

Care Quality Commission

Inspection Evidence Table

New Court Surgery (1-1042925530)

Inspection date: 26 September 2018

Date of data download: 18 September 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 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

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.	Partial
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
<p>Explanation of any answers:</p> <p>The processes for recruitment and employment had recently been reviewed under the new practice manager. The records for the employment of recently employed staff showed that sufficient information and detail was recorded. A programme of review was being undertaken with established staff to bring their immunisation status up to date.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test: 25 September 2018.</p>	Yes
<p>There was a record of equipment calibration. Date of last calibration: 17 July 2018.</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. storage of chemicals.</p>	Yes
<p>Fire procedure in place.</p>	Yes
<p>Fire extinguisher checks.</p>	Yes
<p>Fire drills and logs.</p>	Yes
<p>Fire alarm checks.</p>	Yes
<p>Fire training for staff.</p>	Yes
<p>Fire marshals.</p>	Yes
<p>Fire risk assessment. Date of completion: September 2018.</p>	Yes
<p>Actions were identified and completed. Fire safety and evacuation policy recently updated and shared with staff across the whole building. Fire extinguisher monthly checks were added to the overarching monitoring records.</p>	Yes
<p>Additional observations: Fire training was e learning.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: September 2016 – revisited September 2017.</p>	Partial
<p>Health and safety risk assessment and actions. Date of last assessment: September 2016 – revisited September 2017.</p>	Yes
<p>Additional comments: The new practice manager was in the process of implementing a whole building Health and Safety and premises risk assessment to align the different services under one process. Interim actions were in place until new process to be commenced.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place. Date of last infection control audit: 10/04/2018 The practice acted on any issues identified.</p> <p>Detail: It was identified that the practice patient chairs in the waiting rooms, consulting and treatment rooms had compromised coverings that couldn't be kept clean as they were worn and not washable surfaces. New seating was on order to replace chairs.</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

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	8.8%	-	8.7%	Comparable with 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.	Partial
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Explanation of any answers:

The logging system for prescription paper and pads was incomplete and not fully in line with NHS England guidance. Prescription paper was logged into the practice and to treatment and consulting rooms. However, there was no system of maintaining full security of the paper once it had been placed in these rooms as printers were not secure and paper was not removed when the printers were not in use. This meant that there was a potential of unauthorised access. The practice had a logging system for prescription pads received. However, there was no logging system for when prescriptions were removed or used. This meant there was not a safe audit trail in place. We were informed a new system of logging prescription paper had been implemented following the inspection visit.

The practice clinicians had agreed the emergency medicines to be held which were not in line with UK Resuscitation Council guidance. The practice had not risk assessed this process at the time of inspection but forwarded a risk assessment following the inspection.

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.	12
Number of events that required action.	12

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

Event	Specific action taken
Patient given oestrogen hormone replacement therapy (HRT) alone in error instead of combined HRT.	The patient had been informed that they had been prescribed wrong HRT medicine and an apology given, with an explanation what was needed to be done to check that they were well.
Patient not given repeat script for topical skin lesion treatment.	Discussion of learning and suggestions of changes to the process of repeat prescribing.
Collapse of patient in corridor.	Changes were made to the storage of emergency equipment so that it was easily moved within the practice and if it needed to be taken outside of the immediate premises. The emergency protocol was reviewed and amended to ensure that paramedics were called at an earlier stage if a suspected collapse was identified. In addition, the significant event policy, procedure and process was reviewed. Recording improved including how the event was reviewed and learning shared across the practice.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts.	Partial
Staff understand how to deal with alerts.	Yes
<p>Comments on systems in place: Clinical staff could not confirm there was a uniform process for alerts to be received and circulated at the practice, this included a named clinician accountable for checking they were relevant to the practice, all necessary staff had seen the alert and actions taken. However, the practice manager was able to evidence there was a system in place that was effective and followed up any issues relevant to the practice when they arose.</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) (01/07/2017 to 30/06/2018) (NHSBSA)	1.47	-	0.83	Comparable with 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)	80.2%	-	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.1% (141)	-	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)	83.8%	-	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (44)	-	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)	77.0%	-	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (80)	-	13.3%	

Additional information:

The practice was able to show supporting information that they had made a positive impact during the last 12 months in resolving patients with a diagnosis of diabetes type 2. Fourteen patients had had their needs reassessed, support provided to them in regards to advice for diet and exercise, and they no longer required monitoring or a required treatment and support plans for diabetes.

