

Care Quality Commission

Inspection Evidence Table

Parsonage Surgery (1-3051849429)

Inspection date: 10/05/2018

Date of data download: 06 May 2018

Safe

Safety systems and processes

Source	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. They 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
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. 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
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes*
Explanation of any 'No' answers:	
*All staff who acted as chaperones were trained for the role. The practice had risk assessed all non-clinical staff roles and had determined that non-clinical staff who acted as chaperones were not required to have a DBS check in place. Risk assessments confirmed that non-clinical chaperones were not left alone with patients. This was in line with the providers' chaperone policy.	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	No
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 'No' answers:</p> <p>Clinical staff had a record of Hepatitis B vaccination. However, at the time of inspection the practice did not have up to date records of vaccinations for all staff members in line with national guidance. Shortly after our inspection, the practice provided us with evidence to confirm a record of vaccination requirements for all staff members was now in place.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 09/2017	Yes
There was a record of equipment calibration Date of last calibration: 02/2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 04/2016	Yes
Actions were identified and completed. Staff members received refresher training on the use of fire extinguishers.	Yes
Additional observations:	None
Health and safety Premises/security risk assessment? Date of last assessment: 11/2016	Yes
Health and safety risk assessment and actions Date of last assessment: 03/2017	Yes
Additional comments: The practice reviewed their policy for the safe handling of sharps following a needle stick injury. A Legionella risk assessment was in place and this was managed by the facilities team at the Herts and Essex community hospital. The facilities team maintained a record of the action taken following the risk assessment and a record of water temperature checks was in place.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 04/2018</p> <p>The provider acted on any issues identified</p> <p>Detail: The infection prevention and control audit resulted in the practice ordering non-sterile gloves.</p>	<p>Yes</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Any additional evidence
<p>The facilities team based at the hospital collected clinical waste from the practice on a daily basis.</p>

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	No
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 NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers: During our inspection we found not all non-clinical staff had a clear understanding 'red flag' sepsis symptoms. The practice had provided sepsis training for clinical staff and was planning on delivering training to non-clinical staff. Shortly after the inspection, the practice confirmed that non-clinical staff members had received this training on 24 May 2018.	

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
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers:	

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	0.98	1.04	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	6.5%	8.5%	8.9%	Comparable to other practices

Medicine 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 PGDS or PSDs).	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). There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer. 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. 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 GMC guidance.	Yes
The practice held appropriate emergency medicines and .risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator 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 'No' answers: The practice held a range of emergency medicines. However, the practice had not formally assessed risk in the absence of emergency medicines used in situations to treat seizures, such as an epileptic fit. Shortly after the inspection, the practice provided evidence to confirm that they had completed a review of this and were in the process of finalising a standard operating procedure (SOP) for the safe storage and management of a medicine that could be used to treat seizures in the event of an emergency.

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.	18
Number of events that required action	11

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

Event	Specific action taken
Cervical screening sample bottle not labelled.	Task created to ensure samples are correctly labelled before clinician can exit the record on the system.
Inadequate cervical screening sample and no sample taker code recorded.	No further cervical screening samples taken until refresher training completed by the sample taker.

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: The practice maintained a log of all safety alerts received by the practice. A named person was responsible for receiving and circulating safety alerts to relevant staff for action. The practice had a process in place to ensure a record was maintained of action taken for safety alerts relevant to the practice.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.54	0.72	0.90	Comparable to other practices

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)	82.9%	77.5%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	6.7%	10.5%	12.3%	
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)	81.8%	75.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	6.7%	8.6%	9.2%	
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)	84.0%	77.5%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	12.9%	12.2%	13.2%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QoF)	77.8%	74.8%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	3.1%	7.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	91.0%	90.8%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	7.1%	13.5%	11.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	88.0%	81.9%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	3.1%	3.2%	4%	
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)	94.4%	87.9%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	5.3%	6.3%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	80	81	98.8%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	95	98	96.9%	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)	95	98	96.9%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	95	98	96.9%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	73.6%	74.8%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	68.8%	70.5%	59.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	63.7%	58.7%	42.1%	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)	65.4%	65.9%	67.1%	N/A

