

Care Quality Commission

Inspection Evidence Table

The Arthington Medical Centre (1-4750438777)

Inspection date: 17 October 2018

Date of data download: 18 October 2018

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

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	N
Policies and procedures were monitored, reviewed and updated.	Y
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for their role.	Y
The provider had regular discussions with health visitors, school nurses, community midwives, social workers etc. to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: It was noted that all clinical and non-clinical staff had received trained in safeguarding children at level three. We were informed by the GP provider and the practice manager that it was best practice and supported staff to undertake the training.	

Patients had access to online services, such as booking appointments, ordering prescriptions and seeing their summary care record. However, the practice did not currently offer consultations via an online forum. Consequently, the safeguarding policy did not reflect this.

Staff gave us several examples where they had encountered a safeguarding issue and how they had dealt with them, in line with their policy and local protocols.

The practice operated a zero tolerance to violence and abuse policy.

Recruitment systems	Y/N/Partial
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.	Partial
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We were given an example where the recruitment policy had been followed in relation to the potential recruitment of an individual.</p> <p>It was noted that records were not available for all staff to assure the practice of their immunisation status, regarding occupational health. We were assured they would review the process regarding this.</p>	
Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test: 12 June 2018	Y
There was a record of equipment calibration. Date of last calibration: 11 October 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
There was a record of fire extinguisher checks. Date of last check: 11 October 2018	Y
There was a log of fire drills. Date of last drill: 9 October 2018 (previous one was 7 April 2018)	Y
There was a record of fire alarm checks. Date of last check: 9 May 2018 (by external organisation) – weekly fire alarm checks done by practice staff	Y
There was a record of fire training for staff.	Y

Date of last check: 12 October 2018	
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: 11 October 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: All staff had undertaken fire safety training on different dates, as they accessed it via a digital training programme at a time suitable to them. The practice management monitored the uptake of the training.	
Health and safety Premises/security risk assessment carried out. Date of last assessment: 13 August 2018	Y
Health and safety risk assessment and actions Date of last assessment: 13 August 2018	Y
Explanation of any answers and additional evidence: It was noted that actions had been identified from the assessments and subsequently completed. For example, there had been no sign on the fire exit door informing people that "in the event of fire please push bar and exit through the door". This was now in place.	

Infection control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection risk assessment and policy in place	Y
Staff had received effective training on infection control.	Y
Infection control audit carried out Date of last infection control audit: 20 December 2017	Y
The provider had acted on any issues identified in infection control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: All staff had completed hand hygiene awareness training in June 2018. All clinical waste was kept locked in an area at the back of the premises. It was collected twice weekly under the terms of a contract with a waste disposal company.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

Question	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinician review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	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
When there were changes to services or staff the provider assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> On the day of inspection, we saw three staff recruitment files and noted they were kept in line with guidance, including references, DBS checks, photo ID. There was a comprehensive induction process to support newly employed staff. Not all staff had received specific training relating to recognising the signs of sepsis. We were informed that staff would be supported to complete this area of training. There was a lone working policy and checklist to support staff to keep safe both on home visits and within the practice. Some reception staff informed us they did not always feel safe working alone on reception and would sometimes “double-up”. We were informed by the GP and practice manager, that there was always someone else in the building and that the assistant practice manager’s office was directly behind reception. They informed us that staff could raise any issues or concerns with the GP or managers. 	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the	Y

summarising of new patient notes.	
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The provider demonstrated that when patients used 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

The provider ensured the 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)	0.92	0.94	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)	4.4%	6.2%	8.7%	Variation (positive)

Medicines management	Y/N/Partial
The provider 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	Y

ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
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
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Y

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and 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.	18
Number of events that required action	18

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

Event	Specific action taken
The wrong patient had been booked an appointment due to a similarity in name. (The patient was a member of the same family.)	Staff were reminded to clarify patient details, including whether male or female if similar sounding names, date of birth and address.