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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	75.8%	-	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (12)	-	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, 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)	93.3%	-	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (21)	-	11.4%	

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) <small>(NHS England)</small>	128	133	96.2%	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) <small>(NHS England)</small>	98	103	95.1%	Met 95% WHO based target (significant variation positive)

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 at a given point in time who were screened adequately within a specified period (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)	68.7%	-	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	66.7%	-	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.4%	-	54.6%	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)	65.5%	-	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)	48.1%	-	51.6%	Comparable with other practices

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)	92.2%	-	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (12)	-	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)	89.1%	-	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (12)	-	10.3%	
	3.3% (5)	-	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	551	-	539
Overall QOF exception reporting (all domains)	No data	-	-

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)	No data	-		-
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (18)	-	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was recorded electronically in patients own records. Written consent was obtained for surgical procedures, child immunisations and some clinical and family planning interventions. Regular monitoring of the records and outcomes of surgical procedures and family planning interventions included checks made that consent was recorded appropriately.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received.	22
Number of CQC comments received which were positive about the service.	19
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	2

Examples of feedback received:

Source	Feedback
For example: CQC comments cards.	<ul style="list-style-type: none">• Found the staff caring and respectful.• Staff helpful, patient and understanding.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,985	247	116	47%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	92.6%	90.4%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	88.0%	88.6%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	95.3%	96.5%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	87.1%	84.5%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
September 2018 Annual survey.	Key questions were asked of participants. Including patients experience of the care provided and of the service. Patients were asked about their prime concerns; the main themes were telephone access and appointment system. The practice told us it has recently installed a new telephone system which keeps patients informed of where they are in the queue system. The appointment system remains under review; however, the addition of two salaried GPs and the pharmacist will assist with easing the pressure on appointments particularly GPs for medicines reviews.

Any additional evidence
The patient survey carried out with the Patient Participation Group (PPG) taking the lead liaising with the practice, engaging with patients, collating the information and supporting the practice to drive change.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC Comment cards and from the PPG.	<ul style="list-style-type: none"> Some patients expressed they felt listened to, others said they felt rushed and GP not listen to their concerns. Patients told us they were involved in the decisions about care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	93.8%	93.9%	93.5%	Comparable with 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.	139 carers were identified which is approximately 2% of the practice population.
How the practice supports carers.	The practice has a member of staff who has oversight of the patients who have been identified as carers and are provided with a carers pack with information in regard to external sources of support. The practice had instigated additional links to a local support service who works within the practice regularly. Carers are offered annual influenza vaccination.
How the practice supports recently bereaved patients.	Information is shared with staff so that they are aware of the bereavement. A bereavement pack is provided to relatives when they visit the practice.

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	Staff were aware of the limited space to offer confidentiality at the reception desk and were able to offer private space away from the reception/waiting room for patients to speak to someone.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30

Appointments available	
Extended hours opening	
Tuesdays – pre-booked appointments	07:15 – 08:00
Wednesdays	18:30 – 20:00
Thursday – pre-booked appointments	07:15 – 08:00

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	
All visits were recorded onto a spreadsheet and then allocated at 11:00am between doctors: Staff were trained on identifying urgent problems such as Sepsis and they could interrupt the named GP with urgent information about a visit.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,985	247	116	47%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs	94.6%	94.7%	94.8%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
were met (01/01/2018 to 31/03/2018)				

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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	50.6%	68.5%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	68.8%	68.2%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	67.3%	64.9%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	73.0%	75.3%	74.4%	Comparable with other practices

Any additional evidence or comments

Issues with telephone contact had been identified by the practice and again through recent surveys/ feedback from the patient participation group. We were informed by the practice that a new telephone system had been put in place but there was no specific feedback at the time of the inspection that this was effective.

