

# Care Quality Commission

## Inspection Evidence Table

### College Road Surgery (1-696196450)

Inspection date: 14 November 2018

Date of data download: 07 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

## 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	Partial
Disclosure and Barring Service checks were undertaken where required	Yes
Additional information:  At the time of inspection, the safeguarding leads were based at other practices within the Glenlyn Medical Group. The advance nurse practitioner who was clinical lead at College Road Surgery was in the process of taking over the role for this location.  The practice did not have a risk register of vulnerable patients but did highlight vulnerable patients on their clinical record.	

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 25/01/18
There was a record of equipment calibration Date of last calibration:	Yes 01/09/18
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	Yes 03/01/17
Actions were identified and completed. Recommended review date from specialist company January 2020. Internal reviews carried out annually 08/02/18. Fire alarm zone plan to be put by the fire alarm panel within 12 months – completed 01/08/17.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 10/01/18
Health and safety risk assessment and actions Date of last assessment:	Yes 20/06/18
<p>Additional comments:</p> <p>In addition to the annual health and safety risk assessment the practice carried out health and safety audits twice a year. Date of last audit: 20/06/2018.</p> <p>Legionella risk assessment Date of last assessment: 05/05/2017 valid until 26/04/2019. We saw evidence that the monthly water temperature monitoring required by the risk assessment was completed.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>No issues were identified.</p> <p>Handwashing audit was carried out 04/06/2018</p>	<p>Yes</p> <p>07/09/18</p> <p>N/A</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p> <p>Cleaning schedules were seen for daily, monthly schedules, which included to empty clinical waste bins.</p> <p>Cleaning schedules were seen for equipment (ear irrigation) propulse. Spirometer was cleaned after use and this was recorded.</p> <p>Waste certificates were seen and clear protocols for how waste was handled within the practice.</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
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)	0.54	0.87	0.95	Significant Variation (positive)
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)	4.6%	9.1%	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.	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 transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>On the day of inspection, the practice did not have an emergency medicine available to treat seizures and no risk assessment to demonstrate that this medicine was not required. Since the inspection the practice have provided evidence that the medicine is now available on site.</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.	8
Number of events that required action	7

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
A diagnosis of type 2 diabetes was missed	A new protocol for recording Hba1C results in the clinical system has been put in place to reduce the chance of this happening again.
An appointment was booked for the incorrect patient due to similar names.	Staff were provided with further training to ensure that date of birth or address details were also checked when appointments were booked.
A patient who was the victim of abuse approached the practice for assistance.	The practice were able to provide the patient with the support required, through the local safeguarding team. This was a positive significant event which demonstrated the practice protocols were appropriate for this situation.
Delay to treatment following a mislaid referral	The process for urgent referrals was reviewed and a new protocol put in place and all staff made aware. A searchable code is now added to the patient record and weekly searches are carried out to ensure referrals are completed.

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 system was a shared system across the Glenlyn Medical Group which logged alerts and actions taken.</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) <small>(NHSBSA)</small>	0.28	0.78	0.83	Variation (positive)

Any additional evidence
There were 881 patients who had more than one medicine repeat prescribed. Of the 881 patients on 352 had received a medication review in the last year.

## 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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.8%	80.0%	78.8%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.5% (83)	11.6%	13.2%	
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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.3%	78.3%	77.7%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.9% (42)	9.2%	9.8%	





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 (01/04/2017 to 31/03/2018) (QOF)	82.1%	79.0%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (35)	13.2%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	86.4%	77.8%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (5)	3.3%	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 (01/04/2017 to 31/03/2018) (QOF)	100.0%	92.6%	89.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (2)	9.7%	11.5%	

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 (01/04/2017 to 31/03/2018) <small>(QoF)</small>	80.9%	82.5%	82.6%	Comparable with other practices
<b>QoF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (33)	3.7%	4.2%	
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 (01/04/2017 to 31/03/2018) <small>(QoF)</small>	90.0%	89.1%	90.0%	Comparable with other practices
<b>QoF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (1)	6.6%	6.7%	
<b>Any additional evidence or comments</b>				
<p>QoF exception rates in some indicators appear high, however this can be due to the small number of patients involved. For example, in those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of two or more exception reporting 1 patient gave 9.1% exception rate.</p>				

## 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)	42	46	91.3%	Met 90% minimum (no variation)
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)	56	57	98.2%	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) (NHS England)	0	57	0.0%	Below 80% (Significant variation negative)
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)	0	57	0.0%	Below 80% (Significant variation negative)
<b>Any additional evidence or comments</b>				
CQC is aware that there are some data issues with childhood immunisations in some CCG areas. The practice showed us evidence that the immunisation figures for the last two indicators above were incorrect. At the time of the inspection the practice did not provide verified data from the CHIS team.				