An error similar to this had occurred on two previous incidents – one relating to date of birth and the other similar names.	
A blood tested had to be repeated due to an insufficient sample of blood being collected in the tube. (No serious harm was caused to the patient.)	Clinical staff were made aware of the requirement to ensure enough blood was obtained when taking blood from patients prior to sending for testing.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understand how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We discussed the management of patient safety alerts. The alerts were received by the Practice Manager, who cascaded them to staff as appropriate. If any required action this would be allocated to the appropriate person. Patients were reviewed to identify if any could potentially be affected by the alert. In addition to the practice staff, the clinical commissioning group (CCG) medicines optimisation team member also had oversight of the alerts. This ensured all alerts were actioned accordingly.</p> <p>We were informed of the process the practice had followed and actions they had taken regarding a patient safety alert relating to asthma inhaler devices.</p>	

Effective

Rating: Good

Please note: Quality and Outcomes Framework (QOF) data relates to 2016/17 unless otherwise indicated

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment delivered in line with current legislation, standards and evidence-based guidance.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed a sample of patient records and it was noted that:</p>	

- Care and treatment was provided in line with guidance.
- Referrals were made in a timely way.
- There were recorded actions in relation to test results.

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)	1.03	0.67	0.83	Comparable with other practices

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • Older patients received a clinical review of their care and medication as appropriate. • The practice used a clinical tool to identify patients aged 65 years and over who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. • Those patients who resided in a local care home were visited on a regular basis by clinicians, to ensure they received optimal care and treatment. • Patients aged 65 years and over were offered the seasonal influenza vaccination. • Clinicians ensured that the care plans and prescriptions of those patients recently discharged from hospital were updated to reflect any changes. • End of life care was provided, taking into account patients' wishes and those of their families or carers, as appropriate.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> • Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, clinicians worked with other health and social care professionals to deliver a coordinated package of care. • Staff who were responsible for reviews of patients with long-term conditions had received specific training. • Clinicians ensured that the care plans and prescriptions of those patients who had recently received treatment in hospital or through out-of-hours services were updated to reflect any changes. • Staff were able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Care and treatment was provided in line with local and national guidance.

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/L or less in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	70.0%	77.5%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (25)	13.7%	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) <small>(QOF)</small>	60.6%	76.3%	78.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (25)	9.9%	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) <small>(QOF)</small>	68.8%	78.1%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (22)	12.4%	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) <small>(QOF)</small>	67.5%	76.1%	76.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.5% (33)	6.4%	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)	80.0%	88.7%	90.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
7.3% (18)	8.7%	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)	71.6%	82.9%	83.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
3.0% (26)	3.8%	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)	98.1%	90.5%	88.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
21.7% (15)	10.1%	8.2%		

Any additional evidence or comments

We discussed the QOF data for 2017/18 (which since the inspection has now been published). We saw evidence to support the practice had improved on the 2016/17 QOF. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64mmol/L or less in the preceding 12 months was 75%.
- 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 was 85%.
- 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 was 79%.

- 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 was 70%.
- 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 was 80%.

We were informed that due to the period where there had been a decrease in clinical staff, this had impacted on the achievement in some QOF areas. It was also noted that although advice, care and treatment was provided there was not always patient compliance.

QOF was discussed at clinical and staff meetings. There was a recall system in place and patients were followed-up if they did not attend or make an appointment. Repeat prescriptions for medication were not routinely given to patients if they did not attend for reviews of their care.

We reviewed a sample of patient records which support evidence of safe and effective patient care and treatment.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) target of 95%.
- Clinicians worked with health visitors and midwives to identify early signs of delayed development or failure to thrive in children and babies.
- Sexual health and contraception services were available for young people.
- There were arrangements in place to identify and review the treatment of newly pregnant women who were prescribed long-term medicines. Patients were provided with advice and post-natal support in accordance with best practice guidance.
- Those patients who experienced maternal anxiety were signposted for other support as needed.

