

Care Quality Commission

Inspection Evidence Table

Rosebank Health (1-537655343)

Inspection date: 16 August 2018

Date of data download: 25 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) 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.	Y
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Y
Additional comments: Since the previous inspection all staff had received up to date safeguarding training at the appropriate levels.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
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 answers:

We saw that recruitment checks had improved since the previous inspection and were now in line with guidance.

Records seen did not evidence that the practice checked for MMR immunity/immunisation for non-clinical but patient facing staff.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y
There was a record of equipment calibration Date of last calibration:	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 8/12/2015
Actions were identified and completed. Notices had been placed on doors where large oxygen cylinders were stored. In areas of the old building, fire doors had luminescent door strips fitted. Additional fire signage had been added.	Y
Additional observations: No changes to the building had been made since the previous fire assessment negating the need for additional assessments	Y
Health and safety Premises/security risk assessment? Date of last assessment:	Y 19/3/18
Health and safety risk assessment and actions Date of last assessment:	Y 19/3/18

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified and actions taken following the audit included:</p> <p>Policy was changed to ensure the lids of sharps bins were temporarily closed when left unattended.</p> <p>Equipment was purchased for the transporting of vaccines between sites to ensure the cold chain was maintained.</p> <p>Detail:</p> <p>The practice had undertaken appropriate measures since the last inspection to ensure the management of infection prevention and control (IPC) had improved and was in line with guidelines.</p> <ul style="list-style-type: none"> • The IPC lead had attended additional training to obtain the necessary competencies to undertake the role. • A legionella assessment had been carried out and the practice carried out monitoring as recommended in the assessment • Staff had received face to face training and IPC was appropriately covered within the induction training programme. 	<p>Y</p> <p>08/05/2018</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> • A legionella assessment had been carried out by an external contractor and the practice were undertaking appropriate monitoring as recommended in the assessment. • The practice had arrangements to ensure that the facilities and equipment were safe and in good working order. Staff had received face to face training, audits had been undertaken and appropriate actions had been taken as identified and a detailed IPC policy was in place. 	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Y

In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Y

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
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

Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	0.90	0.96	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	9.5%	9.6%	8.9%	Comparable to other practices

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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	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
There were arrangements for raising concerns around controlled drugs with the NHS	Y

England Area Team Controlled Drugs Accountable Officer.	
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	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.	Y
The practice had a defibrillator.	Y
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
<p>Explanation of any answers:</p> <p>Since the previous inspection blank prescriptions were kept secure when in clinical rooms as key pad locks had been fitted to all doors.</p>	

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.	49
Number of events that required action	2

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

Event	Specific action taken
Needlestick injury.	Policy updated to include contact details of external support.
Delayed response from the practice to a paramedic who was with patient.	Practice process was changed to ensure calls into the practice such as these were forwarded to the urgent care team immediately and not put on a call back list. Learning and changes were shared at the practice's protected learning time meeting.

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>Alerts were cascaded to appropriate staff by the practice manager. Actions taken were reported back and documented on a master spreadsheet. We looked at two recent medical alerts and saw that both had been appropriately actioned and documented.</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)	0.73	1.03	0.90	Comparable to other practices

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)	83.6%	82.0%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.2% (292)	16.8%	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)	85.0%	80.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.1% (190)	12.8%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the	85.8%	81.1%	80.1%	Comparable to

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)				other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.5% (182)	17.8%	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)	72.9%	76.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.6% (174)	9.3%	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)	92.5%	93.3%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.0% (115)	13.4%	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)	81.7%	84.7%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (95)	4.7%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a	83.8%	90.9%	88.4%	Comparable to other practices

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)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (10)	7.8%	8.2%	
Any additional evidence or comments – Your comments above say see here but nothing has been entered. Please add in the comments				

Families, children and young people

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)	375	402	93.3%	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)	321	348	92.2%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	324	348	93.1%	Met 90% Minimum (no variation)
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)	326	348	93.7%	Met 90% Minimum (no variation)

Working age people (including those recently retired and students)

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	75.1%	76.4%	72.1%	Comparable to other practices

(01/04/2016 to 31/03/2017) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.8%	75.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	56.8%	61.8%	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)	81.3%	73.3%	71.2%	N/A
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)	54.8%	53.4%	51.6%	Comparable to other practices
Any additional evidence or comments				
To improve uptake patients received an invitation from the practice in addition to the invitations sent by the National screening programme. Alerts were placed on patient records so that advice could be given opportunistically. To date an additional 19 patients had attended for screening who previously had not responded.				

People experiencing poor mental health (including people with dementia)

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)	93.2%	94.4%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	60.0% (111)	17.8%	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)	98.0%	93.1%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

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)	74.8%	86.8%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.5% (21)	7.3%	6.8%	

Any additional evidence or comments

The practice had worked to investigate high exception rates in a number of clinical areas and implemented plans to reduce these.

The practice showed us 2017/18 data from the clinical system that was unpublished and unverified but demonstrated consistent improvement in this area.

