

Care Quality Commission

Inspection Evidence Table

Dr I P Tolley and Partners (1-547667801)

Inspection date: 18 October 2018

Date of data download: 12 October 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. | 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 |

| 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. | Y |
| Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. | Y |
| Staff who require medical indemnity insurance had it in place | Y |

| Safety Records | Y/N |
|--|-----|
| There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: March 2018 | Y |
| There was a record of equipment calibration Date of last calibration: October 2017 – Next calibration booked for 1 November 2018 | 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: March 2018 | Y |
| Actions were identified and completed. The standard of fire safety in the practice was reported as very good with no recommendations. The practice has annual visits from the local fire prevention officer, as well as regular health and safety management inspections with a fire safety focus. | |
| Health and safety Premises/security risk assessment? Date of last assessment: May 2018 | Y |
| Health and safety risk assessment and actions Date of last assessment: April 2018 Actions included changing the way a door opened into a small consulting room used for isolation of suspected infectious disease patients so that the examination couch wasn't in direct view when the door opened. | Y |

| Infection control | Y/N |
|--|-----|
| Risk assessment and policy in place Date of last infection control audit: August 2018 Actions included: Replacing freestanding soap dispensers with wall mounted holders, reminders and spot checks for clinical staff to be bare below the elbow, reminders to all staff on the importance | Y |

| | |
|--|---|
| of ensuring sharps disposal bins were not over filled. | |
| The arrangements for managing waste and clinical specimens kept people safe? | Y |

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA) | 0.93 | 1.01 | 0.95 | Comparable with other practices |
| 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) | 15.5% | 10.1% | 8.7% | Variation (negative) |
| <p>Any additional evidence or comments</p> <p>The practice had higher than local and national average levels of prescribing for broad spectrum antibacterial medicines. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance, however evidence we saw also demonstrated that the prescribing of these medicines was risk assessed, documented in the patient record and appropriate for the presenting condition.</p> | | | | |

| 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 England Area Team Controlled Drugs Accountable Officer. | Y |
| 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. | Y |
| Clinical staff could access a local microbiologist for advice. | Y |
| The practice held appropriate emergency medicines. | Y |
| The practice had arrangements to monitor the stock levels and expiry dates of emergency | Y |

| | |
|---|---|
| medicines/medical gases. | |
| 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 |

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. | Five |
| Number of events that required action | Five |

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

| Event | Specific action taken |
|---------------------------------|---|
| Incorrect vaccine administered. | Incident was thoroughly reviewed and discussed in significant event and team meetings resulting in changes in the way children's vaccination clinics were held. Improvements included having two nurses in the room, longer appointment times and fewer appointments per clinic to improve safety. Staff we spoke with were happy with the changes and reported there were no similar occurrences since the improvements were made. |

| Safety Alerts | Y/N |
|---|-----|
| There was a system for recording and acting on safety alerts | Y |
| Staff understand how to deal with alerts | Y |
| <p>Comments on systems in place: Alerts were received, reviewed and distributed by the practice manager to key staff. Staff acknowledged receipt and actions were discussed and recorded through team meetings.</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) | 1.17 | 1.59 | 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) | 84.6% | 80.1% | 79.5% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 14.8% (81) | 15.6% | 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) | 74.8% | 78.4% | 78.1% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 7.5% (41) | 12.4% | 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) | 86.7% | 82.6% | 80.1% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 23.3% (128) | 17.2% | 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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF) | 75.3% | 75.7% | 76.4% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 2.3% (13) | 9.6% | 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) | 92.6% | 90.2% | 90.4% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 15.4% (22) | 16.5% | 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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF) | 83.8% | 83.9% | 83.4% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 3.0% (47) | 4.6% | 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) | 87.5% | 90.4% | 88.4% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 11.5% (26) | 9.2% | 8.2% | |
| Any additional evidence or comments | | | | |

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)(NHS England) | 95 | 96 | 99.0% | Met 95% WHO based target (significant variation positive) |
| The percentage of 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) | 91 | 93 | 97.8% | 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) | 93 | 93 | 100.0% | Met 95% WHO based target (significant variation positive) |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England) | 93 | 93 | 100.0% | Met 95% WHO based target (significant variation positive) |
| Any additional evidence or comments | | | | |
| <ul style="list-style-type: none"> The practice had high achievement in childhood vaccination uptake rates which was attributed to having combined children's health and immunisation appointments and regular scheduled clinics as well as flexible appointments where required for those not able to attend. | | | | |

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) | 80.8% | 71.9% | 72.1% | Comparable with other practices |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE) | 81.0% | 75.4% | 70.3% | N/A |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE) | 66.9% | 57.9% | 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) | 55.9% | 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) | 41.3% | 45.7% | 51.6% | Comparable with other practices |
| Any additional evidence or comments | | | | |

