

# Care Quality Commission

## Inspection Evidence Table

### Windmill Surgery (1-4528887438)

Inspection date: 17 August 2018

Date of data download: 30 July 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There were lead members 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 answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: December 2017	Yes
There was a record of equipment calibration Date of last calibration: 5 June 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 14 March 2018	Yes
Actions were identified and completed.	Yes
Additional observations: Where actions were on going for example optional upgrade to the door closures there was evidence that this was on-going and monitored	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:3 January 2018	Yes
Health and safety risk assessment and actions Date of last assessment: 22 January 2018	Yes
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 17 January 2017</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice policy was followed and an independent infection prevention control (IPC) audit was undertaken every two years. The practice nurses and cleaners undertook regular walk rounds and checks to ensure standards were maintained, we noted not all of these were recorded. The practice team including GPs, nurses and non-clinical staff discussed IPC at each monthly meeting and took any actions required. We observed the practice to be clean and tidy and uncluttered.</p>	<p>Yes</p> <p>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
Explanation of any 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.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers:	

## 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)	0.64	1.01	0.98	Variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	9.7%	14.6%	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.	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.	Yes
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	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any answers:
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Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	NA
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Explanation of any answers	
<p>Any other comments on dispensary services:</p> <p>The practice did not offer a home delivery service to patients but this was available from the local pharmacies if the patient needed it.</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	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.	14
Number of events that required action	14

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

Event	Specific action taken
June 2018	It was identified there had been a delay in sending a referral. The practice reviewed the system and put measures in place to prevent a similar incident. For example, all clinicians informed the patient to contact them if they had not received their appointment within three weeks.
December 2017	A patient received an injection from which they were excluded from receiving. The practice identified that the guidelines had not been followed correctly. They ensure all staff from this practice and the other practices within their group reviewed the guidelines to prevent a similar incident happening. The practice had taken all necessary actions to ensure the patient was safe and the staff member supported.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice had a comprehensive system and process in place to log the detail of the alert, actions and, if needed, the patients affected and actions taken to review them.</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)	0.60	1.27	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)	77.0%	80.4%	79.5%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.2% (42)	12.8%	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)	72.3%	79.0%	78.1%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.1% (40)	8.2%	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)	78.3%	82.4%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	21.0%	(38)	14.8%	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)	70.8%	80.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (31)	10.0%	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)	68.1%	92.5%	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (6)	14.5%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	80.7%	85.8%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (38)	3.7%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	95.0%	87.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (3)	7.6%	8.2%	

**Any additional evidence or comments**

The practice had recognised that some indicators within the quality and outcome framework 2016/2017 showed improvement was needed. The practice implemented a plan and shared with us their data for 2017/2018 (unverified) which showed they had made the improvements needed. For example, their overall achievement for

- patients with asthma was 100% with exception reporting of 4%.
- patients with COPD was 100% with exception reporting of 15%.
- patients with diabetes was 99% with exception reporting of 22%.

Records we viewed showed that the patients had been reviewed by a clinical staff member before the exception code had been added.

## 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)	79	82	96.3%	Met 95% WHO based target Significant Variation (positive)
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)	54	56	96.4%	Met 95% WHO based target Significant Variation (positive)
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)	54	56	96.4%	Met 95% WHO based target Significant Variation (positive)
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)	54	56	96.4%	Met 95% WHO based target Significant Variation (positive)
<b>Any additional evidence or comments</b>				

## 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 (01/04/2016 to 31/03/2017) (Public Health England)	81.2%	76.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	80.8%	78.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	62.3%	64.2%	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	57.1%	69.2%	71.2%	N/A

6 months of the date of diagnosis. (PHE)				
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)	45.8%	46.7%	51.6%	Comparable to other practices
<b>Any additional evidence or comments</b>				

## 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)	95.5%	92.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.4% (4)	16.9%	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)	100.0%	92.0%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	38.5% (10)	15.8%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.7%	86.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.5% (6)	9.2%	6.8%	
<b>Any additional evidence or comments</b>				
<p>We spoke with the practice in relation to the high exception reporting in this data, they showed us that these related to small numbers of patients and that the code had been added after clinical review. We saw that these had been managed appropriately. The practice shared with us their unverified 2017-2018 QOF performance data (unverified) for the mental health indicators which was 100% and total exception reporting for these indicators which was 12%.</p>				