- The exception rate for 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 had reduced from 13% to 4%.
- 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 had reduced from 29% to 25%.
- 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 had reduced from 60% to 35%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months had reduced from 14% to 8%.

To achieve these improvements the practice had implemented:

- Saturday morning clinics
- Patients received text reminders and a telephone reminder the day prior to the appointment
- Restricting booking of appointments to five weeks prior to the appointment to reduce the number of patients who did not attend for their appointments.

Staff training:

All staff had undertaken essential training via e-learning and face to face training in a variety of areas. For example;

- Managing headaches and hand conditions delivered by local consultants.
- Mental capacity and consent, safeguarding, frailty and sepsis.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	550	539
Overall QOF exception reporting	8.7%	6.3%	5.7%

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)	90.6%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (72)	1.0%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
A comprehensive consent form detailing the procedure, potential risks and post procedure care was in place. Informed patient consent was sought for all minor surgery and contraceptive procedures and stored within the patient medical records.

Examples of audit/quality improvement programmes that have resulted in improved care/outcomes

Subject	Impact
Management of patients prescribed hormone replacement therapy	The audit found that treatment for those patients were not in line with best practice guidelines. For example, patients on this treatment had not received a review and their blood pressure checked in the last 12 months. Following an update in best practice, suggestions were made for improvement. For example, patients who had not had a review would not be issued with a repeat prescription until they have had a review. Nurses

	would undertake reviews for patients with no known problems, and on initiation of treatment, patients would only be issued a three-month supply to ensure they returned for review.
Management of risk of osteoporosis in patient with Chronic Obstructive Pulmonary Disorder (COPD)	The audit found that there was poor adherence to guidelines and missed opportunities to assess patient risk. Actions were implemented to ensure improvements were made which included ensuring tools that assess risk were available as a calculator tool on clinician computers; patients at risk to be flagged to the practice clinical pharmacist; assessment to be incorporated into annual COPD review.
National Diabetes audit	The practice had participated in the National Diabetes Audit. Results showed outcomes to be in line with local practices. The practice had identified that improvements could be made in the monitoring of renal function and had plans in place to address this.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	39
Number of CQC comments received which were positive about the service	34
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Comments from patient feedback included that the practice was supportive and helpful, warm and empathetic, friendly and reassuring and that the reception staff were very helpful.</p> <p>Some comments referred to the fact that the waiting time for an appointment was too long.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
23,917	257	93	36.19%	0.4%

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)	50.9%	83.7%	78.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or	90.2%	91.9%	88.8%	Comparable to other practices

spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)				
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)	97.8%	97.6%	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)	84.8%	89.6%	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)	91.9%	93.3%	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)	89.9%	93.3%	90.7%	Comparable to other practices

Any additional evidence or comments

In the GP survey published in August 2018, the percentage of respondents to the GP patient survey who stated that they would or probably recommend their GP surgery to someone who has just moved to the local area was 73%.

The practice had added the friends and family test to the booking in screen and for the period between June 2017 and May 2018, out of 489 paper and touch screen responses, 74% of patients responded that they would be extremely likely or likely to recommend the practice to friends and family.

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

4/5/18 to 13/06/18	Of the four questions patients were asked by the practice about their experiences relating to care and concern, between 80% and 90% of patients responded positively to these.
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Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with on the day of the inspection told us that they felt GPs and nurses listened to them, were caring and involved them in their treatment plans

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)	80.1%	90.0%	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)	79.7%	86.2%	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)	87.2%	92.4%	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)	81.4%	88.2%	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	2.8%
How the practice supports carers	The percentage of registered carers had increased from 0.6% to 2.8% since the previous inspection. Patients were asked on the booking in screen, when registering with the practice as well as opportunistically if they were a carer. Carers were invited for an annual health review.
How the practice supports recently bereaved patients	GPs would be informed of a death of a patient who would make the appropriate contact. Patients were offered referral to local networks when it was considered that additional support would be beneficial. Associated agencies were informed of deaths to avoid further correspondence being processed, thus reducing stress to the family.

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	Seating in the waiting room was in a separate area so that conversations at the reception desk were private.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.00 – 18.30
Tuesday	08.00 – 18.30
Wednesday	08.00 – 18.30
Thursday	08.00 – 18.30
Friday	08.00 – 18.30

Appointments available	
Monday - Friday	08.30 – 18.00
Extended hours opening	
One evening per week	18.30 – 20.00
Saturday morning (alternate at both sites)	09.00 – 12.00
Three mornings per week appointments for blood sampling (shared between sites)	07.30 – 08.30

Home visits	Y/N
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	
On the day, requests for home visits were triaged by the urgent care team, which included GPs and advanced nurse practitioners to ensure needs were assessed and actioned appropriately.	

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)	62.8%	82.9%	80.0%	Variation (negative)

The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	35.1%	80.7%	70.9%	Variation (negative)
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)	74.1%	84.6%	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)	39.0%	79.4%	72.7%	Variation (negative)

Any additional evidence or comments

Following the implementation of actions to improve patient feedback regarding time to get through on the phone, results of analysis by the practice demonstrated significant improvements. The practice consistently monitored progress against targets in order to make the necessary adjustments to further improve. Examples of improvement were:

A cloud based phone system had been installed which allowed for continual monitoring of call wait times.

