

Care Quality Commission

Inspection Evidence Table

Budshead Medical Practice (1-542614757)

Inspection date: **13 November 2018**

Date of data download: 05 November 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: March 2018	Yes
There was a record of equipment calibration Date of last calibration: March 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: three designated fire Marshalls	Yes
Fire risk assessment	Yes
Actions were identified and completed.	Yes
Additional observations: The practice staff undertook fire safety through e learning as well has practical sessions on the use of firefighting equipment.	
Health and safety Premises/security risk assessment?	Yes
Health and safety risk assessment and actions	Yes
Additional comments: The practice carried out risk assessments as needed, for example two new chairs had been purchased for pregnant staff to increase comfort.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: May 2018 The practice acted on any issues identified Detail: Disposal modesty curtains were due for changing, this had been carried out and next due dates for changing added.	Yes Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	
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	Yes

needed for their ongoing care was shared appropriately and in line with relevant protocols.	
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Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.06	0.93	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)	11.6%	9.7%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of	Yes

emergency medicines/medical gases.	
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>The practice also used a nationally recognised computer programme called Electronic Checking Leading to Improved Prescribing Safety (ECLIPSE) to improve patient safety through continuous monitoring of medicines prescribed to patients.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	14
Number of events that required action	4

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

Event	Specific action taken
A contraceptive device was fitted to a female who was later found to be pregnant.	Although patients always asked prior to insertion of the device if they could be pregnant the practice now carry out a pregnancy test before carrying out the procedure.
A two-week referral for a patient had not been processed despite the practice receiving a unique reference booking number.	Following this event, the practice changed their checking procedure to include staff telephoning the referral booking service no later than the following day to ensure the request has been received.
Any additional evidence	
<p>The practice also used the yellow card scheme. This is an easy-to-use electronic system that allows health and social care professionals to raise low level concerns or feedback about elements of poor quality or care that they might come across in their day-to-day work.</p>	

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The system was effective and provided a clear audit trail demonstrating how alerts had been dealt with and the actions taken in response to promote patient safety.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	1.68	0.99	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	67.0%	82.4%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (28)	14.8%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	69.6%	76.0%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (37)	13.0%	9.8%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	71.8%	80.5%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.9% (54)	17.0%	13.5%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	73.4%	75.8%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (8)	11.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.0%	89.3%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.5% (23)	13.6%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.0%	83.9%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 4.6% (41)	CCG Exception rate 5.6%	England Exception rate 4.2%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	89.7%	90.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 5.6% (4)	CCG Exception rate 7.0%	England Exception rate 6.7%	
Any additional evidence or comments				
<p>The practice were involved in a project that involved seeing any patients with a newly diagnosed LTC, that had been diagnosed within the past 12 months. These patients were offered coaching sessions to help them physically and psychologically with their illness. Patients were also given the opportunity to become part of the Time Bank project that would help offset any isolation or loneliness.</p> <p>The time bank project is a registered charity that brings people together to make friendships and share their time and skills with others. It is an informal volunteering scheme that enabled people to give an hour of their time and to get an hour back to ask for something they wanted or needed.</p>				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to	84	86	97.7%	Met 95% WHO based target (significant variation positive)

31/03/2017)(NHS England)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	96	97	99.0%	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	97	97.9%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	94	97	96.9%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	74.0%	75.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.8%	76.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.0%	61.2%	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)	90.3%	68.0%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	46.3%	56.4%	51.6%	Comparable with other practices

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	87.5%	86.6%	89.5%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.0% (12)	16.4%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	74.4%	87.2%	90.0%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (10)	14.7%	10.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	79.2%	84.5%	83.0%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.1%	6.6%	

Any additional evidence or comments

The practice were taking part in a research programme to look at a holistic approach for those patients with severe and enduring mental health issues.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	97%	97%	96%

Overall QOF exception reporting (all domains)	4.6%	6.5%	5.7%
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Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.0%	94.7%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (7)	1.1%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
There were systems in place for recording both for written and verbal consent when appropriate. There was a consent protocol and staff could describe how they obtained consent in line with relevant guidance.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	25
Number of CQC comments received which were positive about the service	25
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	Patients comments included that all staff were friendly and helpful, staff were very caring and were prepared to go the extra mile to help them.
NHS Choices	The practice had received 4.5* out of 5* from five responses, comments included, I have nothing but praise for all staff, from reception to doctors. They are helpful, understanding, informative and friendly.
Friends and Family Test	96% of all the responses stated they would recommend the practice.

National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6966	286	106	37.1%	1.52%

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)	84.5%	92.5%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	86.6%	91.7%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	93.7%	97.0%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	80.4%	89.0%	83.8%	Comparable with other practices

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with a member of the Patient Participation Group (PPG). They told us they were highly satisfied with the care provided by the practice, they felt listened to and treated with dignity and respect.