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% | 92.7% | 90.3% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 15.4% (4) | 17.0% | 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) | 90.9% | 91.3% | 90.7% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 15.4% (4) | 16.9% | 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) | 92.0% | 87.4% | 83.7% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 14.5% (19) | 10.6% | 6.8% | |
| Any additional evidence or comments | | | | |

Monitoring care and treatment

| Indicator | Practice | CCG average | England average |
|---|----------|-------------|-----------------|
| Overall QOF score (out of maximum 559) | 545 | 546 | 539 |
| Overall QOF exception reporting (all domains) | 5.2% | 7.6% | 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 any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 96.3% | 95.2% | 95.3% | Comparable with other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 1.1% (29) | 0.8% | 0.8% | |

Consent to care and treatment

| Description of how the practice monitors that consent is sought appropriately |
|--|
| Consent was recorded through the practice computer system and through forms used for minor surgery. Clinical audits, patient records reviews and clinicians care and treatment reviews include whether consent was recorded and managed appropriately in line with practice and clinical guidelines. |

Caring

Kindness, respect and compassion

| CQC comments cards | |
|---|-----|
| Total comments cards received | One |
| Number of CQC comments received which were positive about the service | One |
| Number of comments cards received which were mixed about the service | 0 |
| Number of CQC comments received which were negative about the service | 0 |

Examples of feedback received:

| Source | Feedback |
|--|--|
| Comments cards, NHS Choices, online reviews. | The comment card and online comments showed patients felt the practice was friendly, staff were polite and that they always had a good level of service from the practice. |

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 |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 10286 | 234 | 119 | 50.9% | 1.16% |

| 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) | 89.3% | 90.7% | 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) | 87.1% | 89.5% | 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) | 96.7% | 96.3% | 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) | 89.4% | 86.2% | 83.8% | Comparable with other practices |
| Any additional evidence or comments | | | | |

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

| Date of exercise | Summary of results |
|--|---|
| Rolling programme of text message feedback surveys post appointment. | <p>Within the last two years, the practice had responded to patient feedback by;</p> <ul style="list-style-type: none"> • Employing a new partner to improve appointment availability. • Installing a water cooler, patient information screen and investing in an air conditioning unit to be installed in the patient waiting area. • Employing a clinical pharmacist to enhance medicines reviews. • Repairing the carpark. • Collaborating with One Norwich to provide evening and weekend appointments. • Producing a newsletter for patients explaining improvements and changes. |

Involvement in decisions about care and treatment

Examples of feedback received:

| Source | Feedback |
|---------------------------|---|
| Interviews with patients. | Patients felt involved in their care and treatment, treatment options and choices for ongoing 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) | 97.9% | 95.8% | 93.5% | Comparable with 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 accessible in easy read format and languages other than English. | Y |
| Information about support groups was available on the practice website. | Y |

| Carers | Narrative |
|--|---|
| Percentage and number of carers identified | 156 which was approximately 1.5% of the practice population. |
| How the practice supports carers | The practice offered carers flexible appointments, flu vaccines, offered targeted support in the form of carers information packs and signposting to external support services. |
| How the practice supports recently bereaved patients | The practice supported recently bereaved patients and family members by making phone calls, offering and arranging appointments and home visits and sending condolence cards. |

Privacy and dignity

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

| | Narrative |
|--|---|
| Arrangements to ensure confidentiality at the reception desk | The practice installed a sign in the reception area asking patients to wait back from the reception desk when queuing. Reception staff kept a clear desk and computer screens were not visible to patients. Calls could be taken away from the reception desk when required. |

| 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 | 8.30am – 6.30pm |
| Tuesday | 8.30am – 6.30pm |
| Wednesday | 8.30am – 6.30pm |
| Thursday | 8.30am – 6.30pm |
| Friday | 8.30am – 6.30pm |

| |
|---|
| Appointments available |
| Monday – Friday 8.30am – 11.30am and 3.30pm – 6pm |
| Extended hours opening |
| Appointments available across the One Norwich network between 2pm – 8pm daily and Saturday and Sunday Mornings. |

| 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 | |
| <p>Home visit requests were logged on the computer system and passed to the duty doctor for triage. Those meeting the criteria were passed to the locality home visiting team, a team of healthcare professionals including emergency care practitioners, nurses and GPs tasked with making home visits in the local area and freeing up practice GP time.</p> <p>The Duty Doctor contacted the patient ahead of the home visiting team attending to explain who would be visiting and why and gained patient consent. If the patient did not consent, or the criteria for home visiting team was not met, the practice GP attended the home visit.</p> <p>The home visiting team had access to the patients records and were able to directly update the records during the visit.</p> | |

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 10286 | 234 | 119 | 50.9% | 1.16% |

| 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 were met (01/01/2018 to 31/03/2018) | 98.4% | 95.4% | 94.8% | Comparable with other practices |