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)	65	68	95.6%	Met 90% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received	73	76	96.1%	Met 90% WHO based target (significant

Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)				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)	73	76	96.1%	Met 90% 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)	72	76	94.7%	Met 90% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice participated in catch-up vaccination programmes, such as meningitis, measles, mumps and rubella (MMR), for students ages 17 years and over. The human papilloma virus (HPV) vaccination was also offered to teenage girls.
- Patients were advised and encouraged to attend cancer screening programmes, such as breast, bowel and cervical.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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)	71.5%	74.1%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	61.8%	68.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	51.5%	56.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	82.6%	67.3%	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)	20.8%	48.7%	51.6%	Comparable with other practices

Any additional evidence or comments

We were informed and saw evidence to support that 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) for the period 2017/18 had increased to 76%. These patients were advised and given information to support their decision in attending for screening.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Annual health checks were offered for those patients who had learning disability. Their carer or family member was encouraged to attend with them as appropriate.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.

Population groups - People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The physical and mental health of these patients was assessed and reviewed.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Those patients who had complex mental health needs or dementia had their care and treatment reviewed in a face-to-face consultation with an appropriately trained clinician.
- Patients were signposted to other services and interventions for obesity, diabetes, heart disease, substance misuse and mental health, to access additional support.
- There was a system for following up patients who failed to attend for administration of long-term medication. The practice monitored the ordering and collection of prescription for anti-psychotics and other medications used for treating severe mental illness.
- Clinicians ensured that the care plans and prescriptions of those patients who had recently received treatment in hospital or through out-of-hours services were updated to reflect any changes.

Mental Health Indicators

Indicator	Practice	CCG average	England average	England comparison
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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)	88.4%	89.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (4)	9.6%	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)	95.5%	90.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (6)	8.9%	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)	88.3%	86.6%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (5)	7.2%	6.8%	

Any additional evidence or comments
We were informed of the high prevalence of poor mental health in the practice population. The practice was planning to implement different ways of supporting these patients, such as the provision of meditation and mindfulness sessions to promote calmness in individuals. Practice staff worked cohesively with local community mental health teams to provide practical support, especially when the patient was in times of crisis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
Explanation of any answers and additional evidence:	

The practice participated in local initiatives, such as those relating to prescribing and making appropriate cost savings, in line with local medicines optimisation guidance.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	508	537	539
Overall QOF exception reporting (all domains)	4.6%	5.2%	5.7%

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

Improvement activity
An audit was undertaken regarding ensuring patient tests were being undertaken in relation to specific medicine prescribed for treating depression and bipolar disorder; in line with NICE (National Institute for Health and Care Excellence) guidelines. The audit showed that patients were being reviewed appropriately. The practice planned to re-audit again in March 2019.
We saw that an audit had been undertaken during the month of August 2018 regarding appropriate use, by patients, of urgent and emergency appointments. Thirty patients were chosen at random. Results showed that 11 patients who presented would not have required an urgent or same day appointment. As a result, the practice staff were opportunistically educating patients regarding appointments. Posters to this effect were also displayed in patient waiting areas and consulting rooms.
We saw evidence that the practice had increased their total QOF achievement from 508 in 2016/17 to 539 out of a possible 559 points for 2017/18. (At the time of inspection this data was not verified or published.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
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.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
For patients who accessed the practice's digital service there were clear and effective	Y

processes to make referrals to other services.	
<p>Explanation of any answers and additional evidence:</p> <p>We saw that all staff were up to date with their mandatory training, such as fire safety, basic life support and safeguarding.</p> <p>The practice was closed one afternoon every six weeks for staff training. This was a local CCG supported intervention.</p>	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective 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)	Y

Indicator	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a co-ordinated way when different teams, services or organisations were involved.	Y
The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Y

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified those patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice participated in local and national programmes to improve the health of their community, for example frailty and falls prevention. Staff had a good understanding of the needs of their patient population. This enabled them to 	

support patients and provide interventions early to prevent a deterioration in their health or admission to secondary care; particularly those patients who had poor mental health.