Working age people (including those recently retired and students)

<b>Cancer Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	50.8%	71.3%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	51.6%	68.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	34.7%	55.1%	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)	100.0%	78.6%	71.3%	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)	100.0%	53.3%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>				
The practice was aware of their low uptake for cancer screening. The practice was working proactively with the community and through the local mosques to improve uptake.				

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 (01/04/2017 to 31/03/2018) (QoF)	95.7%	92.3%	89.5%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (1)	8.2%	12.7%	
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 (01/04/2017 to 31/03/2018) (QoF)	100.0%	92.0%	90.0%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (1)	7.9%	10.5%	
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 (01/04/2017 to 31/03/2018) (QoF)	100.0%	85.0%	83.0%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	40.0% (2)	4.6%	6.6%	
<b>Any additional evidence or comments</b>				
QoF exception rates in some indicators appear high, however this could be due to the small number of patients involved. For example, in those patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding twelve months exception reporting two patients gave 40% exception rate.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	542.49	-	-
Overall QoF exception reporting (all domains)	11.4%	5.6%	5.8%

## 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 (01/04/2017 to 31/03/2018) (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 (01/04/2017 to 31/03/2018) (QOF)	98.1%	95.4%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (1)	0.7%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Verbal consent was recorded on the patient records in the clinical system. At the time of the inspection the practice was not conducting any procedures that required written consent but we saw blank consent forms were available if required.

Any additional evidence
The practice used social prescribing to help support patients live healthier lives. For example; patients were referred to a local scheme where they received access to a gym. The practice also worked closely with the community link worker who ran a number of healthy lifestyle activity groups.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	6
Number of CQC comments received which were positive about the service	6
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	Patients said that staff were caring and treated them with respect.
NHS Choices	The practice had received eight reviews on NHS Choices in the last year, they were mostly positive but three reviews mentioned poor attitude by reception staff.



## 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
3257	411	71	17.3%	2.18%

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)	85.1%	89.2%	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)	77.2%	86.6%	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)	95.5%	95.8%	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)	73.2%	83.1%	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
2018	<p>Patients were happy with the practice, could get appointments and were aware of the communication services the practice offered with the exception of British sign language app.</p> <p>Patients reported delays in the telephone being answered, the practice responded by implementing a telephone queuing system and making more staff available to answer the telephones at busy times.</p>

Any additional evidence
<p>The practice has a patient comments book in the waiting area which patients can complete at any time or ask reception to complete for them. There were nine comments in the last year all of which were positive.</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards	Patients told us that staff were understanding and went out of their way to help patients.

## 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)	95.5%	94.3%	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	The practice has identified 89 patients who were carers. This represents approximately 3% of the practice list.
How the practice supports carers	The practice provided a carers pack with written information in multiple languages and signposted carers to other groups who could provide support or help. Flexible appointments and flu immunisations were offered to carers. The practice worked closely with the community link worker.
How the practice supports recently bereaved patients	The GP or advanced nurse practitioner contacts the family by telephone or a house visit. The practice work with bereaved families to minimise delays with administration to enable families to carry out religious rites.

Any additional evidence
<p>Staff we spoke with gave us examples where they had gone above and beyond to support patients. Examples included:</p> <p>A member of staff who collected an acute prescription from the pharmacy and delivered it to an elderly patient, who normally had prescriptions delivered but the pharmacy could not deliver that day.</p> <p>Members of staff translating and explaining letters from other services such as special educational needs coordinators and child and adolescent mental health.</p>

## 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	<p>The reception desk was in the hallway away from waiting room. Patients who need to book follow up appointments could be given forms by the clinician to hand to reception staff, which means the patient didn't have to explain the reason for the appointment.</p> <p>There was also a radio on quietly in the waiting area to provide background noise.</p>
Confidentiality	The practice carried out random audits of the clinical system to ensure compliance with information governance.