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) | 93.6% | 73.6% | 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) | 79.1% | 70.7% | 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) | 73.8% | 65.9% | 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) | 77.4% | 74.2% | 74.4% | Comparable with other practices |

Examples of feedback received from patients:

| Source | Feedback |
|--------------------------------------|---|
| Patient interviews/ comment cards | "I don't have to wait an unreasonable amount of time for an appointment and if I need to be seen urgently I can get an appointment the same day." |

Listening and learning from complaints received

| Complaints | Y/N |
|--|-----|
| Number of complaints received in the last year. | 15 |
| Number of complaints we examined | 15 |
| Number of complaints we examined that were satisfactorily handled in a timely way | 15 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman | 0 |
| Additional comments: | |
| Each complaint was handled with openness and candour, with each complaint receiving a fair and balanced investigation and timely written response. | |

Example of how quality has improved in response to complaints

The practice failed to comply with a request to disclose a patient record in part, instead disclosing the complete record. On investigation the request was clear but had been missed. Now the practice makes sure the requests are double checked and signed off by a clinician as well as having all of the pertinent information in the request highlighted and checked.

Well-led

Leadership capacity and capability

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

The practice identified the need for additional partners in the practice to improve appointment availability and to ensure leadership was maintained in the future in light of retirements expected in the coming years.

The practice had also planned for the retirement of nursing staff by starting the recruitment process with the vision to have new staff in post with retiring staff to ensure a smooth handover and continuity of care.

Vision and strategy

Practice Vision and values

The practice shared a vision to be partners in care with patients. There was a strong patient focus in all activities at all levels and the caring nature of the practice was demonstrated by staff and also through patients comments and survey results.

Culture

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

The practice demonstrated a culture of providing high-quality sustainable care through planning for the future of services, engaging with the local clinical commissioning group and local federation to extend services and collaborate to improve access to care for patients. The practice made confident decisions to employ additional staff, including new GP partners and clinical pharmacists to ensure the quality of care was sustained in the future.

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

| Source | Feedback |
|------------------|---|
| Staff interviews | Staff we spoke with were very happy working in the practice with many staff being employed for years and decades in some cases. Staff brought to our attention their preference for working at the practice over other practices, citing the positive working relationships, support and guidance from managers and partners and the familial atmosphere in the practice. |

Governance arrangements

| Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care. | |
|--|--|
| Practice specific policies | There were a host of practice specific policies which were accessible, regularly reviewed and followed by all staff. |
| Other examples | The practice had a comprehensive risk assessment programme which maintained safety in the practice. |
| | 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 |
|-------------------------|--|
| Health and safety risks | Regular walk arounds by the practice manager highlighting low risk areas which were addressed before becoming higher risks, for example rucking of the carpet in a walkway was identified as a trip hazard, the carpet was temporarily fixed, all staff were made aware of the issue and a permanent solution was identified. This created a culture of raising issues early, discussing risks and taking action early. |

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 |
|--|
| The practice had an active patient participation group assisting with newsletters and engaging with the practice, however the practice primarily collected feedback from patients through its use of the text messaging system used for appointment reminders. |

Continuous improvement and innovation

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

| Audit area | Improvement |
|--|--|
| Prescribing audit | The practice audited prescribing of Orlistat, a weight loss medicine, to ensure it was in line with local guidelines. The first audit cycle showed improvements needed to be made in the number of patients whose notes showed they had been provided with lifestyle and diet advice (0%). In the second audit cycle, following discussion with clinicians, this guideline was met in all cases (100%). The practice maintained 100% compliance with guidelines in all other cases. |
| Ear syringing audit | The practice audited whether ear syringing was carried out safely, effectively and was within guidelines or could be improved or stopped as in other practices locally. The practice introduced an ear care leaflet given by clinicians or reception staff for low risk patients wanting to have ears syringed which explained how to clear wax from ears, how to prepare for ear syringing and what to do if symptoms worsened before their appointment. This replaced a five minute consultation with the nurse to prepare for syringing, freeing up nurse time for other patients. The second audit cycle demonstrated a reduction in the number of syringing appointments but an increase in appointments resulting in no syringing required. There was also a reduction in the number of infections post syringing and a reduction in repeat appointments for the same patient. The practice decided to continue offering the service to patients under a new streamlined and more effective model. |
| Infection Prevention and Control Audit – August 2018 | The audit identified a number of areas for improvement which the practice has implemented including hand soap dispensers in clinical rooms to replace freestanding bottles, a plan to review replacing sinks and taps in clinical rooms where necessary and risk mitigation in the meantime, replacing treatment room curtains more frequently than curtains in consulting rooms due to the nature of the treatments |

| | |
|--|---|
| | undertaken, and auditing of the cleaning undertaken by the cleaning contractor. |
| | |

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 practices 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](#)).