The average maximum wait time had fallen from 30 minutes in June 2017 to 16 minutes in July 2018.

The average wait time was under two minutes in July 2018.

The average percentage of abandoned calls per month had fallen from 30% in June 2017 to 8% in June 2018 which was below their target of 10%

Reception managers monitored and managed any queues that developed. Extra staff had been deployed to answer phones at known busy times.

The recently published GP survey results for the period January 2018 to March 2018 showed that the percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 54% and we saw from practice data that during the period following this, improvements continued to be made.

Examples of feedback received from patients:

Source	Feedback
Patients	Patients we spoke with who had used the telephone to book an appointment told us that it had got much easier to get through to the practice by telephone and it had improved significantly in the last six months.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	57
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:	
The practice had documented 62 compliments in the last 12 months.	

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
The leadership team had implemented and monitored actions taken to drive improvements within the practice. Shared responsibility had been taken to achieve this and to provide high quality services to patients going forward.

Vision and strategy

Practice Vision and values
<ul style="list-style-type: none">• The practice strived to provide the highest quality primary health care and services to patients in the most efficient and effective way.• Patients to recognise that shared responsibility in matters of health were encouraged.• The value of team members was recognised individually and collectively and their personal and professional development was encouraged.• To continue to influence local health strategy and decision-making.• A climate of co-operation and communication with other health care agencies was encouraged.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
<ul style="list-style-type: none">• The practice had worked to meet patients' needs by installing and operating a system to improve telephone call waiting times. Monitoring carried out by the practice and patient feedback demonstrated this had been successful.• The practice had implemented an urgent care hub which handled calls from patients requiring care on the day and ensured patients were directed to the most suitable clinician to meet their needs. A clear system was in place to support non-clinical staff determine the most appropriate pathway for patients.• The practice had recruited staff into new roles to ensure patient focussed care was delivered. Examples of these were, Emergency Care Practitioners (ECP) and Advanced Nurse Practitioners (ANP) who were integral to the effectiveness of the urgent care hub as well as

carrying out home visits, an additional clinical pharmacist who worked to optimise medicine management and a sexual health nurse. These roles supported the practice in meeting increasing demand and complexity of conditions.

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

Source	Feedback
Staff	<ul style="list-style-type: none"> • Friendly supportive team. • Although stressful at times, the management team were always available for advice and support. • A good working atmosphere.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Detailed policies were in place, regularly reviewed and adhered to. For example, the Infection Control Policy and Disclosure and Barring Service checks policy.
Other examples	<ul style="list-style-type: none"> • Medicine alerts were being appropriately actioned and the management team had clear oversight of this. • Staff appraisals had been carried out. • Appropriate recruitment checks had been carried out.
	Y/N
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 planning	Y/N
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
Legionella	A legionella risk assessment had been undertaken by an external contractor.
Fire	Regular fire drills, equipment checks and staff training were being undertaken.
Health and Safety	A full risk assessment had been carried out and appropriate checks of

	equipment undertaken.
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Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
There was an active patient participation group (PPG) of 25 members who met regularly. There was a wide representation of age and ethnicity. The practice felt that the recruitment of a teenager onto the group had enabled them to better understand and represent that group of patients within the practice. The PPG had produced, collated and provided analysis for a phone survey. This showed that 66% of patients that had contacted the surgery via telephone, since the new system was installed, had noticed an improvement and that 96% of patients felt the reception staff were helpful.

Any additional evidence
<ul style="list-style-type: none"> • The practice had developed a young persons' webpage with information and support targeted to support younger patients. • The practice was participating in an improved access scheme which offered appointments at practices in the cluster group until 8pm on week days and Saturday mornings. • The practice engaged and worked with outside agencies to improve care offered to patients. Examples of this were; Macmillan cancer support, the community well-being service and an engagement event for Polish patients.

Continuous improvement and innovation

Subject	Improvement
Mental Health	A pilot project to provide dedicated mental health support delivered by a mental health nurse within the practice, to ensure appropriate and improved patient experience was provided. Results of the pilot demonstrated very positive feedback from patients. Learnings from the pilot such as, ensuring enough time was spent planning with partners of practices so that expectations and model delivery was understood from the outset and ensuring a sound governance structure was in place had been fed back and were being acted upon.
Respiratory	The practice was participating in a pilot project to evaluate the demand and efficacy of an email advice service provided by local respiratory

	consultants for adult patients with respiratory conditions. A specialist support for under 16s was planned to provide specialist support and education for families with the expectation to reduce referrals to the paediatric assessment unit.
Staffing	As a solution to staff recruitment, the practice had engaged with programmes that introduced potential employees to general practice work. For example, eight people had undertaken work experience in the last 12 months, apprenticeship schemes had resulted in six staff being permanently employed and the practice had been selected to provide student nurse placements.

DO NOT DELETE THE NOTES BELOW

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. (See [NHS Choices for more details](#)).