Examples of feedback received from patients:

Source	Feedback
CQC comment cards, PPG survey and Healthwatch.	<ul style="list-style-type: none"> • Telephone access was of significant concern to some patients – delays in getting through in the morning – up to 45 minutes waiting to have call responded to. • Mixed comments in regard to availability of appointments for patients, delay in obtaining for some, and inability to obtain appointments with the GP of their choice. Some patients had a positive experience of obtaining an appointment on the day.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	20
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>Complaints were received in and managed in line with the practices policy and procedure and patients were give a written response that included detail of the Parliamentary Health Service Ombudsman should they feel their complaint was not handled appropriately.</p> <p>The practice had a complaint log with recorded information if any learning from the complaints had been identified. However, there was not a recorded method of identifying trends or themes.</p> <p>We were informed that if a complaint was received in it was generally made into a significant event in addition to the complaint investigation so that learning was shared across the practice.</p>	

Example of how quality has improved in response to complaints

A patient did not receive repeat medicines in a timely way as the patient's request was refused at the reception as they had not had their medicines review. An apology was given to the patient as they had been provided with the wrong information and retraining was given to the staff to prevent a similar occurrence.

Well-led

Leadership capacity and capability

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

The practice had a leadership team with various assigned lead roles such as prescribing and clinical governance, minor surgery, safeguarding, GP trainer, and complaints. The practice leadership team had reviewed how it delivered the service and had taken steps to improve capacity by the employment of additional salaried GPs, and new roles such as GPs personal assistants, and the practice pharmacist. The new practice manager, who was also the practice manager for another GP service in the same building, had brought a greater opportunity for shared learning and development for the practice.

Vision and strategy

Practice Vision and values

The practice had a vision to provide people registered with the practice with a personal health care of high quality and to seek continuous improvement on the health status of the practice population overall. They aimed to achieve this by developing and maintaining a happy sound practice which was responsive to people's needs and expectations and which reflected whenever possible the latest advances in Primary Health Care.

Culture

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

Comments from the practice staff showed that they continued to be focused on providing a good standard of care to their patients throughout the recent changes with the addition of new staff and new practice manager.

It was evident from observation of staff and the 26 staff CQC surveys that were returned during the inspection that staffs focus was on the best outcome for the patients visiting the practice and that there was a team approach to achieving this.

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

Source	Feedback
CQC survey	<ul style="list-style-type: none">• Proud to be working at the practice• Listened to• Positive job satisfaction• Stressful at times, busy and friendly• Good working relationships

Any additional evidence

Staff told us that the new practice manager has had a positive impact upon the team, although changes had been implemented, they were introduced in a positive and involved way.

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 portfolio of practice policies in place. The new practice manager was in the process with the involvement of staff, of reviewing and updating them. For example, fire safety, business continuity and safeguarding.
Other examples	A planned programme of staff and team meetings had been developed to ensure that information is obtained and there was a shared learning across staff.
	Y/N
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
Chaperone training	Identified that there were not sufficient staff with chaperone training available at all times. Additional staff were identified and training and disclosure and barring checks (DBS) checks were to be implemented.
Health and Safety oversight	Health and Safety policy and procedure updated. External advice sought and initial Health and Safety risk assessment carried out. Action plan in place for improve fire safety, checks on equipment and general security at the practice.
Medicines Management	Prevent accidents and incidences of poor medicine management by managing medication risks in the workplace. Review current practices and evaluate them and provide clear instructions and information to ensure employees were competent and safe to do their work.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
Information from the practice and the patient participation group (PPG) showed that they were actively supported by the practice to be involved in speaking out on behalf of the patients at the practice. At times this had driven change at the practice including providing greater information to patients to sign post them to local help, by researching, designing, and producing posters on a range of subjects including teenage sexual health, mental health and the mental health nurse, support for carers and holiday health. Additional changes have included all staff wearing identity badges and notice boards in the waiting room. Prior to the move to the current premises the PPG were actively engaged the whole process of moving.

Continuous improvement and innovation

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

Audit area	Improvement
Work flow optimisation – reduce GP involvement with all information received in about patients.	Information was reviewed and prioritised on receipt into the practice. Where a GP was required to assess and decide the next step or action this was flagged up. Routine information was scanned and recorded in the patient record. The intervention of the GPs personal assistant ensured that all work passed to the GP was dealt with appropriately and in a timely way.
Sodium Valproate	There had been a review of patients prescribed Valproate to ensure action had been taken in line with the latest advice from the Medicines Health Regulatory Authority

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" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

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](#)).