

Care Quality Commission

Inspection Evidence Table

Mark Street Surgery (1-547935720)

Inspection date: 20 November 2018

Date of data download: 12 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***
*All GPs and staff were trained to level three. **All patients on the risk register were reviewed monthly. ***All staff at the practice were DBS checked on recruitment.	

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes Nov 2018
There was a record of equipment calibration Date of last calibration:	Yes Nov 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes Sept 2018
The practice carried out a weekly check of the fire alarm and a monthly check of the emergency lighting. The practice recorded the dates and results of these checks.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes Oct 2018
Health and safety risk assessment and actions Date of last assessment:	Yes July 2018
<p>The practice also carried out a weekly Health and Safety walk round to identify any actions that required attention. Any identified were dealt with straight away.</p> <p>Other risk assessments carried out recently were:</p> <ul style="list-style-type: none"> • Display screens and workstations • Legionella • Carbon Monoxide • Management of staff stress 	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Yes July 2018 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.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.06	1.08	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)	10.1%	8.4%	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 could 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.	Yes*
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
*Risk assessments were not in place to determine the range of medicines held.	

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.	10
Number of events that required action	8 2 still under investigation

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

Event	Specific action taken
Wrong patient presented for blood test	Clinicians reminded to confirm name and date of birth before any procedure carried out.
Missed home visit	System changed to include an electronic task in addition to the home visit request book.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
All clinical alerts and updates were sent to the pharmacist who forwarded them to all clinicians. They were then taken to practice meetings for discussion.	

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)	0.65	0.88	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)	84.1%	77.7%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.6% (116)	10.2%	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)	87.8%	81.1%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (34)	5.5%	9.8%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	82.3%	80.7%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.2% (78)	11.0%	13.5%	
<p>One of the nurses had received further training in diabetes and could initiate insulin to those patients that had been diagnosed by one of the GPs and required insulin.</p> <p>The practice held a diabetes breakfast meeting twice a month to discuss the policy, processes and individual patients.</p>				

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)	77.0%	75.8%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (11)	3.4%	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 (01/04/2017 to 31/03/2018) (QOF)	95.8%	91.4%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (12)	7.3%	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)	86.0%	83.5%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (13)	2.5%	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)	92.8%	86.4%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (3)	6.8%	6.7%	

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) (01/04/2017 to 31/03/2018)(NHS England)	126	126	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	132	143	92.3%	Met 90% minimum (no variation)
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) (01/04/2017 to 31/03/2018) (NHS England)	136	143	95.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have	138	143	96.5%	Met 95% WHO

received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)				based target (significant variation positive)
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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)	73.6%	73.1%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	66.0%	66.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.5%	52.8%	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)	80.0%	81.2%	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)	56.5%	59.4%	51.6%	Comparable with other practices
The practice held lunchtime drop in smear clinics which the practice told us had improved uptake.				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.3%	92.1%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.1% (28)	11.0%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia,	98.3%	91.8%	90.0%	Comparable

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)				with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (15)	8.1%	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)	96.4%	82.3%	83.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (5)	6.7%	6.6%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	100%	-	-
Overall QOF exception reporting (all domains)	5.2%	4.9%	5.8%

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.7%	96.0%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (4)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

The practice monitored the process for seeking consent appropriately and undertook checks of patient records to ensure this was recorded in an accurate and consistent manner.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	18
Number of CQC comments received which were positive about the service	13
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comments cards, NHS Choices, Family and Friends survey, Patients spoken to on the day.	<p>The doctors and staff give a good service.</p> <p>The opening times are very good.</p> <p>Not happy that you cannot ring for a prescription.</p> <p>Sometimes difficult to get an appointment.</p> <p>The care is always excellent.</p> <p>The staff are very helpful.</p> <p>Everyone always treats you with respect.</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
8925	309	98	31.7%	1.10%

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)	90.5%	88.2%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	94.8%	87.1%	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)	98.9%	95.6%	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)	96.5%	82.2%	83.8%	Variation (positive)
Patients told us that although it was sometimes difficult to get an appointment, patients were happy with the service provided by the doctors and nurses.				

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

Summary of results
As a result of patient feedback the practice had installed a new telephone system to improve patient experience of getting through on the telephone.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with said they were involved in decisions about their care. They said clinicians explained things to them in a way they could understand.

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)	94.8%	93.5%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	270 carers identified = 3% of practice population.
How the practice supports carers	Carers were identified when registering with the practice. A lead staff member is the carers advocate supporting carers. A carers pack is given to carers which includes details of local organisations. Health checks and flu vaccinations are offered. There was a carers' notice board in the waiting area.
How the practice supports recently bereaved patients	We were told that if families had experienced bereavement the practice made contact with them. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>A small area to the side of reception or a private room was available for patients who wished to discuss sensitive issues</p> <p>Staff were aware of not disclosing information whilst working at the reception desk.</p> <p>Chairs were set back away from the reception desk.</p> <p>There was a background radio playing to cover any discussions held.</p> <p>All telephone calls to the surgery were answered in a back room.</p>

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	7.00am – 6.30pm
Tuesday	7.00am – 6.30pm
Wednesday	7.00am – 6.30pm
Thursday	7.00am – 6.30pm
Friday	7.30am – 6.30pm