- All new patients were offered a health check.

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)	94.1%	95.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (18)	0.7%	0.8%	

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: Prior to any minor surgery, a written consent form was completed and subsequently scanned onto the patient's record. Verbal consent was sought for interactions throughout the practice. The practice had the ability to monitor the documentation of consent through their computer systems. There was a consent icon on patients' electronic records to support when consent was gained.	

Caring

Rating: Requires Improvement

The practice was rated as requires improvement for providing caring services because:

- Patients' satisfaction with how cared for they felt was consistently, and in some cases significantly, below local and national averages. This included a significant proportion of patients surveyed who claimed the healthcare professional they last had an appointment with was good or very good at treating them with care and concern.
- The provider informed us they were striving hard to improve patient satisfaction overall. However, the impact of this work had not been formally assessed at the time of inspection.

Kindness, respect and compassion

Feedback from patients was variable about the way they felt treated by staff.

CQC comments cards	
Total comments cards received	34
Number of CQC comments received which were positive about the service	29
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	2

Examples of feedback received

Source	Feedback
CQC comment cards and patients we spoke with on the day of inspection	<p>“brilliant service and staff are great”</p> <p>“polite and helpful, takes time to listen”</p> <p>“could be more efficient”</p> <p>The mixed responses related to appointments.</p>
NHS Choices	<p>October 2018:</p> <p>“I cannot praise the doctor enough. She has great passion for her work”</p>

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
5686	374	105	28.1%	1.85%

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)	72.0%	89.4%	89.0%	Variation (negative)
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	60.1%	88.0%	87.4%	Significant Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
(01/01/2018 to 31/03/2018)				
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)	81.8%	95.4%	95.6%	Variation (negative)
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)	63.8%	84.9%	83.8%	Significant Variation (negative)

Any additional evidence or comments

We discussed the lower than average patient satisfaction scores with the practice. They acknowledged there had been difficulties for a period of time, after two of the GP partners had left the practice leaving a single-handed GP. There had also been a deficit in the nursing appointments due to staff absence. Since February 2018, the practice had employed two long-term locums and an advanced nurse practitioner, who were helping to provide continuity of care for patients. They informed us they were striving hard to improve patient satisfaction overall.

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

Date of exercise	Summary of results
17.10.2018	NHS Friends and Family Test was reviewed on a monthly basis. We reviewed the preceding three months of July, August and September. Out of 82 responses submitted: 59 were extremely likely or likely to recommend the practice to others 10 were unlikely 8 did not know 5 did not respond at all

Any additional evidence

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment

Examples of feedback received:

Source	Feedback
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CQC comment cards and patients we spoke with on the day of inspection	Patients informed us that they felt involved in decisions about their care and treatment. They were provided with information to help them make those decisions.
Clinicians	Advice and information was provided to patients to support them in self-management of their care and to identify when they may need medical intervention.

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)	81.8%	94.0%	93.5%	Variation (negative)
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)	71.9%	79.1%	82.0%	Variation (negative)
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)	84.1%	89.2%	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)	81.5%	84.7%	85.4%	Comparable to other practices

Question	Y/N/Partial
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 available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: There was a variety of information available for patients both on the practice website and in the practice	

to support patients in accessing support or raising health awareness.
Staff also provided information or signposted patients to other services as appropriate.

Carers	Narrative
Percentage of carers identified	The practice had identified 82 patients who were acting in the capacity of a carer. This equated to less than 2% of their practice population. The practice was proactively trying to improve the identification of carers.
How the practice supports carers (including young carers)	A carers' board was in place in the patient waiting area, which was regularly updated. Annual health checks and influenza vaccinations were offered. Carers were signposted to other services for additional support as needed. They were referred to the Leeds carers scheme. This scheme registered carers to enable easy identification of someone they cared for, should the carer become incapacitated or admitted to secondary care.
How the practice supports recently bereaved patients	A bereavement card was sent to registered patients expressing sympathy for their loss. Support for bereaved patients was provided as needed. A register of patient deaths was maintained and staff were aware to support them in dealing sensitively with any patient recently bereaved.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Reception staff spoke in a quiet manner. Waiting patients were asked to stand away from the desk to support confidentiality.