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)	92.3%	91.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	7.1%	14.5%	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)	96.2%	91.1%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	7.1%	12.5%	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)	93.8%	83.2%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	23.8%	8.1%	6.8%	

Any additional evidence

During our inspection we reviewed the exception reporting rates for patients diagnosed with dementia whose care plan had been reviewed. We found the practice had exception reported a low number of these patients and had a systematic approach towards managing exceptions. We checked unverified data for 2017/2018 which showed exception reporting for this indicator was in line with the local and national average.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	537	487
Overall QOF exception reporting	4.9%	5.0%	5.0%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
Any further comments or notable training: Staff had access to an e-learning training package and a range of training modules were available to staff members.	

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 aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months (01/04/2016 to 31/03/2017) (QoF)	98.6%	93.6%	89.8%	Comparable to other practices
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	1.4%	0.7%	1.1%	
Indicator	Practice	CCG average	England average	England comparison
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)	42.1%	53.1%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The practice recorded consent and monitored the process for seeking consent appropriately.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	11
Number of CQC comments received which were positive about the service	10
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Patients	<p>Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.</p> <p>Feedback from the Patient Participation Group (PPG) was positive. They told us they were satisfied with the care provided by all staff members at the practice and said their dignity and privacy was respected.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
5,700	269	5%	131	49%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	94.6%	75.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	95.5%	87.1%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	98.9%	95.1%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	92.5%	82.8%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	82.0%	91.7%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	83.1%	91.2%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
<p>The practice monitored the results from the National GP Patient Survey and were aware of the below average scores for some nurse related indicators. The practice had recruited a new practice nurse in February 2017 and nurse practitioner in January 2018. Staff told us patient feedback was positive about the nursing team. This was in line with the feedback we received from patients during our inspection.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	During the inspection we spoke to 10 patients and received feedback from four members of the PPG. All of these patients told us that they felt involved in their care and treatment. They also told us they felt listened to and supported by the doctors and nurses and had sufficient time during consultations.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	94.1%	84.7%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	92.3%	78.9%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	80.4%	90.1%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	74.6%	85.8%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice held a register of carers with 128 carers identified which was approximately 2% of the practice list.
How the practice supports carers	The practice's computer system alerted GPs if a patient was also a carer. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They also attended carers meetings within the locality. Information about support services for carers was displayed in the practice. A carers pack was available with written information for carers to direct them to the avenues of support available to them.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

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>Staff recognised the importance of patients' dignity and respect. However, the size of the reception area meant that there was a lack of privacy when patients spoke with reception staff. Staff were aware of this and made efforts to maintain privacy and confidentiality.</p> <p>Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.</p>

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

Source	Feedback
Patients	The patients we spoke with told us that their privacy and dignity was always respected by reception and medical staff.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available	
Approximate clinic times Monday – Friday	9.30am-1pm and 3.30pm-6pm
Extended hours opening	
Tuesdays	6.30pm-8pm
Thursdays	6.30pm-7.30pm

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
The practice provided telephone triage and ring back service by a duty doctor. All home visit requests were clinically assessed by a duty doctor.	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	87.0%	75.8%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	75.0%	60.9%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	82.5%	70.0%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	83.7%	66.2%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patients	Patients told us that they could get an appointment for when they needed one.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	11
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Information about how to make a complaint or raise concerns was available and it was easy to do. The practice offered apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.	

Well-led

Leadership capacity and capability

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

The practice had been accredited as a training practice and had one GP trainer. An additional GP was in the process of becoming an associate trainer.

Vision and strategy

Practice Vision and values

The practice had a vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was to provide modern family medicine in partnership with their patients and staff knew and understood the values.