Appointments available
<ul style="list-style-type: none">• Appointments were available at various times throughout the day.
Extended hours opening
<ul style="list-style-type: none">• The practice offered extended hours appointments with a GP or nurse between 7am and 8am Monday to Thursday and between 7.30am and 8am on Fridays.• The practice also belonged to group of local practices who provide access to a GP and nurse until 9pm in the evenings, at weekends and bank holidays

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	
The practice added all requests for a home visit on to a list on the clinical system and into a visit book, the GP triaged all requests and informed the patient accordingly.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8925	309	98	31.7%	1.10%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	98.0%	94.9%	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)	54.1%	63.9%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	79.1%	65.4%	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)	79.9%	65.9%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	74.0%	70.6%	74.4%	Comparable with other practices
In response to patient feedback the practice had invested in a new telephone system and were monitoring patient responses on an ongoing basis.				

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	14 formal 17 informal
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0 of those examined
We noted all complaints were appropriately investigated in a timely manner and learning shared with staff and the wider organisation as appropriate.	

Well-led

Leadership capacity and capability

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

- The partners had a workforce plan in place and were working with the ultimate aim to increase appointments available to patients and to increase each appointment to 15 minutes by Summer 2019.
- They had secured funding from Health Education England to train two Advanced Nurse Practitioners to Masters level who were due to finish training in 2019 and carry on working at the practice.
- Since 2015 they had increased their prescribing nurses from one to four.
- One of the nurses had trained and specialised in diabetes care and could now initiate insulin after the patients had been diagnosed by a GP.
- Staff were supported in career choices and development. For example one of the practice nurses was once a member of the administration team and was supported through training to become a nurse. A health care assistant was also training to be a practice nurse, supported by the GPs. Members of the administration team had been trained through AMSPAR had a diploma in primary care management (level 7) and had been promoted into management positions.
- Tutorials were held for the trainee GPs, prescribing nurses and the trainee advanced nurse practitioners.
- Monthly meetings were held for advanced nurse practitioner supervision.
- There was a variety of monthly meetings held so that the practice could meet with other healthcare professionals such as health visitors and palliative care nurses.
- All staff in the practice attended an all practice meeting and learning sessions were held.
- A diabetic breakfast club meeting was held every two weeks where there was a case analysis, they discussed the effectiveness of the care given and pre-diabetes active management was discussed. The meeting was also an interface with the community groups such as Link for Life.
- Mindfulness sessions are held once a week by one of the GPs for any staff member who wished to join in.
- The practice took part in the NHS England “Productive General Practice programme” which supported practices making them aware of innovations that release time for care and facilitate local change programmes to implement them.
- The partners are members of three Clinical Commissioning sub committees and one is the locality lead for the neighbourhood team.

Vision and strategy

Practice Vision and values

The objectives were clearly displayed in the practice:

To provide high quality primary medical care services:

Objectives:

Make patients central to what we do and listen to their views.

Respect patient confidentiality and maintain high levels of clinical governance.

Respect equality and diversity

Ensure all medical staff are up to date, engage with appraisal and reflect on their practice.

Ensure all non- medical staff are appraised and learning and development needs identified and addressed.

To promote a culture of professionalism, integrity, openness and kindness.

To have financial systems in place to ensure probity and financial security.

To work with outside healthcare agencies and partners co-operatively.

To be active, influencing members of the local healthcare economy.

Ensure a safe environment for all staff and patients.

To promote a culture of training healthcare professionals of the future.

Culture

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

- The practice worked with the patient participation group to look at ways to improve services for patients.
- The practice carried out a wide range of audits to ensure patients were being prescribed medication safely and patient monitoring was being carried out.
- The practice actively engaged with the Clinical Commissioning group and had signed up to the Heywood, Middleton and Rochdale Core Plus 2 quality contract, and one GP was the neighbourhood lead. The practice routinely engaged in new ways of working welcoming other professionals such as a clinical pharmacist and focussed care worker.

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

Source	Feedback
Staff	We were told by staff members that they were proud to work for the practice and they felt supported by the GPs and manager.
Staff	Many staff had worked for the practice for a long period of time and felt part of a cohesive team. Newer members of the team felt welcomed and supported, reporting good support from mentors and opportunity for training and professional development.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Policies and procedures were in place and were accessible to staff on the computer system. The practice manager regularly reviewed and updated the policies as required
Learning from complaints and significant events	There was a system in place for investigating, reviewing and learning from complaints and significant events. They were then formally documented centrally and discussed during staff and clinical meetings.
Health and safety of staff and patients	There were several health and safety systems in place and equipment was maintained in line with guidance.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

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

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
We spoke with one member of the patient group who told us they felt valued by the practice and that their views, opinions and ideas were taken on board. We were given examples of ideas that had been implemented by the practice. We were told that the GPs attended the group meetings.

Continuous improvement and innovation

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

Audit area	Improvement
Clinical	Various clinical audits were carried out to ensure that prescribing was within national guidelines.
Non clinical	Several audits were carried out to monitor the telephone and appointment systems. Appointment availability was adjusted as required.

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](#)).