Source	Feedback
CQC comment cards and patients we spoke with on the day of inspection	We did not receive any negative comments in relation to patient confidentiality.

Staff	We were informed of how staff maintained patients' privacy and dignity during consultations.
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Responsive

Rating: Good

Responding to and meeting people's needs

The practice took account of peoples' needs and choices so that people received personalised care that was responsive to their needs.

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y

Practice Opening Times	
Day	Time
Monday	08:00 to 18:00
Tuesday	07:30 to 19:00
Wednesday	08:00 to 18:00
Thursday	07:30 to 18:00
Friday	08:00 to 18:00
Appointments were available with a GP, advanced nurse practitioner, practice nurse and healthcare assistant as appropriate. Patients had access to weekend appointments through an out-of-hours hub.	

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	
If a patient requested a home visit, they were put on a list and a GP called them back to assess whether a visit was needed or whether a telephone consultation would be appropriate. Anything which sounded like an emergency was dealt with as a matter of urgency.	
We were informed the GPs currently undertook approximately four to five homes visits per weekday. On average around 50% of requests related to the care homes were registered patients resided.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5686	374	105	28.1%	1.85%

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)	85.5%	95.3%	94.8%	Variation (negative)

Any additional evidence or comments

Patient comments we received on the day of inspection were more positive and did not align with these results.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice had approximately 73 registered patients who were residents across four care/nursing homes. Some of these patients had complex care needs which required regular visits by the GP.

Population groups - People with long-term conditions

Population group rating: Good

Findings

- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for patients with long-term conditions, who were approaching the end of life, was coordinated with other services.
- Joint injections were administered by a GP at the practice, to avoid patients having to attend secondary care services.

Population groups – Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.

- All parents or guardians calling with concerns about a child under the age of five years were offered a same day appointment when necessary.
- The practice had developed a 'teen clinic' to provide teenagers with advice and support regarding their health and a range of issues, such as body image, self-esteem and sexual health. However, this had not been well received and was eventually stopped due to poor uptake amongst patients.

Population groups – Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours were available two days per week and patients had access to a 'hub' for weekend appointments.
- Telephone consultations were available as appropriate.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of people with a learning disability.
- Patients who had difficulty in carrying out self-care or supporting themselves in their home setting were referred to social services.
- Longer appointments were available for those patients who had complex needs.

Population groups - People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Patients who required an urgent appointment were seen as appropriate.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice had access to a local mental health community service to prevent patients having to wait to access a secondary care service.

Timely access to the service

People were able to access care and treatment in a timely way.

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)	47.7%	74.4%	70.3%	Significant Variation (negative)
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)	50.4%	68.9%	68.6%	Variation (negative)
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)	57.0%	67.3%	65.9%	Variation (negative)
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)	64.8%	73.7%	74.4%	Variation (negative)

Any additional evidence or comments

We saw that the practice had undertaken a patient survey in May 2018 to identify what improvements could be made regarding appointments and the readiness of prescriptions. They had surveyed samples of different groups of patients, for example 18 to 25 year olds; 26 to 35s; 36 to 45s; 46 to 55s; 56 to 65s; 66 to 75s.

It was found that patients under 56 years of age used online services more than those over the age of 56. Issues with appointments were consistent across all age groups.

The practice informed us they had encouraged patients to register for online access to appointments and prescribing, which helped reduce pressure on the telephone system. They had also increased the number of staff manning the telephone from one to two people at any given time. They planned to re-audit in May 2019.

There had been a concerted drive to support patients in registering for online services. As a result, this had increased from 13% in January to 21% in March 2018. The local CCG target was 20%.