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	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm

Extended hours opening	
Tuesday and Wednesday	6:30pm to 7:30pm
<p>The practice is part of a federation of GP practices that offer evening appointments until 9pm and weekend appointments 9am until 12pm. These appointments are run from locations in Walton-on-Thames, Ashford, Sunbury-on-Thames and Woking.</p> <p>The GP federation also offers patients registered at the practice access to video consultations with an NHS GP for medical advice, prescriptions or referrals. This is achieved through a smartphone app. The system allows patients to consult with a GP who speaks their native language, for example, Urdu, Punjabi and Polish. With the patients consent the GP can access the patient's medical records. This service was provided Monday to Friday 8am to 8pm, Saturday and Sunday 9am to 12pm.</p>	

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
<b>If yes, describe how this was done</b>	
<p>When a home visit was requested the clinicians would review the request and determine whether a home visit was necessary and which clinician should carry out the visit.</p> <p>The practice nurses carry out home visits where appropriate, for example, visits to house bound diabetic patients.</p>	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3257	411	71	17.3%	2.18%

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)	90.5%	94.3%	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)	67.7%	68.0%	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)	58.3%	66.5%	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)	65.7%	64.5%	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)	65.4%	73.5%	74.4%	Comparable with other practices

### Examples of feedback received from patients:

Source	Feedback
Comment cards	Patients told us that they could get appointments when they needed them.
NHS Choices	There were eight reviews submitted on NHS Choices in the last year. Three of these mentioned difficulties in obtaining appointments however two praised the surgery regarding appointment availability.



## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The three complaints were all verbal complaints recorded by the practice. The practice has not received any written complaints in the last year.	

### Example of how quality has improved in response to complaints

A complaint was made about the attitude/behaviour of a member of staff. The practice responded by providing all staff with conflict resolution training.

### Any additional evidence

In response to patient feedback the practice has altered the types and number of appointments available in combination with informing patients of the options available.

# Well-led

## Leadership capacity and capability

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

The leaders have consistently made and embedded improvement within the practice over the last two years. The leaders at practice level have implemented a number of improvements to support patient care including more language support, and a text messaging system that allows clinicians to send text messages to individual patients, which are then automatically stored in the patients' medical record.

## Vision and strategy

### Practice Vision and values

There was a clear vision and credible strategy to put patient needs at the heart of the practice. They also told us they aimed to embrace the diversity in the community they serve, deliver quality and making a difference in the lives of the people who use the service, those who care for them and the wider population in Maybury. All staff were aware of the vision and we saw that this translated into the action of the practice.

## Culture

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

The practice demonstrated how they were working with the local community and across the Glenlyn Medical Group. A corporate structure has been developed which provides support in areas such as strategy and leadership, performance and contracts, human resources and training, and health and safety. This group working has also increased information sharing and learning from complaints and incidents.

The practice showed us evidence that they were strengthening the support that could be offered by other Glenlyn Medical Group practices in the event of an emergency. For example, a new telephone system which would be able to handle calls for College Road in the event of a failure in the College Road telephone system.

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

Source	Feedback
Staff interviews	Staff we spoke with told us that they were proud to work at the practice and how they were involved in providing support and healthcare to the community. Staff also told us they felt supported by the practice leaders and part of the wider Glenlyn Medical Group team.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Policies were available on a shared drive. The policies were Glenlyn Medical Group policies which were tailored to be specific to the College Road Surgery.
Other examples	The business continuity plan was comprehensive and available on and off site.
	<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
Health and safety	The practice had a comprehensive suite of risk assessments. These were audited regularly throughout the year and updated when necessary.
Aggressive behaviour	The practice had provided conflict resolution training for staff following a significant event, which involved a patient who became abusive towards staff.

## 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 patients;

Feedback
The practice had run a patient survey which showed patients were satisfied with their access to care and treatment at the surgery. They were also proactively trying to grow their virtual patient participation group.

## Continuous improvement and innovation

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

Audit area	Improvement
Gestational diabetes	This allowed patients who had gestational diabetes during pregnancy to be followed up appropriately.

### 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](#)).