the issues raised in previous CQC inspection reports and put in place effective and sustainable arrangements to improve patient safety.

Vision and strategy

Practice Vision and values

The practice had a strong patient centred ethos which included;
 Providing a high-quality service,
 Treating staff and patients with dignity and respect,
 To be fair and non-judgemental,
 Provide good access to high quality care,
 Practice preventative health care,
 Ensure continuity of care for patients.

Culture

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

Source	Feedback
Staff interviews	Many staff were long term employees who enjoyed working at the practice, enjoyed their work and the challenges it presented and helping providing patients with the care they need.

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

Source	Example
Staff interviews	There were no specific examples raised, however staff told us they felt valued and were well supported.

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

Source	Example
None	None

Examples of concerns raised by staff and addressed by the practice

Source	Example
None	None
	The practice's speaking up policies are in line with the NHSI National Raising Issues Policy. y

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

Source	Example
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Staff interviews	Staff felt valued in a supportive environment. The practice would often get together for lunches in the practice and other social events outside of the practice. The practice closed one Thursday afternoon per month for protected learning time and the staff often attended learning events together.
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Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
None	No specific examples.

Examples of actions to improve quality in past 2 years

Area	Impact
New system for managing clinical correspondence	Correspondence now dealt with in 48 hours, minimising delays and improving timely patient access to care and treatment.
Prescription stationery	System introduced to improve security and monitoring of prescription stationery use.
Clinical Audit	Quality improvement programme put in place, including a lead member of staff for auditing and the involvement of a clinical pharmacist to assist with medicines reviews and prescribing audits.

Examples of service developments implemented in past 2 years

Development area	Impact
Staffing	Increased staffing levels in areas specific to risks and weakness areas such as more salaried GPs and a clinical pharmacist to assist with prescribing and medicines optimisation.

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	There was a lead member of staff for complaints and significant event management. All staff were involved in the investigation, learning and implementing actions to make improvements and share best practice.
Practice specific policies	The practice had a suite of policies which were regularly reviewed and helped support the governance arrangements in the service and provide a framework for providing high quality care.
Other examples	No specific examples
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
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Business continuity incident	Staff were trained and prepared for a major incident affecting business continuity and had tried and tested plans including buddy arrangements with a local GP practice to ensure continuity and timely access to care for patients in light of, for example, flood, fire or power outage affecting the practice.
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Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Y

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	PPG, Notice boards, digital display in waiting area	Keeps patient informed about current themes and provides information to support patients to make good decisions in choosing care.
Public	Engage with CCG in local initiatives	Informing and engaging the public to make good care decisions.
Staff	Staff meetings	Chance for staff to raise issues and concerns, provide solutions and actions, be made aware of incidents, complaints and positive feedback.
External partners	Regular engagement with local CCG, GP federation and buddy practice	Engage in local improvement initiatives, learning and information sharing.

Feedback from Patient Participation Group;

Feedback
The patient participation group were kept well informed by the practice, engaging regularly in meetings and hearing about service improvements including actions take to make the required improvements identified in CQC reports.

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

Examples	Impact
No specific examples	

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Telephone triage	Increased use of Telephone triage ensures patients in most need are prioritised for appointments and less serious patients are appropriately diverted to other care pathways.

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

Audit area	Impact
Hypertension	Improvements in patient blood pressure in all patients. Increase in the number of patients receiving timely access to support and additional care pathways. Increased use of the 'virtual clinic' multi-disciplinary review system where patients are reviewed remotely by a group of professionals to assess and offer timely access to appropriate care and other welfare services.

Any additional evidence
None

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>