Examples of feedback received from patients:

Source	Feedback
NHS Choices	It was noted there were six reviews left on the website in the preceding 12 months. They ranged from three to five stars (out of a five star rating). The majority of which were complimentary about care received from staff.

Listening and learning from concerns and complaints

Complaints and concerns were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	10
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that both verbal and written complaints were recorded. For example:</p> <ul style="list-style-type: none"> A patient had verbally complained there was a photograph of a GP, who no longer worked at the practice, was still displayed in the patient waiting area. The photograph was removed following this feedback. A patient complained by email that some of the coding on their electronic record was incorrect. The practice met with the patient to discuss the issue further. As a result, the practice contacted the relevant agency, who dealt with the electronic record system, to highlight there was an error. <p>A complaint had been received via NHS England from a patient in relation to the pain medication they had been prescribed which had not met their needs. The practice manager had a face-to-face meeting with the patient and dealt with the matter appropriately.</p> <p>As a result of a complaint regarding the use of a paracetamol based medicine after baby immunisations, an aftercare advice sheet had been developed to give to parents.</p>	

Well-led

Rating: Good

Leadership capacity and capability

Leaders had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y
Explanation of any answers and additional evidence:	

The GP and practice manager were able to describe current challenges facing the practice. These included significant resource and financial challenges. There were plans in place to implement a range of actions, including ongoing recruitment of clinical staff and accessing efficiency incentive funds through prescribing efficiencies.

The practice had reviewed the skill mix needed to deliver patient services. As a result, they had employed an advanced nurse practitioner, who could support the GPs in dealing with minor injuries and ailments.

We discussed patient satisfaction and were informed that, as a practice, staff were looking at how they improve rates overall.

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Culture

The practice had a culture of high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Partial
There was a strong emphasis on the safety and well-being of staff.	Y
The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Leaders told us they strove to provide a supportive environment to all staff. They told us they had an open-door policy. The GP and practice manager were the 'Freedom to Speak Up' representatives. We were informed that the practice saw safety of patients and staff as being their "number one concern".</p>	

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

Source	Feedback
Staff	Some staff informed us that they felt communications between leaders could be better. They did not always feel confident their issues or concerns would be addressed. This was raised with the practice, who informed us they would review how they could support staff in this area.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence: We were informed of the reciprocal arrangements that were in place with a neighbouring practice to support continuity of services, should there be an issue with the building or computer system. The business continuity plan had recently been updated and a copy had been emailed to all staff. The plan was available both as an electronic copy and a hard copy which could be accessed off site.</p>	

Appropriate and accurate information

The practice acted on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities include making statutory notifications understand what this entails.	Y
<p>Explanation of any answers and additional evidence: The practice maintained oversight of their key performance indicators, such as prescribing and referring indicators and Quality and Outcomes Framework (QOF) indicators. They demonstrated an awareness of statutory requirements in relation to Duty of Candour (DoC) requirements.</p>	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The provider worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence: We were informed that staff were encouraged to give their views. We saw evidence from meeting minutes which demonstrated that staff had contributed to meetings. For example, reminding staff to support patients in registering for online services.</p>	

Feedback from Patient Participation Group (PPG)

Feedback
<p>The PPG met on a quarterly basis and we saw minutes from those meeting. We spoke with a member of the PPG who informed us that at the last meeting the practice had put on lunch for the members and they had received a talk from the practice nurse regarding diabetes.</p> <p>The practice had acted on suggestions made by the PPG. For example, replacing chairs in the patient waiting area and improving the step near to the entrance to avoid any potential trips.</p>

Any additional evidence

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: Staff were supported to attend training and development sessions. We were informed that learning was shared during the six weekly training sessions or on an ad hoc basis as the opportunity arose.	

Examples of continuous learning and improvement

We were informed of the plans for one of the salaried GPs to deliver meditation and mindfulness sessions for patients who experienced anxiety and stress.
There was also a plan for an educational session regarding diabetes to be delivered at a local school.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.

- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).