Culture

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

Source	Feedback
Staff	Open culture which promotes openness.
Staff	The practice manager and GPs are approachable and supportive.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff	Ideas/feedback box in place for staff to encourage involvement and discussions.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Staff	A 'did not attend' letter was sent to a patient following a missed appointment. However, this had been sent incorrectly. The practice issued a prompt apology to the patient and provided clear and honest information.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff expressed concerns that there was a possibility of patients being able to see information on the computer screens in the reception area. The practice made changes to ensure computer screens were not visible to patients.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff	The practice had a clear zero tolerance policy towards aggressive behaviour.
Staff	The practice had arranged for staff to receive a workplace massage to promote staff health and wellbeing.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff	The practice actively promoted equality and diversity and staff received equality and diversity training. Staff told us that they were treated equally.

Examples of actions to improve quality in past 2 years

Area	Impact
Clinical audit	The practice had a comprehensive programme of clinical audit to improve quality. Results from audits demonstrated improvements in quality.
Research	The practice participated in a National Institute of Health Research (NIHR) study to increase the referral and uptake rate to pulmonary rehabilitation for people living with Chronic Obstructive Pulmonary Disease (COPD).

Examples of service developments implemented in past 2 years

Development area	Impact
Upskilling nursing team	The practice nurse was involved in the review of patients with long term conditions and was in the process of completing a diploma in diabetes.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	Staff were reminded to carefully check the timing sheet to ensure the correct booking process was followed for child immunisation appointments.
Practice specific policies	Yes
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 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
Fridge failure following power cut	The practice had requested the installation of uninterruptible power supply (UPS) for the vaccine fridge, following a recent power cut and temporary fridge failure.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Information leaflets, display screens, Friends and Family Test, Patient Participation Group, compliments and complaints.	Information on services available and priority areas such as health screening, antibiotic prescribing and flu vaccination.
Public	Website, NHS Choices.	Information on services provided such as electronic prescribing, online appointment booking and information to promote health and wellbeing.
Staff	Regular meetings, one-to-one and staff feedback box.	Staff involvement in how the practice was run and encouraged to share ideas on what was working well and what could be improved.
External partners	Locality meetings, training days, multi-disciplinary meetings and information sharing with secondary care teams. Close working with practices within the locality and participation in a local GP Federation.	Participation in locality wide initiatives. Coordination of multi-disciplinary care and treatment. Signposting and close working with local organisations and support groups.

Feedback from Patient Participation Group;

Feedback
The PPG held regular meetings with practice staff. Members of the PPG told us that they were asked for their views on possible service changes. They reported they felt they were kept informed by the practice.

Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
The PPG had supported the practice in encouraging uptake to the flu vaccination programme.	473 patients aged 65 and older had received a seasonal flu vaccination between September 2017 and January 2018, which was 70% of this population group.
The PPG had worked with staff to ensure a range	The practice displayed up-to-date and relevant

of information was available to patients on the website and in the practice waiting area.	information on a range of areas within the practice and on the practice website.
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Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Management of bacterial infections.	A GP had led on a locality wide pilot project to provide point of care C-reactive protein (CRP) testing for patients at local practices. This test provided a biomedical marker of bacterial infections in patients which ensured they received the most appropriate care and treatment. This pilot had become a permanent service and CRP testing was available to patients at the practice. The practice told us that this had resulted in a 7% reduction in the use of antibiotic prescribing.
Social prescribing	The practice participated in a local social prescribing initiative. A clinic was held at the practice on a weekly basis for patients signposted to the service. Patients received information and assistance in accessing additional support services to improve their health and wellbeing.

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Hormonal Replacement Therapy (HRT)	Improved prescribing and monitoring of female patients aged over 18 receiving HRT.
Urinary Tract Infection (UTI)	An increase in the number of correct first choice antibiotics prescribed and correct treatment duration.
Antibiotic prescribing	The practice had the lowest antibiotic prescribing rates within the locality.

Any additional evidence

The practice was an active member of a GP federation of five local GP practices who aimed to improve services for the patients living in Stort Valley. There were several initiatives for example work in relation developing planned and unplanned care pathways, including the development of an urgent care centre and new hub service based at the Herts and Essex Community Hospital.