## Monitoring care and treatment



Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	533	550	539
Overall QOF exception reporting	6.9%	5.4%	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) <small>(QOF)</small>	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) <small>(QOF)</small>	93.4%	95.7%	95.3%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (2)	0.8%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw evidence that the practice obtained and recorded consent within the patient records. Written consent was obtained for minor surgery and long term acting contraceptive devices. We saw that the practice had audited consent obtained for family planning and that they had achieved 100%.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	25
Number of CQC comments received which were positive about the service	25
Number of comments cards received which were mixed about the service	none
Number of CQC comments received which were negative about the service	none

Examples of feedback received:

Source	Feedback
Comments cards	Many cards reported positively about staff and how helpful and caring they were and that the practice was clean and tidy.
NHS Choices	One of two comment on NHS choices stated that staff were always helpful. The other comment was negative about the GP consultation.
Patients we spoke with	We spoke with three patients who gave very positive feedback about caring staff.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,201	217	110	50.69%	2.11%

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)	82.9%	78.9%	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)	87.7%	89.4%	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)	95.9%	95.5%	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)	83.2%	85.4%	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)	92.1%	91.4%	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)	90.9%	91.2%	90.7%	Comparable to other practices
<b>Any additional evidence or comments</b>				

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

Date of exercise	Summary of results
June 2017	<p>Dispensary Patient Survey was undertaken, 39 responses. Three improvements were made as a result:</p> <ul style="list-style-type: none"> <li>• Patients can now use the system of repeat dispensing service saving them having to ask for their medicines each month.</li> <li>• The dispensary has added a voicemail service and we saw that the practice used safe systems and processes to manage this.</li> <li>• GPs ensured patient's medicines were reviewed in co-ordination of the patient's birthday month and any annual reviews the patient had received.</li> </ul> <p>Survey on access to the surgery, 140 survey responses; there were varied comments, with both negative and positive comments relating to a range of issues including appointment access, attitude of staff and opening hours. The practice had reviewed the feedback and discussed as a team. Where changes could be made they had; for example, they were working with other local practices to provide extended hours services for their patients.</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards and interviews with patients.	Several of the 25 comment cards that we received and the three patients we spoke with, stated they felt the GPs and nurses involved them in their care and understood the information they received

## 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)	85.4%	87.1%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	82.1%	83.3%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	95.1%	89.8%	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)	86.7%	86.2%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	155 patients had been identified as carers. This was just below 3% of the practice population.
How the practice supports carers	There were leaflets and posters in the waiting areas signposting carers to local organisations. Staff were knowledgeable and sign posted patients as well.
How the practice supports recently bereaved patients	The GPs would contact bereaved patients and arrange to see or visit them as appropriate to their needs. Where needed the patients would be signposted to other local agencies who could help to support them.

## 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	All staff were aware of managing confidentiality at the reception desk or the dispensary counter. A radio was played to help ensure conversations were not overheard.

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

Examples of specific feedback received:

Source	Feedback
Comment Cards and patients, we spoke with.	Many cards comment stated and many patients we spoke with told us the practice staff respected their privacy and dignity.



# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm

Appointments were available throughout the day and there was practice duty doctor cover from 6pm to 6.30pm when the phone lines are answered by the out of hours provider and the calls referred to the practice if appropriate.	
Extended hours opening: The practice told us they will be providing extended hours service from September 2018 and the practice will be open on Monday evenings till 8pm.	