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)	88.6%	95.9%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 85 (approx. 1.2%) of its patients as carers. They had also identified six young carers.
How the practice supports carers	The practice staff were aware of their patient carers and offered advice flu vaccines and health checks as required. Younger carers were signposted to a young carers support group locally.
How the practice supports recently bereaved patients	A GP would contact the family and offer support and send a bereavement card. The practice could also signpost patients to charitable organisations who could offer support and advice.

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	The practice waiting area was situated away from the reception desk. The staff answering telephones were positioned away from the front reception counter.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am - 6.30pm
Tuesday	8am - 7pm
Wednesday	8am - 6.30pm
Thursday	8am - 6.30pm
Friday	8am - 6.30pm

<p>Appointments available:</p> <p>The practice offered</p> <ul style="list-style-type: none"> • Pre-booked; • e- consult; • sit and wait; and • Telephone appointments
<p>Extended hours opening:</p> <p>Extended hours were available until 7pm on a Tuesday evening.</p>

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
All urgent home visit requests were allocated to a GP for assessment. If a home visit was required patients were seen by the GP or the paramedic.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6966	286	106	37.1%	1.52%

Indicator	Practice	CCG average	England average	England comparison
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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)	93.9%	96.4%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	88.8%	81.0%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	87.9%	78.0%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	75.1%	73.2%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	92.7%	82.5%	74.4%	Variation (positive)
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Comment Cards	We saw many examples of where patients had commented they had no problems with accessing appointments at the practice. Patients said they could access urgent, on-the-day appointments whenever they needed them and the practice would always see children as a matter of priority.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	11
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Staff told us they would try and resolve any issues or concerns as they arose. They told us verbal complaints were recorded and the information passed on to the practice manager. Complaints were investigated in a timely manner and when required findings were shared with other organisations.	

Well-led

Leadership capacity and capability

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

The GPs and practice manager demonstrated a good understanding of their practice population and the needs of the population in the areas they provided services to.

The practice had developed other key members of staff to manage the practice. This had enabled a GP and the practice manager to concentrate on the strategic plans and development of the South Health Alliance (SHA).

The practice, with the SHA, had employed a pharmacist and paramedic to assist with patient home visits and medicine enquiries allowing the GPs additional time to see patients with more complex ailments.

Any additional evidence

The practice had been key players in the development of offices and a new social hub in the area as it brought local support services to the local area. For example:

- pop up libraries,
- children's clubs
- Healthy living initiatives
- Barnardo's
- Fitness classes

The hub also hosts a virtual ward meeting area for four local practices to hold monthly multi-disciplinary meetings.

Culture

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

The practice really understood the needs of its population and tailored services in response to those needs. For example:

Staff had been trained in Care Navigation so they were able to support and signpost patients to other agencies.

The practice employed a social prescriber, based at the hub, to support and guide patients to other caring and support agencies.

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

Source	Feedback
Staff Feedback	Staff stated there is a good team at the practice; all staff were helpful and

	supportive. They said the GPs and practice manager were approachable and helpful. Staff told us they felt the practice was open in its approach and friendly.
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Any additional evidence	
We spoke with two medical students seconded to the practice. They both told us that the experiences gained at the practice were beneficial to their training and all staff were helpful and friendly. We also spoke with the GP Registrar who told us they were really enjoying the vocational attitudes of the staff and received good support.	

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	The practice held quarterly governance meetings to review and discuss all complaints, significant events, unexpected deaths, coroner's reviews and any other governance related matters that have occurred over the previous three months.
Practice specific policies	Policies were updated annually or when needed.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence	

Managing risks, issues and performance

Major incident planning		Y/N
Major incident plan in place		Yes
Staff trained in preparation for major incident		Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection prevention and control audits	All staff had received training and annual audits were undertaken. Any highlighted areas for improvement were acted upon.
Medical Emergencies	All staff had received training in basic life support and emergency equipment and medicines were available, these were checked regularly and staff knew how to use them.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The member of the PPG who we spoke with said they were contacted to ask for their views on possible service changes. They held regular meetings and they reported they felt they were kept informed by the practice.

Any additional evidence		
Public	Practice website.	This allowed current and future patients to learn about their services, how to access them and give general information about how the practice operated.
Staff	Open door policy. Staff meetings and minutes. Staff coaching and appraisal.	Open and transparent communication. Staff felt able to raise concerns and were involved in service development.
External partners	Regular programme of meetings. Good communication channels, for example email and electronic software systems.	This enabled services to be planned and delivered effectively and supported better sustainability of service provision in the future

Continuous improvement and innovation

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

Audit area	Improvement
An audit was carried out to determine if patients with a diagnosis of cancer were being cared for appropriately. It was recognised that more patients a living with their illness and are not just palliative care.	Following the audit, the practice devised a new template and policy. This policy included the patient, immediately after the practice received confirmation of the diagnosis, being sent a standard letter inviting the patient to attend the practice for a discussion and review. The new template included discussion around returning to work and any financial issues.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to

the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).