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	Yes
If yes, describe how this was done	
The requests for home visits were taken and logged by the reception team, a GP triaged the visits to ensure the patients were seen in a timely manner.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,201	217	110	50.69%	2.11%

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)	80.3%	77.2%	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)	84.5%	69.5%	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)	82.2%	78.1%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	72.4%	73.0%	72.7%	Comparable to other practices
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
Patients we spoke with and comment cards	The patients we spoke with and some comment cards stated they had access to appointments when they needed them. They told us that sometimes there was a wait to see the GP of their choice.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	Nine
Number of complaints we examined	Two
Number of complaints we examined that were satisfactorily handled in a timely way	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
Additional comments:	
<p>The above data relates to the written complaints received by the practice which were formally recorded. We also saw that a file was kept of verbal or minor feedback; these were discussed at the regular staff meeting and actions were taken to prevent further issues. We also noted that any event discussed at the meetings which should have been recorded as a formal complaint or significant event was escalated to the management team.</p>	

Example of how quality has improved in response to complaints
<p>The practice had received two complaints in relation to delays in routine referrals to hospital. The practice implemented guidelines to GPs to ensure referrals were sent through to secretarial staff and that the referrer informs the patient that if they have not received their appointment within a given timeframe to contact the practice. Since the systems were implemented the practice had not recorded any further complaints/significant events.</p>

# Well-led

## Leadership capacity and capability

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

The practice is one of the Coastal Partnership locations and is overseen by the partners and practice manager who are responsible for all the practices. To ensure there is a recognised accountability for the day to day running of the site, a named partner, a lead GP and non-clinical member of staff were in post as site leads. This ensured that staff and patients knew who to contact should they have concerns and that the practice ran effectively each day.

The staff we spoke with told us they benefited from being one of the Coastal Partnership locations as they shared expertise and skills such as managing long acting contraceptive services and shared learning throughout the organisation.

## Vision and strategy

### Practice Vision and values

The practice and staff told us the practice vision is that they are passionate about providing high quality NHS care and putting patients first. This was underpinned by a set of core values that included patients first, quality and safety.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

Staff we spoke with described an open culture throughout the practice and management team. We saw examples where staff had reported errors and that improvements were made. Practice staff we spoke with told us they felt valued and supported by the partners and management team, to suggest new ideas.

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

Source	Feedback
Practice staff	The practice encouraged personal development and skill mix; for example, the nursing team had held an accredited spirometry course. Development of health care assistants was supported and the practice was supporting a pharmacist to gain their prescribing qualification.
Practice staff and PPG	A staff member had been supported to produce a practice newsletter, this had benefited staff and patients. It contained a variety of information from new starters and community groups and information such as the test result process.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a comprehensive suite of policies and procedures which were easily available on the practice intranet.
Other examples	We saw copies such as safeguarding children and adults, infection prevention and control and whistleblowing.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Delay in signing of death certificates.	A significant event had been raised as there had been a problem with issuing a death certificate in an efficient and timely manner. The practice recognised they did not have a system to ensure all patients who maybe at the end of their lives were seen by more than one GP in the final weeks and therefore either GP could issue a certificate. A system was implemented to ensure that GPs worked with a buddy GP who would know the patient well and be able, if appropriate, to issue the death certificate.
Guidelines for vaccination not followed	Following an error, the guidelines for a particular vaccination were reviewed and all staff who were involved with the vaccination programme were instructed to read them.

## Appropriate and accurate information

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

Any additional evidence
The practice had developed a tool to ensure all staff understood the quality and outcome framework indicators and what was expected of them in their role. They used this tool to encourage improvement in the practice performance. This tool included pictorial headings and performance figures across all the Coastal Partnership sites.

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
We spoke with a member of the PPG who described the practice as very caring and responsive. They told us that the practice listened and made changes as a result of feedback. For example, the dispensary had made changes and implemented the repeat ordering system and voicemail, enabling patient to order prescriptions without attending the practice.

## Continuous improvement and innovation

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

Audit area	Improvement
Sodium Valproate in women in child bearing age.	The practice had completed three cycles of this audit to ensure all patients who could be affected had been reviewed.
Children not brought to appointment.	From the second cycle of the audit, the practice had improved the recording that children had been reviewed and action taken if appropriate. They identified that further improvement was still required and had cascaded the learning to all clinical staff to ensure they met the target in the next cycle which was planned.

Any additional evidence
The practice told us they were forward thinking and working with other practices to bring additional and improved services to their population. Working with other local practices, they are starting extended hours from September 2018.
Other areas they are working on include, continuing to extend the skill mix available; for example, fully trained health care assistant and the role of emergency care practitioners (a staff member with a paramedic background) and pharmacists.

## 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](#)).